

RE: DHDTC DAL#: 23-16
Revised 2023 Clinical Staffing Plans Submissions

**INTENSIVE CARE UNIT
STAFFING PLAN**

Introduction: A patient care model of staffing is utilized to determine staffing needs. Literature review, anticipated trends and benchmarking assisted in determining hours per patient day (HPPD) and RN to patient guidelines.

Model of Care:

- ICU is staffed with defined number of RNs based on census in alignment with HPPD and RN to patient guidelines. This includes charge nurse and resource nurse roles which supports all RNs in delivering direct and indirect care needs.
- Direct patient care is staff that are assigned and have direct patient care responsibility for greater than 50% of shift.
- All other resources will be considered when making adjustments based on patient care needs and workload.
- In ICU, Progressive Care, Med/Surg Tele and Med/Surg patients:
 - Staffing guidelines will be adjusted based on patient care needs as determined by mutual agreement between the charge nurse and the RN caring for the patient. At no time will guidelines exceed 1:3.

This core staffing would apply for a census of 14

Role	Guidelines	7-3	3-11	11-7
Direct				
RN	1:2 ICU level patients	7	7	7
Indirect				
Resource RN		1	1	1
Unit Clerk		1	0.5	0
Charge Nurse		1	1	1

Unit Clerk is scheduled to support the needs on the unit from 0700-1930 Monday through Saturday.

When determining staffing needs and flexing according to patient care needs, one RN from critical care needs to attend the codes and rapid response calls; one-half hour meal breaks need to be supported and the ability to flex to the needs of the patients when a critical care patient is admitted or needs emergency transfer.

All available resources will be considered to support patient care needs. Provisions for limited short-term adjustments can be made by appropriate general hospital personnel overseeing patient care operations to the staffing levels required by the plan, necessary to account for unexpected changes in circumstances that are to be of limited duration. For the purposes of this staffing plan, limited duration is defined as no more than 8 hours.

R3 STAFFING PLAN

Introduction: A patient care model of staffing is utilized to determine staffing needs. Literature review, anticipated trends and benchmarking assisted in determining hours per patient day (HPPD) and staff to patient guidelines.

Model of Care:

- R3 is staffed with defined number of RNs based on census in alignment with HPPD and staff to patient guidelines. This includes charge nurse role which supports all RNs in delivering direct and indirect care needs.
- Direct patient care is defined as having direct patient care responsibility for greater than 50% of shift.
- Direct patient care on R3 is provided by the following levels of staff:
 - RN
 - CA
- Clinical Assistant assignments will be patient care based.
- All other resources will be considered when making adjustments based on patient care needs and workload.
- The following provide guidelines for staffing the unit. Adjustments are made based on the patient care needs and other activities affecting workload.
- Unit Clerk is scheduled to support the needs on the unit Monday through Saturday.

This core staffing would apply for a census of 24

Role	Guidelines	7-3	3-11	11-7
Direct				
RN	1:4	6	6	6
Clinical Assistant	1:8	3	3	3
Indirect				
Unit Clerk		1	0.5	0
Charge Nurse		1	1	1
Telemetry Technician		1	1	1

All available resources will be considered to support patient care needs. Provisions for limited short-term adjustments can be made by appropriate general hospital personnel overseeing patient care operations to the staffing levels required by the plan, necessary to account for unexpected changes in circumstances that are to be of limited duration. For the purposes of this staffing plan, limited duration is defined as no more than 24 hours.

PROGRESSIVE CARE R4 STAFFING PLAN

Introduction: A patient care model of staffing is utilized to determine staffing needs. Literature review, anticipated trends and benchmarking assisted in determining hours per patient day (HPPD) and staff to patient guidelines.

Model of Care:

- Progressive Care (PCU) R4 is staffed with defined number of RNs based on census in alignment with HPPD and staff to patient guidelines. This includes charge nurse role which supports all RNs in delivering direct and indirect care needs.
- Direct patient care is defined as having direct patient care responsibility for greater than 50% of shift.
- Direct patient care on PCU R4 is provided by the following levels of staff:
 - RN
 - CA
- Clinical Assistant assignments will be patient care based.
- All other resources will be considered when making adjustments based on patient care needs and workload.
- The following provide guidelines for staffing the unit. Adjustments are made based on the patient care needs and other activities affecting workload.
- Unit Clerk is scheduled to support the needs on the unit Monday through Saturday.

