Oswego Hospital
Clinical Staffing Committee Charter
Revised 11/6/2023

Committee Name	Oswego Hospital Clinical Staffing Committee
Committee Membership and Leadership	At least one half of the total committee membership will consist of registered nurses, licensed practical nurses and ancillary support staff currently providing direct patient care. Up to one half of the total membership of the committee will consist of hospital administrative/management staff. Each area where nursing care is provided will have the opportunity to provide advice to the clinical staffing committee. Committee meetings are open, and any interested staff employed by Oswego Hospital may attend, but only committee members will have a vote. The clinical staffing committee will be co-chaired by one staff registered nurse and one management representative. Co-chairs will be selected every two years by the clinical staffing committee. Registered nurses, licensed practical nurses and ancillary support staff committee members will be selected by their peers. **Co-Chair** Erin Barton: Senior RN ICU **Co-Chair** Melissa Purtell: Director of Nursing

Committee Membership Management	**Committee Membership Staff**
Kathryn Pagliaroli – Chief Nursing Officer	Hayley Jones – LPN Surgical Services
Melissa Purtell – Director of Nursing	Kaitlyn Gunther– RN Medical/Surgical Services
Alissa Viscome – Human Resources Employee Experience Manager	Jamie Ruggio– Med/surg technician ICU
Jody Pittsley – Director of Inpatient Behavioral Health	Rose Guzman – Nursing Assistant/PCT
Jennifer Fasano – Director of Emergency Department	Kimberly Maitland – RN Medical/Surgical Services
Eric Campbell – Chief Financial Officer	Erin Barton – RN ICU
Alissa Miceli – Patient Sitter Manager and Administrative Coordinator DON	Laura Cooper – RN Women's Services

Overall Purpose/ Strategic Objective	The purpose of this committee is to help ensure patient and staff safety, alignment with the organization's strategic goals, support greater retention, and promote evidence-based staffing by establishing a mechanism whereby direct care staff and hospital management can participate in a joint process regarding decisions about staffing. The clinical staffing committee has ready access to organizational data pertinent to the analysis of staffing which may include but is not limited to: • Patient census and census variance trends • Patient LOS • Nurse sensitive outcome indicator data • Quality metrics and adverse event data where staffing may have been a factor • Patient experience data • Staff engagement/experience data • Nursing overtime and on-call utilization • Nursing agency utilization and expense • Staffing concerns/data • Recruitment, retention and turnover data • Education, vacation and sick time (including leaves of absence, scheduled or unscheduled)
Tasks/ Functions	• Develop/produce and oversee the establishment of an annual patient care unit and shift-based staffing plan and staffing plan modifications based on the needs of patients and use this plan as the primary component of the staffing budget. • Provide semi-annual review of the staffing plan to compare budget to actual performance. Ensure mechanisms are built in to allow for flexibility based on patient need by utilizing factors such as case mix, acuity and complexity, as well as unit activity (admissions discharges and transfers). Incorporate known evidence-based staffing information, including nurse sensitive quality indicators collected by the hospital, as well as historical budget information (prior year's run rate, hours per patient day, etc.). Typical timeline for annual review and validation of staffing plans: ▪ April – committee review and submit to hospital president for final approval by June 1 of each year (in time for July 1 DOH submission.) ▪ October – committee review and along with final budget submission • Review, assess and respond to staffing variations or concerns presented to the committee • Assure that patient care unit annual staffing plans, shift-based staffing and total clinical staffing are posted on each unit in a public area. • Assure factors are considered and included, but not limited to, the following in the development of staffing plans: o Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions and transfers o Level of acuity and intensity of all patients and nature of the care to be delivered on each shift o Skill mix of the staff o Level of experience and specialty certification or training of nursing personnel providing care

Tasks/ Functions	○ The need for specialized or intensive equipment ○ The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas and equipment ○ Mechanisms and procedures to provide for one-to-one patient observations, when needed. ○ Other special characteristics of the unit or community patient population. ○ Measures to increase worker and patient safety, which could include measures to include measures to improve patient throughput. ○ Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations and other health professional organizations ○ Availability of other personnel supporting nursing services on the unit. ○ Coverage to enable registered nurses, licensed practical nurses and ancillary staff to take meal and rest breaks, planned time off, and unplanned absences that are reasonably foreseeable. ○ The predetermined NDNQI nurse sensitive metrics. ○ Hospital finances and resources as well as defined budget cycle must be considered in the development of the staffing plan. ○ Waiver of plan requirements in the case of an unforeseeable emergency where the hospital disaster plan is activated, or an unforeseen disaster or catastrophic event immediately affects or increases the need for healthcare services. • Develop and implement a process to examine and respond to complaints submitted to the committee regarding potential violations of the staffing plan: ○ Track complaints coming in and the resolution of the complaints. ○ Make a determination that a complaint is resolved or dismissed based on submitted data. ○ Examine trends and make changes if necessary. • Orientation to the clinical staffing committee is part of unit/department orientation where applicable.
Timeline for Outcome Completion	• By Jan. 1, 2022 the clinical staffing committee will be established in accordance with the Clinical Staffing Committee Law. • By July 1, 2022 the clinical staffing committee will have reviewed, approved, and submitted unit/area staffing plans to the hospital president for approval
Meeting Management	**Meeting schedule:** The clinical staffing committee will meet as often as necessary to complete the clinical staffing plan prior to each of the deadlines and then on a regular basis as agreed upon by the committee members during the remainder of the year (monthly, quarterly, etc.). Notices of meeting dates and times will be distributed in advance in order to better accommodate unit scheduling. Participation by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. Members shall be relieved of all other work duties during meetings. Members of the clinical staffing committee will be paid, and preferably will be scheduled to attend meetings as part of their normal work hours for the majority of the meetings. It is understood that meeting schedules may require that a staff member attend on his/her scheduled day off. In this case, the staff member will be compensated for their time.

Meeting Management	**Record-keeping/minutes:** • Meeting agendas will be distributed to all committee members in advance of each meeting. • The minutes of each meeting will be distributed to all committee members with each meeting agenda, with approval of the minutes as a standing agenda item for each meeting. Meeting minutes will be posted on SharePoint and/or Teams, or similar site to allow all staff to review. • A master copy of all agendas and meeting minutes from the clinical staffing committee will be maintained and available for review on request. **Attendance requirements and participation expectations:** • It is the expectation of the clinical staffing committee that all members will participate actively, including reading required materials in advance of the meeting as assigned, coming prepared to meetings and engaging in respectful dialogue as professional committee members. • If a member needs to be excused, requests for an excused absence are communicated to staffing committee co-chair/s. Failure to request an excused absence will result in attendance recorded as "absent" in the meeting minutes. • All members are expected to attend at least 75% of the meetings held each year. Failure to meet attendance expectations may result in removal from the committee. • Replacement will be in accordance with aforementioned selection processes. **Decision-making process:** • Clinical staffing plans shall be developed and adopted by consensus of the clinical staffing committee. For the purposes of determining whether there is a consensus, the management members of the committee shall have one vote, and the employee members shall have one vote, regardless of the actual number of members of the committee. • If there is no consensus on the staffing plan or partial staffing plan (individual unit/department), the hospital president shall use discretion to adopt the plan, or partial plan based on the information provided and provide a written explanation of this determination. This will include the final written proposals from both the management and employee members and their rationales. • There will be a requirement of at least half of the committee members of each group in order to have a quorum. Currently five staff members and five management members.
New Staff Committee Requirements	• Staffing committee members will receive education/orientation upon joining the committee.