This core staffing would apply for a census of 21

Role	Guidelines	7-3	3-11	11-7
Direct				
RN	1:3 PCU level of care	7	7	7
Clinical Assistant	1:7	3	3	3
Indirect				
Unit Clerk		1	0.5	0
Charge Nurse		1	1	1
Telemetry Technician		1	1	1

All available resources will be considered to support patient care needs. Provisions for limited short-term adjustments can be made by appropriate general hospital personnel overseeing patient care operations to the staffing levels required by the plan, necessary to account for unexpected changes in circumstances that are to be of limited duration. For the purposes of this staffing plan, limited duration is defined as no more than 24 hours.

R5 STAFFING PLAN

Introduction: A patient care model of staffing is utilized to determine staffing needs. Literature review, anticipated trends and benchmarking assisted in determining hours per patient day (HPPD) and staff to patient guidelines.

Model of Care:

- R5 is staffed with defined number of RNs based on census in alignment with HPPD and staff to patient guidelines. This includes charge nurse role which supports all RNs in delivering direct and indirect care needs.
- Direct patient care is defined as having direct patient care responsibility for greater than 50% of shift.
- Direct patient care on R5 is provided by the following levels of staff:
 - RN
 - CA
- Clinical Assistant assignments will be patient care based.
- All other resources will be considered when making adjustments based on patient care needs and workload.
- The following provide guidelines for staffing the unit. Adjustments are made based on the patient care needs and other activities affecting workload.
- Unit Clerk is scheduled to support the needs on the unit Monday through Saturday.

This core staffing would apply for a census of 24

Role	Guidelines	7-3	3-11	11-7
Direct				
RN	1:4	6	6	6
Clinical Assistant	1:8	3	3	3
Indirect				
Unit Clerk		1	0.5	0
Charge Nurse		1	1	1

All available resources will be considered to support patient care needs. Provisions for limited short-term adjustments can be made by appropriate general hospital personnel overseeing patient care operations to the staffing levels required by the plan, necessary to account for unexpected changes in circumstances that are to be of limited duration. For the purposes of this staffing plan, limited duration is defined as no more than 24 hours.

R6 STAFFING PLAN

Introduction: A patient care model of staffing is utilized to determine staffing needs. Literature review, anticipated trends and benchmarking assisted in determining hours per patient day (HPPD) and staff to patient guidelines.

Model of Care:

- R6 is staffed with defined number of RNs based on census in alignment with HPPD and staff to patient guidelines. This includes charge nurse role which supports all RNs in delivering direct and indirect care needs.
- Direct patient care is defined as having direct patient care responsibility for greater than 50% of shift.
- Direct patient care on R6 is provided by the following levels of staff:
 - RN
 - CA
- Clinical Assistant assignments will be patient care based.
- All other resources will be considered when making adjustments based on patient care needs and workload.
- The following provide guidelines for staffing the unit. Adjustments are made based on the patient care needs and other activities affecting workload.
- Unit Clerk is scheduled to support the needs on the unit Monday through Saturday.

This core staffing would apply to a census of 24

Role	Guidelines	7-3	3-11	11-7
Direct				
RN	1:4	6	6	6
Clinical Assistant	1:8	3	3	3
Indirect				
Unit Clerk		1	0.5	0
Charge Nurse		1	1	1

All available resources will be considered to support patient care needs. Provisions for limited short-term adjustments can be made by appropriate general hospital personnel overseeing patient care operations to the staffing levels required by the plan, necessary to account for unexpected changes in circumstances that are to be of limited duration. For the purposes of this staffing plan, limited duration is defined as no more than 24 hours.

R7 STAFFING PLAN

Introduction: A patient care model of staffing is utilized to determine staffing needs. Literature review, anticipated trends and benchmarking assisted in determining hours per patient day (HPPD) and staff to patient guidelines.

Model of Care:

- R7 is a 34 bed unit, 4 of those are acute medical-surgical beds and 30 are Alternate Level of Care (ALC) beds.
- R7 is staffed with defined number of RNs based on census in alignment with HPPD and staff to patient guidelines. This includes charge nurse role which supports all RNs in delivering direct and indirect care needs.
- Direct patient care is defined as having direct patient care responsibility for greater than 50% of shift.
- Direct patient care on R7 is provided by the following levels of staff:
 - RN
 - LPN (In ALC only)
 - CA
- Clinical Assistant assignments will be patient care based.
- All other resources will be considered when making adjustments based on patient care needs and workload.
- In the ALC cohort, a licensed staff member is replaced with a licensed staff member when a substitution is necessary based on resources available.
- The following provide guidelines for staffing the unit. Adjustments are made based on the patient care needs and other activities affecting workload.
- Unit Clerk is scheduled to support the needs on the unit Monday through Saturday.

This core staffing would apply for a census of 34, 4 acute beds and 30 ALC beds

Role	Guidelines	7-3	3-11	11-7
Direct (Acute beds)				
RN	1:4	1	1	1
Clinical Assistant	1:7-8*	1	1	1
Direct (ALC beds)				
RN- Cohort	1:15	2	2	2
LPN	1:15	2	2	2
Clinical Assistant	1:7-8	4	4	4
Indirect				
Unit Clerk		1	0.5	0
Charge Nurse		1	1	1

* Acute Clinical Assistant will complete care duties in the acute care assignment prior to being available to assist in the cohort.

All available resources will be considered to support patient care needs. Provisions for limited short-term adjustments can be made by appropriate general hospital personnel overseeing patient care operations to the staffing levels required by the plan, necessary to account for unexpected changes in circumstances that are to be of limited duration. For the purposes of this staffing plan, limited duration is defined as no more than 24 hours.

CARDIAC AND VASCULAR CARE (CVC) STAFFING PLAN

Introduction: A patient care model of staffing is utilized to determine staffing needs. Literature review, anticipated trends and benchmarking assisted in determining hours per patient day (HPPD) and staff to patient guidelines.

Model of Care:

- CVC is staffed with defined number of RNs based on census in alignment with HPPD and staff to patient guidelines. This includes charge nurse role which supports all RNs in delivering direct and indirect care needs.
- Direct patient care is defined as having direct patient care responsibility for greater than 50% of shift.
- Direct patient care on CVC is provided by the following levels of staff:
 - RN
 - CA
- Clinical Assistant assignments will be patient care based.
- All other resources will be considered when making adjustments based on patient care needs and workload.
- The following provide guidelines for staffing the unit. Adjustments are made based on the patient care needs and other activities affecting workload.
- The presence of a Charge Nurse will be census driven.
- Unit Clerk is scheduled to support the needs on the unit Monday through Saturday.

This core staffing would apply for a census of 16, Monday through Saturday

Role	Guidelines	Monday – Friday			Saturday		
		7-3	3-11	11-7	7-3	3-11	11-7
Direct							
RN	1:4	4	4	4	4	Closed	Closed
Clinical Assistant	1:8	2	2	2	2	Closed	Closed
Indirect							
Charge Nurse		1	1	1	1	Closed	Closed
Unit Clerk		1	0.5	0	1	Closed	Closed

All available resources will be considered to support patient care needs. Provisions for limited short-term adjustments can be made by appropriate general hospital personnel overseeing patient care operations to the staffing levels required by the plan, necessary to account for unexpected changes in circumstances that are to be of limited duration. For the purposes of this staffing plan, limited duration is defined as no more than 24 hours.

Dialysis STAFFING PLAN

Introduction: A patient care model of staffing is utilized to determine staffing needs. Literature review, anticipated trends and benchmarking assisted in determining hours per patient day (HPPD) and staff to patient guidelines.

Model of Care:

- Inpatient Dialysis is staffed with defined number of RNs based on census in alignment with HPPD and staff to patient guidelines.
- Direct patient care is defined as having direct patient care responsibility for greater than 50% of shift.
- Direct patient care for Inpatient Dialysis is provided by the following levels of staff:
 - RN
 - Hemodialysis Technician
- All other resources will be considered when making adjustments based on patient care needs and workload.
- The following provide guidelines for staffing the unit. Adjustments are made based on the patient care needs and other activities affecting workload.

This core staffing would apply for a census of 4

Role	Guidelines	6-430
Direct		
RN	1:2	2
Hemodialysis Technician	1:4	1

*Patients being dialyzed in their room will have a 1:1 RN guideline.