11/6/23
Date

Melissa Purtell, RN, BSN, MSN, Director of Nursing

11/6/2023 Kathryn Pagliaroli RN

Date Kathryn Pagliaroli MS, BSN, RN, Senior VP Clinical Operations; Chief Nursing Officer

11/6/2023

Date Michael Backus, ~~President & CEO~~

OSWEGO HEALTH | **BEHAVIORAL HEALTH SERVICES**

Inpatient Psychiatric Acute Unit
Policy & Procedure **Category C**

To: Inpatient Psychiatric Acute Staff

From: Melissa Kinne, BSN, RN, Interim Inpatient Psychiatric Acute Unit Director
Melissa Purtell, RN, BSN, MSN, Director of Nursing
Kathryn Pagliaroli MS, BSN, RN, Senior VP Clinical Operations; Chief Nursing Officer
Michael C. Backus, President and CEO

Subject: Clinical Staffing Guidelines for Inpatient Psychiatric Acute Unit

Purpose: To provide guidelines for staffing patterns on the Inpatient Psychiatric Acute Unit.

Statement of Policy: Staffing is based on an average daily patient census of 32 patients per day.

1. **Census** – Inpatient Psych Acute staffing is based on an average daily patient census of 32 patients per day. In special circumstances the census may be increased to go above 32. Administration must be notified and approval obtained through Office of Mental Health. Acuity will be assessed and additional staffing will be obtained as detailed below.

2. **Acuity** – Staffing Levels will vary depending on the number of patients, level of acuity and amount of higher observation levels. Staffing may be adjusted based on this acuity after discussion between the Charge Nurse and the Administrator On Call/Inpatient Psychiatric Acute Unit Director.

    a. 7a-7p: There will be one assigned Charge Nurse. In addition, each staff RN can a have patient assignment up to 11 patients.

    b. 7p-7a: Each RN can have a patient assignment up to 11 patients.

    c. PCTs-Each Psych Care Tech can have a patient assignment of 6 to 7 patients on all shifts.

    d. There will be an LPN 7a-3p and 3p-11p daily to pass medications.

    e. Prior to the start of each shift the Charge Nurse is responsible to review the staffing for the next shift with the Inpatient Psychiatric Acute Unit Director and/or designee. The acuity of the unit will be reviewed to ensure that there is an appropriate amount of staff to maintain the safe of the unit.

3. **Skill Mix-**
   The following table may be used as a guideline to base staffing.

Census		Charge RN Day Shift: 7a-7p	RNs	LPNs: 7a-3p	PCTs		Charge RN Evening Shift: 7p-7a	LPNs: 3p-11p		Charge RN Night Shift	RNs	PCTs
1		1	1	1	1		1	1		1	1	1
2		1	1	1	1		1	1		1	1	1
3		1	1	1	1		1	1		1	1	1
4		1	1	1	1		1	1		1	1	1
5		1	1	1	1		1	1		1	1	1
6		1	1	1	1		1	1		1	1	1
7		1	1	1	2		1	1		1	1	1
8		1	1	1	2		1	1		1	1	2
9		1	1	1	2		1	1		1	1	2
10		1	1	1	2		1	1		1	1	2
11		1	1	1	2		1	1		1	1	2
12		1	2	1	2		1	1		1	2	2
13		1	2	1	3		1	1		1	2	3
14		1	2	1	3		1	1		1	2	3
15		1	2	1	3		1	1		1	2	3
16		1	2	1	3		1	1		1	2	3
17		1	2	1	3		1	1		1	2	3
18		1	2	1	3		1	1		1	2	3
19		1	2	1	4		1	1		1	2	4
20		1	2	1	4		1	1		1	2	4
21		1	2	1	4		1	1		1	2	4
22		1	2	1	4		1	1		1	2	4
23		1	3	1	4		1	1		1	3	4
24		1	3	1	4		1	1		1	3	4
25		1	3	1	5		1	1		1	3	5
26		1	3	1	5		1	1		1	3	5
27		1	3	1	5		1	1		1	3	5
28		1	3	1	5		1	1		1	3	5
29		1	3	1	5		1	1		1	3	5
30		1	3	1	5		1	1		1	3	5
31		1	3	1	5		1	1		1	3	5
32		1	3	1	5		1	1		1	3	5
33		1	3	1	5		1	1		1	3	5

4. **Level of Experience and specialty certification** – Certification and education requirements for the Inpatient Psych Acute unit are located in the Oswego Hospital Nursing Standards Manual in the *Structure Standards Manual*

5. **Architecture and Geography** – Architecture and Geography for the Inpatient Psych Acute unit are located in the Oswego Hospital Nursing Standards Manual in the *Structure Standards Manual.*

6. **Increased Levels of Observations:** 1:1–In some circumstances providers may order 1:1 observation for a patient. For each on the 1:1 observation status 1 additional staff will be obtained. Constant observations-In some circumstances a provider may order constant observation for a patient. There may be 2 patients to 1 staff member. 2:1 observations-In some certain circumstances a provide may order a 2:1 status. There will be 2 staff members with 1 patient at all times. Additional staff may be called in to cover these patients on the increased level of observations in order to maintain PCT staffing levels on the units for patient care.

7. **Special Characteristics of Unit's Population –** The special characteristics of the population of patients the Inpatient Psych Acute Unit serves are located in the Oswego Hospital Nursing Standards Manual in the *Structure Standards Manual.*

8. **Measures to increase worker and patient safety** – The Inpatient Psych Acute RN staff will participate in daily multidisciplinary patient rounding where input from the entire care team takes into consideration the patient's overall treatment and length of stay.

9. **Staffing Guidelines** – Inpatient Psych Acute unit staffing guidelines are supported by the Journal of American Psychiatric Nurses Association. (2012). *APNA Position Statement: Staffing Inpatient Psychiatric Units.*

10. **Breaks/Lunch –** Inpatient Psych Acute Unit nursing and support staff will be provided a 30-minute uninterrupted meal break. Nursing staff will cover each other's patients during this break. In the event that the unit acuity is such that this cannot be done safely, the Unit Director or designee is responsible for obtaining coverage so that this break may be provided.