All available resources will be considered to support patient care needs. Provisions for limited short-term adjustments can be made by appropriate general hospital personnel overseeing patient care operations to the staffing levels required by the plan, necessary to account for unexpected changes in circumstances that are to be of limited duration.

Emergency Department STAFFING PLAN

Introduction: A patient care model of staffing is utilized to determine staffing needs. Literature review, anticipated trends, and benchmarking assisted in determining staff to patient guidelines.

Model of Care:

- The Emergency Department (ED) staffing is supported by an interprofessional team to include, but not limited to, Registered Nurses, Physicians, Advanced Practice Providers, Clinical Assistants, Crisis Clinicians, Unit Clerks and Registrars. This staffing plan outlines staffing needs for Registered Nurses, Clinical Assistants, Crisis Clinicians, and Unit Clerks.
- Direct patient care is defined as having direct patient care responsibility for greater than 50% of shift.
- Direct patient care in ED is provided by the following levels of staff:

Zone 1 Nurses	Relief Nurse
Zone 2 Nurses	Throughput Nurse
Triage Nurses	Clinical Assistant II (CA II)
BDU Nurse	BDU Mental Health Tech
- A unit clerk performing the clerical assignment is scheduled to support the needs of the department 24 hours per day, 7 days a week.
- All other resources will be considered when making adjustments based on patient care needs and workload.
- All patients are assessed by an RN and classified based on the nationally recognized scale of Emergency Severity Index (ESI). Patient assignments will be adjusted based on ESI, patient care needs and geography of the patient care unit, including patients placed in hallway beds.
- Adjustments are made based on the patient care needs and other activities affecting workload.

This core staffing would apply for a Main ED census of 38

Role	Guidelines	7-3	3-11	11-7
Direct				
Main ED RN	1:5	6	6	6
Main ED CA II	1:10	2.5	2.5	2
Triage RN		2	2	2
Triage CA II		1	1	0.5
Relief Nurse		0.5	1	0
Throughput Nurse		0.5	1	0
BDU RN	1:4	1	1	1
BDU MHT	1:4	1	1	1
Indirect				
Charge RN		1	1	1
Unit Clerk (job duties TBD) *		1	1	1
Crisis Clinician		1	1	0

* Unit Clerk in ED will mirror job duties of the newly created Medical-Surgical and Progressive Care Unit Clerk

Emergency Department STAFFING PLAN

Emergency Department 24/7 Staffing Grid

Time	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Daily hrs
Charge Nurse	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	24
Zone 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	72
Zone 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	72
BDU Nurse	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	24
MHC (crisis clinicians)								1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		16
Triage *	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	48
Relief Nurse *											1	1	1	1	1	1	1	1	1	1	1	1	1		12
Throughput RN *											1	1	1	1	1	1	1	1	1	1	1	1	1		12
Licensed total	10	10	10	10	10	10	10	11	11	11	11	13	13	13	13	13	13	13	13	13	13	13	13	10	280
CA II	3	3	3	2	2	2	2	3	3	3	3	4	4	4	4	4	4	4	4	3	3	3	3	3	76
MHT	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	24
Unit Clerk	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	24
Unlicensed total	5	5	5	4	4	4	4	5	5	5	5	6	6	6	6	6	6	6	6	5	5	5	5	5	124

** The second Triage, Relief and Throughput nurses will be responsible to relieve breaks, help manage acute ESI needs and meet the needs of the department.

All available resources will be considered to support patient care needs. Provisions for limited short-term adjustments can be made by appropriate general hospital personnel overseeing patient care operations to the staffing levels required by the plan, necessary to account for unexpected changes in circumstances that are to be of limited duration of no more than 12 hours.

CHILD & ADOLESCENT PSYCHIATRY STAFFING PLAN

Introduction: A patient care model of staffing is utilized to determine staffing needs. Literature review, anticipated trends and benchmarking assisted in determining hours per patient day (HPPD) and staff to patient guidelines.