11. **Budget –** The budget is prepared annually in August and is based on historical daily census data with input from the Inpatient Psychiatric Acute Unit Director.

12. **Emergency Response –** The Medical Surgical Unit Staffing Guidelines are in effect during normal hospital operations. Plan requirements may be waived based on an unforeseeable emergency, catastrophic event or where the hospital disaster plan is in effect

DocuSigned by:

11/7/2023 Melissa Kinne
A9CE224AE4874F0...
Date Melissa Kinne, RN, BSN, Interim Inpatient Psychiatric Acute Unit Director

10/30/23
Date Melissa Purtell, RN, BSN, MSN, Director of Nursing

11/6/2023 Kathryn Pagliaroli MS
Date Kathryn Pagliaroli, MS, BSN, RN, Senior VP Clinical Operations; Chief Nursing Officer

11/6/2023
Date Michael C. Backus, President and CEO

/dgs
O: Behavioral Health Services/1-Policies & Procedures/INPT/Staffing Guidelines
Orig: 5/01
Rev: 8/03, 4/04, 12/05, 01/06, 9/06, 5/09, Rev: 5/11, 1/12, 6/12, 5/13, 7/13, 4/14, 1/19, 8/19,3/20, 03/21, 03/22, 1/23, 10/23

OSWEGO HEALTH | HOSPITAL

Clinical Division
Policy & Procedure **Category C**

To: Urgent Care Personnel

From: Kelly Montagna, RN, Clinical Director Urgent Care
Melissa Purtell, RN, BSN, MSN, Director of Nursing
Kathryn Pagliaroli MS, BSN, RN, Senior VP Clinical Operations; Chief Nursing Officer
Michael C. Backus, President and CEO

Subject: Urgent Care Staffing Guidelines

Purpose: To provide guidelines for staffing patterns in Urgent Care

Statement of Policy:
Staffing is based on an average of average daily census of patients per day.

1. **Census:** Central Square Urgent Care staffing is based off an average daily census of 35 patients per day. Fulton Urgent Care staffing is based on an average daily census of 50 patients per day.
2. **Staffing Minimum Requirements:** At all times there must be 2 competent nurses present.
3. **Acuity:**
   a. Assignments will be routinely based on experience and skill level.
   b. Assignments will be rotated to help develop and/or maintain skills in various aspects of urgent nursing care.
   c. Patients shall be brought directly to an open room or intake room for triage as designed in the urgent care flow model
   d. Staffing assignments can be adjusted by the charge nurse as needed based on patient acuity with director approval.
4. **Skill Mix**:

	Nursing	**Unit Clerk**	
Fulton Urgent Care 9am- 8:30pm	**2 RN's -or- 1 RN & 1 LPN**	**1**	*May add 3rd nurse for high volume with director approval
Central Square Urgent Care 9am-8pm	**2 RN's -or- 1 RN & 1 LPN**	**1 From 9a-5p**	

5. **Level of Experience and Specialty Certification:** Certification and education requirements for Central Square and Fulton Urgent Cares are located in the Oswego Hospital Nursing Standards Manual in the *Urgent Care Structure Standards.*
6. **Specialized Equipment:** Specialized equipment needed in the Urgent Care are listed separately. They are located in the Oswego Hospital Nursing Standards Manual in the *Urgent Care Structure Standards.*

7. **Architecture and Geography:** Architecture and Geography of the Fulton and Central Square Urgent Cares can be located in the Oswego Hospital Nursing Standards Manual in the *Urgent Care Structure Standards.*
8. **Special Characteristics of the Unit's Population:** The special characteristics of the population of Urgent Care patients are located in the Oswego Hospital Nursing Standards Manual in the *Urgent Care Structure Standards.*
9. **Measures to increase Worker and Patient Safety:** Staff in the Urgent Care participate in shift report. Report is given between nurses and providers to allow for continuity of care and increased patient safety.
10. **Staffing Guidelines:** Urgent Care staffing guidelines are based on Urgent Care Association guidelines.
11. **Supportive Staff for Urgent Care:** The Urgent Care has an in-depth description of staffing and department resources located in the Oswego Hospital Nursing Standards Manual in the *Urgent Care Structure Standards.*
12. **Breaks/Lunch:** Urgent Care nurses and unit technician will be provided a 30-minute uninterrupted meal break. Nursing staff will cover each other's patients during this break. In the event that the unit acuity is such that this cannot be done safely, the unit director is responsible for obtaining coverage so that this break may be provided.
13. **Budget:** The budget is prepared annually in August and is based on historical daily census data with input from the Urgent Care Director.
14. **Emergency Response:** The Urgent Care staffing guidelines are in effect during normal operations. Plan requirements may be waived based on an unforeseeable emergency, catastrophic event or where the Oswego Health disaster plan is in effect.

11/6/2023 — DocuSigned by: Kelly Montagna 1B9E170052544E0... — Kelly Montagna, RN, Clinical Director Fulton & Central Square Medical Centers
Date

11/7/2023 — DocuSigned by: Melissa Purtell 319B16A1CFE6404... — Melissa Purtell, RN, BSN, MSN, Director of Nursing
Date

11/7/2023 — DocuSigned by: Kathryn Pagliaroli RN 9E048DDBA09047A... — Kathryn Pagliaroli MS, BSN, RN, Senior VP Clinical Operations; Chief Nursing Officer
Date

11/7/2023 — DocuSigned by: Mike Backus 75747F17AF8C412... — Michael C. Backus, President and CEO
Date

/K Montagna
G: Clinical PPs/4.NSG Standards Manual PPs/ NSM 2024
Orig. 3/30/11
Rev. 3/13, 3/15, 3/17, 3/19, 3/20, 2/22, 10/23

OSWEGO HEALTH | HOSPITAL

Clinical Division
Emergency Department
Policy & Procedure

Category A

To: Emergency Room Personnel

From: Jennifer Fassano, RN, BSN, Director Emergency Department
Melissa Purtell, RN, BSN, MSN, Director of Nursing
Kathryn Pagliaroli MS, BSN, RN, Senior VP Clinical Operations; Chief Nursing Officer
Michael C. Backus, President and CEO

Subject: Emergency Department Staffing Guidelines

Purpose: To provide guidelines for staffing patterns in the Emergency Department.

Statement of Policy: Staffing is based off of recommendations for NASH safe staffing guidelines.

1. **Census:**
   a. Staff assignments will be based on the number of Registered Nurses scheduled in a 24 hour period. Staffing is based off of recommended NASH staffing guidelines.
   b. Staff assignment sheet will be completed by the ED Charge Nurse.

2. **Acuity:**
   a. Assignments will be routinely based on experience and skill level.
   b. Assignments will be rotated to help develop and/or maintain skills in various aspects of Emergency Nursing care.
   c. Daily staff assignments forms (see assignment sheet).
   d. Patients shall be brought directly to open room for triage as designed in the ED flow model.
   e. Staffing assignments can be adjusted by the charge nurse as needed based on patient acuity within an assigned group.

3. **Skill Mix:**

Minimum Staffing for Emergency Department based on NASH guidelines

	7a-9a	**9a-11a**	**11a-1p**	**1p-9p**	**9p-11p**	**11p-1a**	**1a-7a**
RN	3	4	5	6	5	4	3
	7a-3p	**3p-7p**	**7p-11p**	**11p-3a**	**3a-7a**		
EDT	2	2	2	2	2		
U/S	1	1	1	1	0		
C/R	1	1	1	1	1		

4. **Level of Experience and Specialty Certification:** Certification and education requirements for the Emergency Department are located in the Oswego Hospital Nursing Standards Manual in the *Emergency Department Structure Standards.*

5. **Specialized Equipment:** Specialized equipment needed in the Emergency Department are listed separately. They are located in the Oswego Hospital Nursing Standards Manual in the *Emergency Department Structure Standards.*

6. **Architecture and Geography:** Architecture and Geography of the Emergency Department are located in the Oswego Hospital Nursing Standards Manual in the *Emergency Department Structure Standards.*

7. **One to One Patient Care:** Nursing staff may be utilized to deliver 1:1 nursing care. In some circumstances, based on reason for 1:1 care a patient sitter, ED technician, nurse's aide or service tech may be used. The clinical nursing supervisor will be contacted if the Emergency Department is unable to provide 1:1 Care. Staffing will be adjusted in other units or additional staff may be called in to provide support.
   a. Examples of patient's that may require 1:1 care provided by nursing staff:
      - Agitated vent patient-unable to sedate effectively.
      - Ventilated patients with labile blood pressure, vasopressors, and sedation.
      - Highly confused or agitated requiring 1:1.
      - Patients going through active alcohol withdrawal or drug withdrawal
      - Patients requiring frequent lab draws, electrolyte replacements, and or fluid/blood replacements

   b. Examples of patient's that may require 1:1 care provided by ancillary staff
      - Uncooperative or demented patients requiring therapeutic redirection
      - Patients requiring 1:1 monitoring for suicidal ideations.
8. **Special Characteristics of the Unit's Population:** The Special characteristics of the population of the patients the Emergency Department serves are located in the Oswego Hospital Nursing Standards Manual in the *Emergency Department Structure Standards.*
9. **Measures to Increase Worker and Patient Safety:** Staff in the Emergency Department participate in shift change report. Reports is given between nurses, and ED technicians to allow for continuity of care and increased patient safety.
10. **Staffing Guidelines:** Emergency Department staffing guidelines are based on the recommendation of NASH group.
11. **Supportive Staff for the Emergency Department:** The Emergency department has an in-depth description of staffing and department resources located in the Oswego Hospital Nursing Standards Manual in the *Emergency Department Structure Standards.*
12. **Breaks/Lunch:** Emergency Department nurses and support staff will be provided a 30 minute uninterrupted meal break. Nursing staff will cover each other's patients during this break. In the event that the unit acuity is such that this cannot be done safely, the Unit Director or Clinical Supervisor is responsible for obtaining coverage so that this break may be provided.
13. **Budget:** The budget is prepared annually in August and is based on historical daily census data with input from the Emergency Department Director
14. **Emergency Response:** The Emergency Department Staffing Guidelines are in effect during normal hospital operations. Plan requirements may be waived based on an unforeseeable emergency, catastrophic event or where the hospital disaster plan is in effect.

References

American College of Emergency Physicians. (2004). *Emergency Department Operations Management.* ACEP Board of Directors.

Breen, L. M., Trepp JR, R., & Gavin, N. (2020). *Lean Process Improvement in the Emergency Department.* doi:10.1016/j.emc.2020.05.001

Commission, T. J. (2021, April 21). *Joint Commission.* Retrieved from Emergency Department Measures: https://www.jointcommission.org/measurement/measures/emergency-department/

Press Ganey. (n.d.). *Press Ganey.* Retrieved from Increasing Value in the Emergency Department: Using data to drive improvement: https://www.nh.gov/safety/divisions/fstems/ems/documents/aapfcc.pdf

10/30/23 Jennifer Fassano
Date Jennifer Fassano, RN, BSN, Director of Emergency Department

10/30/23 Melissa Purtell
Date Melissa Purtell, RN, BSN, MSN, Director of Nursing

11/6/2023 Kathryn Pagliaroli BSN
Date Kathryn Pagliaroli MS, BSN, RN, Senior VP Clinical Operations; Chief Nursing Officer

11/6/2023
Date Michael C. Backus, President and CEO

S: General/Emergency Department/P$P, ED Staffing Guidelines
Orig: 3/17/92
Rev: 1/94, 3/95, 1/96, 1/97, 2/98, 4/99, 1/00, 12/00, 1/01, 2/02, 2/03, 12/03, 01/07,6/07, 10/08, 11/6/09, 12/11, 2/14,2/22,6/22, 10/23

OSWEGO HEALTH | HOSPITAL

Clinical Division
Policy & Procedure **Category C**

To: ICU/CCU Nursing Staff

From: Sarah Morse, BSN, RN, CCRN, Director of ICU
Melissa Purtell, RN, BSN, MSN, Director of Nursing
Kathryn Pagliaroli MS, BSN, RN, Senior VP Clinical Operations; Chief Nursing Officer
Michael C. Backus, President and CEO

Subject: ICU/CCU Clinical Staffing Guidelines

Purpose: To provide guidelines for staffing patterns in ICU/CCU including Rapid Response Team coverage.

Statement of Policy:
Staffing is based on an average daily patient census of 6 patients per day.

1. **Census** – ICU staffing is based on an average daily patient census of 6 patients per day.
2. **Acuity** - Staffing should be based on the unit acuity. Staffing may be adjusted based on this acuity after discussion between the ICU nursing staff and/or the Nursing Supervisor/Clinical Director of ICU.
    a. For every three patients in the ICU with transfer orders for a Med/Surg bed with or without telemetry = 1 nurse for every three patients.
    b. For every two ICU patients who do not require 1:1 care = 1 nurse for every two patients.
    c. Staffing can be adjusted based on the number of expected procedures to be performed either at the bedside or in other areas of the hospital with the assistance of one or more ICU nurse(s), when a patient is to be transported outside the hospital requiring a nurse escort, and/or there is need to provide an ICU nurse to cover a patient housed elsewhere in the hospital (i.e. AFB patient on 4MS or Donation after Cardiac Death Patient in the OR).The Unit Secretary or Med/Surg Technician on 7a-3p and 3p-11p will report to work regardless of the census.
3. **Skill Mix -**

The following table may be used as a guideline to base staffing.