Model of Care:

- Child and Adolescent Psychiatry is staffed with a defined number of RNs and Mental Health Technicians (MHT) based on census in alignment with HPPD and staff to patient guidelines.
- Child and Adolescent Psychiatry is divided into two tracks. Patients are assigned into the Adirondack or the Champlain track for therapeutic group programming for duration of their admission, this is targeted based on age, behavior and developmental/cognitive functioning.
- Direct patient care is defined as having direct patient care responsibility for greater than 50% of shift.
- Direct care on Child and Adolescent Psychiatry is provided by the following levels of staff:
 - RN
 - Mental Health Technician
- A Clerk IV is scheduled to support the needs of the unit from 0630-2300 Monday-Sunday.
- Indirect care is provided by the following levels of staff:
- All other resources will be considered when making adjustments based on patient care needs.
- The following provides guidelines for staffing the unit with the maximum number staff to patient listed.

This core staffing would apply for a census of 12.

Role	Guidelines	7-3	3-11	11-7
Direct				
Charge RN	Regardless of census**	1	1	1
RN	1:6 (7a-11p)** 1:12 (11p-7a, Charge RN takes patient assignment)	2	2	0
MHT	1:5 (7a-11p) 1:9 (11p-7a)	3	3	2
Indirect				
Clerk IV		1	1	

** Charge RN can have up to a 4 patient assignment on days and evenings.

All available resources will be considered to support patient care needs. Provisions for limited short-term adjustments can be made by appropriate general hospital personnel overseeing patient care operations to the staffing levels required by the plan, necessary to account for unexpected changes in circumstances that are to be of limited duration of no more than 24 hours.

ONE TRACK

TWO TRACKS

3A-7A

Skill Abbrev.													
	1	2	3	4	5	6	7	8	9	0	1	1	1
CHG	1	1	1	1	1	1	1	1	1	1	1	1	1
MHT	1	1	1	1	1	1	1	1	1	2	2	2	2

Skill Abbrev.													
	1	2	3	4	5	6	7	8	9	0	1	1	1
CHG	1	1	1	1	1	1	1	1	1	1	1	1	1
MHT	1	1	1	1	1	1	1	1	1	2	2	2	2

7A-3P

Skill Abbrev.													
	1	2	3	4	5	6	7	8	9	0	1	1	1
CHG	1	1	1	1	1	1	1	1	1	1	1	1	1
RN	0	0	0	0	1	1	1	1	1	1	2	2	2
MHT	1	1	1	1	1	2	2	2	2	2	3	3	3
CLERK 4	1	1	1	1	1	1	1	1	1	1	1	1	1

Skill Abbrev.													
	1	2	3	4	5	6	7	8	9	0	1	1	1
CHG	1	1	1	1	1	1	1	1	1	1	1	1	1
RN	0	0	0	0	1	1	1	1	1	1	2	2	2
MHT	1	1	1	1	1	2	2	2	2	2	3	3	3
CLERK 4	1	1	1	1	1	1	1	1	1	1	1	1	1

3P-7P

Skill Abbrev.													
	1	2	3	4	5	6	7	8	9	0	1	1	1
CHG	1	1	1	1	1	1	1	1	1	1	1	1	1
RN	0	0	0	0	1	1	1	1	1	1	2	2	2
MHT	1	1	1	1	1	2	2	2	2	2	3	3	3
CLERK 4	1	1	1	1	1	1	1	1	1	1	1	1	1

Skill Abbrev.													
	1	2	3	4	5	6	7	8	9	0	1	1	1
CHG	1	1	1	1	1	1	1	1	1	1	1	1	1
RN	0	0	0	0	1	1	1	1	1	1	2	2	2
MHT	1	1	1	1	1	2	2	2	2	2	3	3	3
CLERK 4	1	1	1	1	1	1	1	1	1	1	1	1	1

7P-11P

Skill Abbrev.													
	1	2	3	4	5	6	7	8	9	0	1	1	1
CHG	1	1	1	1	1	1	1	1	1	1	1	1	1
RN	0	0	0	0	1	1	1	1	1	1	2	2	2
MHT	1	1	1	1	1	2	2	2	2	2	3	3	3
CLERK 4	1	1	1	1	1	1	1	1	1	1	1	1	1

Skill Abbrev.													
	1	2	3	4	5	6	7	8	9	0	1	1	1
CHG	1	1	1	1	1	1	1	1	1	1	1	1	1
RN	0	0	0	0	1	1	1	1	1	1	2	2	2
MHT	1	1	1	1	1	2	2	2	2	2	3	3	3
CLERK 4	1	1	1	1	1	1	1	1	1	1	1	1	1