ICU Patients	ICU Staff
8 patients	**4-5 RNs 1 MST**
7 patients	**4-5 RNs 1 MST**
6 patients	**3-4 RNs 1 MST**
5 patients	**3-4 RNs 1 MST**
4 patients	**2-3 RNs 1 MST**
3 patients	**2 RNs 1 MST**
2 patients	**2 RNs 1 MST**
1 patient	**2 RNs 1 MST**

4. **Level of Experience and specialty certification** – Certification and education requirements for the ICU are located in the Oswego Hospital Nursing Standards Manual in the *ICU Structure Standards.*

5. **Specialized Equipment** – Specialized equipment needed in the ICU are listed separately. They are located are located in the Oswego Hospital Nursing Standards Manual in the *ICU Structure Standards.*

6. **Architecture and Geography** – Architecture and Geography of the ICU are located in the Oswego Hospital Nursing Standards Manual in the *ICU Structure Standards.*

7. **One to one patient care** – Nursing staff may be utilized to deliver 1:1 nursing care. In some circumstances, based on reason for 1:1 care a patient sitter, unit technician, nurse's aide, or service tech may be used. The clinical nursing supervisor will be contacted if the ICU staff is unable to provide 1:1 care. Staffing will be adjusted in other units or additional staff may be called in to provide support.
    a. Examples of patient's that may require 1:1 care provided by nursing staff:
        - Agitated vent patient-unable to sedate effectively.
        - Vent patient with labile blood pressure, vasopressors, and sedation.
        - Highly confused or agitated requiring 1:1.
        - Patient going through active alcohol withdrawal or drug withdrawal.
        - Complex post-op patient (serious or critical).
        - Patient requiring frequent lab draws, electrolyte replacements, and/or fluid/blood replacements.
8. **Special Characteristics of Unit's Population** – The special characteristics of the population of patients the ICU serves are located in the Oswego Hospital Nursing Standards Manual in the *ICU Structure Standards.*
9. **Measures to increase worker and patient safety** – ICU staff will participate in daily patient rounding. Patient rounds are conducted in a multi-disciplinary manner where input from the entire care team takes into consideration the patient's overall treatment and length of stay.
10. **Staffing Guidelines** – ICU staffing guidelines are based on the recommendation of NDNQI.
11. **Supportive Staff for ICU** – The ICU has an in depth staffing resource chart located in the Oswego Hospital Nursing Standards Manual in the *ICU Structure Standards.*
12. **Breaks/Lunch** – ICU nursing and support staff will be provided a 30 minute uninterrupted meal break. Nursing staff will cover each other's patients during this break. In the event that the unit acuity is such that this cannot be done safely, the Unit Director or Clinical Supervisor is responsible for obtaining coverage so that this break may be provided.
13. **NDNQI** – NDNQI recommendations for HPPD.
14. **Budget** – The budget is prepared annually in August and is based on historical daily census data with input from the ICU Director.
15. **Emergency Response** – The ICU Clinical Staffing Guidelines are in effect during normal hospital operations. Plan requirements may be waived based on an unforeseeable emergency, catastrophic event or where the hospital disaster plan is in effect.

11/6/23 Sarah Morse
Date Sarah Morse, BSN, RN, CCRN, Director of ICU

10/30/23
Date Melissa Purtell, RN, BSN, MSN, Director of Nursing

11/6/2023 Kathryn Pagliaroli BS
Date Kathryn Pagliaroli MS, BSN, RN, Senior VP Clinical Operations; Chief Nursing Officer

11/6/2023
Date

Michael C. Backus, President and CEO

G: Clinical PPs/4.NSG Standards Manual PPs/NSM 2024
Orig: 2/9/90
Rev: 4/92, 4/93, 3/95, 1/97, 1/98, 12/00, 3/03, 9/04,1/06, 6/07, 7/09, 1/10, 9/10,11/12,1/14, 11/14, 1/19, 5/22, 10/23

OSWEGO HEALTH | HOSPITAL

Clinical Division
Policy & Procedure **Category C**

To: Medical Surgical Services Nursing Staff

From: Cheryl Stilwell, RN, BSN, Director of Medical Surgical Services
Melissa Purtell, RN, BSN, MSN, Director of Nursing
Kathryn Pagliaroli MS, BSN, RN, Senior VP Clinical Operations; Chief Nursing Officer
Michael C. Backus, President and CEO

Subject: Clinical Staffing Guidelines for Medical Surgical Services 3rd and 4th Floors

Purpose: To provide guidelines for staffing patterns on the Medical Surgical Unit.

Statement of Policy:
Staffing is based on an average daily patient census of 30 patients per day.

1. **Census** – Med Surg staffing is based on an average daily patient census of 30 patients per day.

2. **Acuity** – RN assignments should be based on the unit acuity. Staffing may be adjusted based on this acuity after discussion between the Med Surg Team Leader and/or the Nursing Supervisor/Clinical Director of Med Surg.

    a. 7am-3pm: Each RN can have a patient assignment up to 5 patients if staffing to single RN assignments. When staffing PODS, the POD will have up to 10 patients consisting of a RN team lead, a medication nurse RN or LPN and a Nursing Assistant.
    b. 3pm-7am: Each RN can have a patient assignment up to 6 patients if staffing to single RN assignments. When staffing PODS, the POD will have up to 10 patients consisting of a RN team lead, a medication nurse RN or LPN and a Nursing Assistant.
    c. Nursing Assistants: Each nursing assistant will have a patient assignment of up to 10 patients on all shifts in the POD.
    d. Patient Care Technician: A Nursing Assistant who is trained to telemetry will be assigned as the Patient Care Technician to monitor telemetry and act as the unit secretary on all shifts. There will be one PCT assigned to each floor 3rd and 4th. There will always be an assigned PCT on the Med Surg unit every day/shift no matter what the census is.
    e. PCM: The Med Surg Unit can have PCM patients (progressive care module) -- refer to the Progressive Care Module, Admission to, Policy in the Clinical Policy and Procedure Manual.
        - 1 RN can care for a maximum of 2 patients when utilizing PCM.