11P-3A

Skill Abbrev.													
	1	2	3	4	5	6	7	8	9	0	1	1	1
CHG	1	1	1	1	1	1	1	1	1	1	1	1	1
MHT	1	1	1	1	1	1	1	1	1	2	2	2	2

Skill Abbrev.													
	1	2	3	4	5	6	7	8	9	0	1	1	1
CHG	1	1	1	1	1	1	1	1	1	1	1	1	1
MHT	1	1	1	1	1	1	1	1	1	2	2	2	2

Adult Psychiatry STAFFING PLAN

Introduction: A patient care model of staffing is utilized to determine staffing needs. Literature review, anticipated trends and benchmarking assisted in determining hours per patient day (HPPD) and staff to patient guidelines.

Model of Care:

- Adult Psychiatry is staffed with a defined number of licensed and non-licensed members to provide the required hours of nursing care.
- Direct patient care is defined as having direct patient care responsibility for greater than 50% of shift.
- Direct care on Adult psychiatry is provided by the following levels of staff:
 - RN
 - LPN
 - Mental Health Technician
- Unit Clerk is scheduled to support the needs of the unit from 0700-2300 Monday-Sunday.
- All other resources will be considered when making adjustments based on patient care needs and other activities affecting workload.
- The following provides guidelines for staffing the unit with the maximum number of patients per staff listed.

This core staffing would apply for a census of 18

Role	Guidelines	7-3	3-11	11-7
Direct				
RN	1:7 (7a-11p) 1:9 (11p-7a) – CHG only when census is below 4	2	2	1
LPN/RN	For a census of 8 patients or higher (7a-11p)	1	1	0
MHT	1:9	2	2	2
Charge RN***	Regardless of census No more than 1:9 11p-7a	1	1	1
Indirect				
Clerk IV		1	1	0
MHT (Monitor Watcher)		1	1	0

***Charge RN can have up to a 4 patient assignment on days and evenings.

Adult Psychiatry STAFFING PLAN

All available resources will be considered to support patient care needs. Provisions for limited short-term adjustments can be made by appropriate general hospital personnel overseeing patient care operations to the staffing levels required by the plan, necessary to account for unexpected changes in circumstances that are to be of limited duration of no more than 24 hours.

This core staffing would apply to the following census noted on grid below.

3A-7A

Skill Abbrv.																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
CHG	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
RN	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1
MHT	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2

7A-3P

Skill Abbrv.																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
CHG	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
RN	0	0	0	0	1	1	1	1	1	1	1	2	2	2	2	2	2	2
LPN/RN	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1
MHT	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3
CLERK4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

3P-7P

Skill Abbrv.																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
CHG	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
RN	0	0	0	0	1	1	1	1	1	1	1	2	2	2	2	2	2	2
LPN/RN	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1
MHT	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3
CLERK4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

7P-11P

Skill Abbrev.																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
CHG	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
RN	0	0	0	0	1	1	1	1	1	1	1	2	2	2	2	2	2	2
LPN/RN	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1
MHT	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3
CLERK4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

11P-3A

Skill Abbrev.																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
CHG	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
LPN/RN	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1
MHT	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2

The Women and Children's Center (WCC) STAFFING PLAN

Introduction: A patient care model of staffing is utilized to determine staffing needs. Literature review, anticipated trends, and benchmarking assisted in determined hours per patient (HPPD) and staff to patient guidelines.

The Women and Children's Center (WCC) will be staffed according to the nature, extent and scope of patient care needs per AWHONN Standards for Professional Registered Nurse Staffing for Perinatal Units. The Women and Children's Center patient populations includes, Labor and Delivery, Postpartum, Antepartum, Well Newborn, Special Care Newborns, and non-obstetrical patients according to the New York State Laws and regulations Title: Section 405.21 – Perinatal Services.