3. **Skill Mix - The following table may be used as a guideline for POD staffing.**

Census	Day Shift				Evening Shift				Night Shift			
	RN POD Team Lead	RN or LPN Med	NA	PCT	RN POD Team Lead	RN or LPN Med	NA	PCT	RN POD Team Lead	RN or LPN Med	NA	PCT
1	1	1	1	1	1	1	1	1	1	1	1	1
2	1	1	1	1	1	1	1	1	1	1	1	1
3	1	1	1	1	1	1	1	1	1	1	1	1
4	1	1	1	1	1	1	1	1	1	1	1	1
5	1	1	1	1	1	1	1	1	1	1	1	1
6	1	1	1	1	1	1	1	1	1	1	1	1
7	1	1	1	1	1	1	1	1	1	1	1	1
8	1	1	1	1	1	1	1	1	1	1	1	1
9	1	1	1	1	1	1	1	1	1	1	1	1
10	1	1	1	1	1	1	1	1	1	1	1	1
11	2	2	2	1	2	2	2	1	2	2	2	1
12	2	2	2	1	2	2	2	1	2	2	2	1
13	2	2	2	1	2	2	2	1	2	2	2	1
14	2	2	2	1	2	2	2	1	2	2	2	1
15	2	2	2	1	2	2	2	1	2	2	2	1
16	2	2	2	1	2	2	2	1	2	2	2	1
17	2	2	2	1	2	2	2	1	2	2	2	1
18	2	2	2	1	2	2	2	1	2	2	2	1
19	2	2	2	1	2	2	2	1	2	2	2	1
20	2	2	2	1	2	2	2	1	2	2	2	1
21	3	3	3	1	3	3	3	1	3	3	3	1
22	3	3	3	1	3	3	3	1	3	3	3	1
23	3	3	3	1	3	3	3	1	3	3	3	1
24	3	3	3	1	3	3	3	1	3	3	3	1
25	3	3	3	1	3	3	3	1	3	3	3	1
26	3	3	3	1	3	3	3	1	3	3	3	1
27	3	3	3	1	3	3	3	1	3	3	3	1
28	3	3	3	1	3	3	3	1	3	3	3	1
29	3	3	3	1	3	3	3	1	3	3	3	1
30	3	3	3	1	3	3	3	1	3	3	3	1
31	4	4	4	1	4	4	4	1	4	4	4	1
32	4	4	4	1	4	4	4	1	4	4	4	1
33	4	4	4	1	4	4	4	1	4	4	4	1
34	4	4	4	1	4	4	4	1	4	4	4	1
35	4	4	4	1	4	4	4	1	4	4	4	1
36	4	4	4	1	4	4	4	1	4	4	4	1
37	4	4	4	1	4	4	4	1	4	4	4	1
38	4	4	4	1	4	4	4	1	4	4	4	1
39	4	4	4	1	4	4	4	1	4	4	4	1
40	4	4	4	1	4	4	4	1	4	4	4	1
41	5	5	5	1	5	5	5	1	5	5	5	1
42	5	5	5	1	5	5	5	1	5	5	5	1
43	5	5	5	1	5	5	5	1	5	5	5	1
44	5	5	5	1	5	5	5	1	5	5	5	1
45	5	5	5	1	5	5	5	1	5	5	5	1
46	5	5	5	1	5	5	5	1	5	5	5	1
47	5	5	5	1	5	5	5	1	5	5	5	1
48	5	5	5	1	5	5	5	1	5	5	5	1

- ❖ Nursing Assistant is always assigned
- ❖ Staffing to be adjusted accordingly, dependent on acuity, pending admissions and discharges.
- ❖ Admission/discharge nurse to be assigned when staffing allows

4. **Level of Experience and specialty certification** – Certification and education requirements for the Med Surg unit are located in the Oswego Hospital Nursing Standards Manual in the *Structure Standards Manual*

5. **Architecture and Geography** – Architecture and Geography for the Med Surg unit are located in the Oswego Hospital Nursing Standards Manual in the *Structure Standards Manual.*

6. **One to Ones:** –In some circumstances providers may order 1:1 observation for a patient. A patient sitter, unit technician or nursing assistant may be used for these patient 1:1's. The Clinical Nursing Supervisor and the Med Surg Director will assign the 1:1 staff to the Med Surg unit. The Med Surg Nursing Assistants can be utilized when necessary to cover 1:1 patient watches in other departments. Additional staff may be called in to cover these 1:1 assignments in order to maintain the nursing assistant staffing levels on the floors for patient care.

7. **Special Characteristics of Unit's Population** – The special characteristics of the population of patients the Med Surg Unit serves are located in the Oswego Hospital Nursing Standards Manual in the *Structure Standards Manual.*

8. **Measures to increase worker and patient safety** – The Med Surg RN staff will participate in daily multidisciplinary patient rounding where input from the entire care team takes into consideration the patient's overall treatment and length of stay.

9. **Staffing Guidelines** – Med Surg staffing guidelines are based on the recommendation of NASH Analytics.

10. **Breaks/Lunch** – Med Surg nursing and support staff will be provided a 30-minute uninterrupted meal break. Nursing staff will cover each other's patients during this break. In the event that the unit acuity is such that this cannot be done safely, the Unit Director or Clinical Supervisor is responsible for obtaining coverage so that this break may be provided.

11. **NDNQI** – The Med Surg unit utilizes the HPPD (hours per patient day) metric through NDNQI to evaluate both the level of patient care and the ratio of staff to patients.

12. **Budget** – The budget is prepared annually in August and is based on historical daily census data with input from the Medical Surgical Services Director.

13. **Emergency Response** – The Medical Surgical Unit Staffing Guidelines are in effect during normal hospital operations. Plan requirements may be waived based on an unforeseeable emergency, catastrophic event or where the hospital disaster plan is in effect.

11/6/23 Cheryl Stilwell
Date Cheryl Stilwell, RN, BSN, Director of Medical Surgical Services

10/30/23 Melissa Purtell
Date Melissa Purtell, RN, BSN, MSN, Director of Nursing

11/6/2023 Kathryn Pagliaroli RN
Date Kathryn Pagliaroli MS, BSN, RN, Senior VP Clinical Operations; Chief Nursing Officer

11/6/2023
Date Michael C. Backus, President and CEO

/C.Stilwell
G: Clinical PPs/4.NSG Standards Manual PPs/ NSM 2024
Orig: 1/31/2017
Rev: 2/19,6/22, 1/23, 10/23

OSWEGO HEALTH | HOSPITAL

Clinical Division
Policy & Procedure **Category C**

To: Surgical Services and Ambulatory Surgery Nursing Staff

From: Jody Wood, RN, BSN, CNOR, Director of Surgical Services
Melissa Purtell, RN, BSN, MSN, Director of Nursing
Kathryn Pagliaroli MS, BSN, RN, Senior VP Clinical Operations; Chief Nursing Officer
Michael C. Backus, President and CEO

Subject: Surgical Services and Ambulatory Surgery Clinical Staffing Guidelines

Purpose: To provide guidelines for staffing patterns in Surgical Services.

Statement of Policy: Staffing is based on an average daily patient census of patients per day.

1. **Census** – Surgical Services and ASU/PACU staffing is based on an average daily patient census of 20 patients per day.
2. **Staffing Minimum Requirements for Phase I and Phase II** – At all times there must be two competent nurses trained in Phase I and /or Phase II must be present when a patient is receiving Phase I and/or Phase II level of care.
3. **Phase I Acuity** – Nursing staff will perform Phase I level care in the immediate post-operative phase in designated PACU bays based on the following American Society of Perianesthesia Nurses (ASPAN) guidelines. Staffing should be based on patient acuity. The charge nurse of each area may adjust staffing based on patient acuity and safety requirements.
    a. Phase I level of care – Most generally the nurse to patient ratio is 1:1. Examples of patient appropriate to be cared for at this ratio include:
        i. Admission to the unit until critical elements are met.
        ii. Patients with airway or hemodynamic instability.
    b. Phase I level of care - It may be appropriate to care for patients in Phase I with a nurse to patient ration of 1:2. Examples of patients that may be cared for at this ration include:
        i. Two conscious patients, stable and free of complications but not yet meeting the requirements for discharge.
        ii. Two conscious patients, stable, eight years of age and under, with family or competent support staff present but not yet meeting discharge criteria.
        iii. One unconscious patient, hemodynamically stable, with a stable airway, over the age of eight years and one conscious patients, stable and free of complications.
    c. Phase I level of care – Critically ill or unstable patients may require 2:1 nurse to patient care. Examples of the types of patients that may be cared for at a 2:1 nurse to patient ratio include:
        i. One critically ill, unstable patient.

4. **Skill Mix -**

The following table may be used as a guideline to base staffing for Phase I.

OR Rooms	PACU Staff
4 rooms	5 RNs
3 rooms	4 RNs
2 rooms	3 RNs
1 room	2 RNS

5. **Phase II Acuity –** Nursing staff will perform Phase II level of care after the patients is discharged from Phase I in a designated ASU bay based on the following American Society of Perianesthesia Nurses (ASPAN) guidelines:
    a. Phase II Level of Care – Most generally nurse to patient ratio should be 1:3. Examples of patients that may be cared for at this ration include:
        i. Patients over eight years of age.
        ii. Eight years and younger with family present.
    b. Phase II Level of Care – There are times, based on patient acuity, where the patient will require a 1:2 nurse to patient ration. Examples of patients that will require a 1:2 ratio include:
        i. Eight years of age and under without family or support staff present
        ii. Initial admission of a patient post-procedure
    c. Phase II Level of Care – There are times, based on patient acuity, where the patient will require a 1:1 nurse to patient ratio. Examples of patients that require 1:1 nursing include:
        i. An unstable patient of any age requiring transfer to a higher level of care.
6. **Operating Room and Endoscopy Room Staffing** – Nurse staffing patterns for intraoperative staffing in the Operating Room and Endoscopy are based on the patient census, patient acuity, and the need for addition staff due to difficulty of the procedure per 2021 AORN recommendations.
7. **Skill Mix –**
The following may be used as a general guideline for staffing intraoperative patient rooms.

OR/Endo Rooms	Surgical Services Staff
7 rooms	**7 RNs; 7 Scrub Staff**
6 rooms	**6 RNs; 6 Scrub Staff**
5 rooms	**5 RNs; 5 Scrub Staff**
4 rooms	**4 RNs; 4 Scrub Staff**
3 rooms	**3 RNs; 3 Scrub Staff**
2 rooms	**2 RNs; 2 Scrub Staff**
1 room	**1 RN; 1 Scrub Staff**

Intraoperative Acuity – There are procedures that may require greater nurse/tech to patient ratios:

3:1 or 4:1		
EEA	**Laser**	**Total Hip**
Gastrectomy	**LAVH**	**Total Knee**
Lap Nissen	**Nephrectomy**	**Total Shoulder**
Vaginal Hysterectomy	**A/P Resection**	**IV Sedation Cases**
Lap Colon Resection	**Pediatric Patients**	

8. **Level of Experience and specialty certification** – Certification and education requirements for ASU are located in the Oswego Hospital Nursing Standards Manual in the *ASU Structure Standards* while the certification and education requirement for Surgical Services are located in the *OR Structure Standards.*
9. **Specialized Equipment –** Specialized equipment needed in the ASU are listed separately. They are located are located in the Oswego Hospital Nursing Standards Manual in the *ASU Structure Standards* while the Surgical Services' specialized equipment needs are listed in the *OR Structure Standards.*
10. **Architecture and Geography** – Architecture and Geography of the ASU are located in the Oswego Hospital Nursing Standards Manual in the *ASU Structure Standards.*
11. **Special Characteristics of Unit's Population** – The special characteristics of the population of patients the ASU serves are located in the Oswego Hospital Nursing

Standards Manual in the *ASU Structure Standards* while the special characteristics of the OR population are listed in the *OR Structure Standards.*

12. **Measures to increase worker and patient safety** – Phase I and Phase II nursing staff will be supported by anesthesia staff who will work collaboratively throughout the patients' surgical experience.
13. **Staffing Guidelines** – ASU staffing guidelines are based on the recommendation of 2019-2020 PeriAnesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. Intraoperative staffing guidelines are based on the recommendations in the 2021 AORN Guidelines for Perioperative Practice.
14. **Supportive Staff for ASU** – ASU has an in depth staffing resource chart located in the Oswego Hospital Nursing Standards Manual in the *ASU Structure Standards.*
15. **Breaks/Lunch** – ASU nursing and support staff and Surgical Services nursing and support staff will be provided a 30-minute uninterrupted meal break. Nursing staff will cover each other's patients during this break. In the event that the unit acuity is such that this cannot be done safely, the Unit Director or Clinical Supervisor is responsible for obtaining coverage so that this break may be provided.
16. **Budget –** The budget is prepared annually in August and is based on historical daily census data with input from the Surgical Services Director.
17. **Emergency Response** – The Surgical Services and Ambulatory Surgery Clinical Staffing Guidelines are in effect during normal hospital operations. Plan requirements may be waived based on an unforeseeable emergency, catastrophic event or where the hospital disaster plan is in effect.

References

(2018) 2019-2020 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements (1st ed.). American Society of PeriAnesthesia Nurses. https://www.r2library.com/Resource/Title/0017688345

AORN. (2019). *Guidelines for Preioperative Practice 2019.* Denver, CO: Association of periOperative Nurses. Retrieved 11 09, 2020, from https://www.r2library.com/Resource/Title/0939583054/ch0002s0040

11/6/23 — Date
Jody Wood, RN, BSN, CNOR, Director of Surgical Services

10/30/23 — Date
Melissa Purtell, RN, BSN, MSN, Director of Nursing

11/6/2023 — Date
Kathryn Pagliaroli MS, BSN, RN, Senior VP Clinical Operations; Chief Nursing Officer

11/6/2023 — Date
Michael C. Backus, President and CEO

OSWEGO HEALTH | HOSPITAL

Clinical Division
Women's Services
Policy & Procedure

Category C

To: Nursing Personnel

From: Michelle Rockwood, RNC-OB, Director of Women's Services
Melissa Purtell, RN, BSN, MSN, Director of Nursing
Kathryn Pagliaroli MS, BSN, RN, Senior VP Clinical Operations; Chief Nursing Officer
Michael C. Backus, President and CEO

Subject: Women's Services Staffing Guidelines

Purpose: Recommended nurse/patient ratios for perinatal services

Statement of Policy:
Staffing is based on an average daily patient census of 3 patients per day.

1. **Census** – Women's Services staffing is based on an average daily patient census of 3 patients per day.

2. **Acuity** - Staffing should be based on the unit acuity and census. Staffing may be adjusted based on this acuity after discussion between the Women's Services nursing staff and/or the Nursing Supervisor/Clinical Director of Women's Services.
   a. The number of staff when total patients exceed 12 needs to be determined by the acuity of the patients
      Minimal staffing (no patients in the department or minimal acuity): 2 persons per shift. Both must be labor room trained and at least one must be nursery trained

3. **Skill Mix -**
   The following table may be used as a guideline to base staffing.

Total Newborn & PP pts	7a-7p	7p-7a
0	2LR	2LR
	(Both must be labor room trained and at least one must be nursery trained)	
1-3	1+2 LR	1+2 LR
4-6	1+2LR	1+2 LR
7-11	2+2LR	2+2 LR
≥12	3+2LR	3+2 LR

4. **Level of Experience and specialty certification** – Certification and education requirements for Women's Services are located in the Oswego Hospital Nursing Standards Manual in the *Women's Services Structure Standards.*
5. **Specialized Equipment** – Specialized equipment needed in Women's Services are listed separately. They are located in the Oswego Hospital Nursing Standards Manual in the *Woman's Services Structure Standards.*
6. **Architecture and Geography** – Architecture and Geography of Women's Services are located in the Oswego Hospital Nursing Standards Manual in the *Women's Services Structure Standards.*
7. **One to one patient care** – Nursing staff may be utilized to deliver 1:1 nursing care. In some circumstances, based on reason for 1:1 care a patient sitter, unit technician, nurse's aide, or service tech may be used. The clinical nursing supervisor will be contacted if the Women's Services staff are unable to provide 1:1 care. Staffing will be adjusted in other units or additional staff may be called in to provide support.

a. **Examples of patient's that may require 1:1 care provided by nursing staff:**
    a. Women presenting for initial obstetric triage
    b. Women with antepartum complications who are unstable.
    c. Continuous bedside attendance for women receiving IV magnesium sulfate for the first hour of administration
    d. Women with medical (such as diabetes, pulmonary or cardiac disease or morbid obesity) or obstetric (such as preeclampsia, multiple gestation, fetal demise, indeterminate or abnormal FHR pattern, women having a trial of labor attempting vaginal birth after cesarean birth) complication during labor.
    e. Women receiving oxytocin during labor
    f. Women laboring with minimal to no pain relief or medical interventions
    g. Women whose fetus is being monitored via intermittent auscultation
    h. Continuous bedside nursing attendance to women during the active pushing phase of second-stage labor
    i. Continuous bedside nursing attendance to women in the immediate postoperative recovery period (for at least two hours)
    j. Newborn boy undergoing circumcision or other surgical procedures during the immediate preoperative, intraoperative and immediate postpartum periods
    k. Newborns requiring intensive care
    l. Newborns requiring multisystem care

8. **Special Characteristics of Unit's Population** – The special characteristics of the population of patients the Women's Services serves are located in the Oswego Hospital Nursing Standards Manual in the *Women's Services Structure Standards.*
9. **Measures to increase worker and patient safety** – Women's Services staff will participate in shift mother baby report. Patient rounds are conducted by providers and daily report is exchanged to plan the mother-baby couplet discharge and follow up services required.
10. **Staffing Guidelines** – Women's Services staffing guidelines are based on the recommendation of AWHONN guidelines.
11. **Supportive Staff for Women's Services**– Women's Services has an in depth staffing resource chart located in the Oswego Hospital Nursing Standards Manual in the Women's Services *Structure Standards.*
12. **Breaks/Lunch** – Women's Services nursing and support staff will be provided a 30 minute uninterrupted meal break. Nursing staff will cover each other's patients during this break. In the event that the unit acuity is such that this cannot be done safely, the Unit Director or Clinical Supervisor is responsible for obtaining coverage so that this break may be provided.
13. **NDNQI** – NDNQI recommends 1 nurse to 3 normal mother-newborn couplets after the 2 hour recovery period
14. **Budget** – The budget is prepared annually in August and is based on historical daily census data with input from the Women's Services Director.
15. **Emergency Response** – The Women's Services Clinical Staffing Guidelines are in effect during normal hospital operations. Plan requirements may be waived based on an unforeseeable emergency, catastrophic event or where the hospital disaster plan is in effect.

References:

Guidelines for perinatal care (8th ed.). (2017). Elk Grove Village, IL: American Academy of Pediatrics.
Nursing scope and standards of practice (3rd Ed.). (2015). Silver Spring, MD: American Nurses Assoc.
RN Staffing in the Neonatal Intensive Care Unit - NANN. (2014). Retrieved from http://nann.org/uploads/About/PositionPDFS/1.4.6_RN Staffing in the NICU.pdf
Scheich, B. & Bingham, D. (2015). Key Findings from the AWHONN perinatal staffing Data collection. *Journal of Obstetrical, gynecological, and neonatal nursing, 44*,317-328.

11/6/2023 MRockwood RNC
Date Michelle Rockwood, RNC-OB, Director of Women's Services

10/30/23 Melissa Purtell
Date Melissa Purtell, RN, BSN, MSN, Director of Nursing

11/6/2023 Kathryn Pagliaroli RN
Date Kathryn Pagliaroli, MS, BSN, RN, Senior VP Clinical Operations; Chief Nursing Officer

11/4/2023
Date Michael C. Backus, President and CEO

G:Clinical PPs/NSG Standards Manual PPs/ NSM 2024
Orig: 2/9/90
Rev: 4/92, 4/93, 3/95, 1/97, 1/98, 12/00, 3/03, 9/04, 1/06, 6/07, 7/09, 1/10, 9/10, 11/12, 1/14, 11/14, 1/19, 6/22, 10/23