Model of Care:

- WCC is staffed with defined number of RNs based on census in alignment with HPPD and AWHONN Standards for Professional Registered Nurse Staffing for Perinatal Units.
- Direct patient care is defines as having direct patient care responsibility for greater than 50% of shift.
- Lactation Consultants:
 - Per AWHONN recommendations, lactation support is offered to breastfeeding patients by designated lactation consultants that maintain a schedule based upon patient needs and collaboration with community need (lactation clinic) Lactation Consultants are not scheduled as part of core staffing.
- Surgical Patients:
 - Non-obstetric, surgical patients who are assigned beds on the Women & Children's Center will be cared for by Postpartum Nurses and assigned based upon patient care needs and nurse to patient guidelines in place on the unit at the time of arrival.
- Unit Clerk is scheduled to support the needs of the unit from 0700-2100 Monday through Friday.
- All other resources will be considered when making adjustments based on patient care needs and workload. Ancillary personnel under the RN's immediate supervision may provide direct care of newborns in the nursery. Adequate staff is needed to respond to acute and emergency situations at all times.
- The following provide guidelines for staffing the unit. Adjustments are made based on the patient care needs and other activities affecting workload.

**The Women and Children’s Center (WCC)
STAFFING PLAN**

Labor and Delivery (For census of 8)

Role	Guidelines	7-3	3-11	11-7
Direct				
RN	1:1-2 patients per AWHONN standards	1	1	1
ORT	1	1	1	1
Indirect				
Charge RN	Able to take 1 stable antepartum patient per AWHONN standards	1	1	1

Post-Partum

For census of 12 couplets

Based on patient care needs per AWHONN standards

Role	Guidelines	7-3	3-11	11-7
Direct				
RN	1:3 couplets	4	4	4
Clinical Assistant	1:3 couplets	4	4	4

Nursery – Refer to AWHONN Standards for Professional Registered Nurse Staffing for Perinatal Units.

All available resources will be considered to support patient care needs. Provisions for limited short-term adjustments can be made by appropriate general hospital personnel overseeing patient care operations to the staffing levels required by the plan, necessary to account for unexpected changes in circumstances that are to be of limited duration of no more than 12 hours.

The Women and Children's Center (WCC) STAFFING PLAN

Contingency Planning:

- On-call coverage will be equally distributed among scheduled RN staff in 4-hour blocks to provide the capability to:
 - Perform C-Sections,
 - Adequately staff during periods of high census or acuity,
 - To cover unplanned absences (including, but not limited to, sick calls, emergency personal days)
 - To adequately care for patients that requires specific nursing competencies.
- Each RN is responsible for 8 hours of call per 4-week schedule
- Call hours combined with regularly scheduled hours will not exceed 16 hours per day
- On-call staff will be responsible for the following:
 - Will be available and ready for duty within 30 minutes of notification. For on call employees who are scheduled on call and/or reside beyond the 30-minutes distance, CVPH will provide: Sleep accommodations
 - On-call staff will be given the first option to leave early.
 - The Unit Leadership, PCC, Charge Nurse will be responsible for activating the call system.

References

Association of Women's Health, Obstetric, and Neonatal Nurses. (2022). *Standards for professional registered nurse staffing for perinatal units* (pp. 1–96). Washington, DC

ATTACHMENT: Association of Women's Health, Obstetric and Neonatal Nurses: Standards for Professional Registered Nurse Staffing for Perinatal Units (2022)

Skilled Nursing Facility STAFFING PLAN

Introduction: A patient care model of staffing is utilized to determine staffing needs. Literature review, anticipated trends and benchmarking assisted in determining hours per patient day (HPPD) and staff to patient guidelines.

Model of Care:

- Skilled Nursing Facility (SNF) is staffed with defined number of RNs based on census in alignment with HPPD and staff to patient guidelines. This includes charge nurse role which supports all RNs in delivering direct and indirect care needs.
- Direct patient care is defined as having direct patient care responsibility for greater than 50% of shift.
- Direct patient care on SNF is provided by the following levels of staff:
 - RN
 - LPN
 - CNA
- Maintain daily average staffing hours equal to 3.5 hours of care per resident per day by a Certified Nurse Aide, Registered Nurse, or Licensed Practical Nurse. Out of such 3.5 hours, no less than 2.2 hours of care per resident per day shall be provided by a Certified Nurse Aide, and no less than 1.1 hours of care per resident per day shall be provided by a Registered Nurse or Licensed Practical Nurse.
- Activities provided daily per DOH regulations.
- All other resources will be considered when making adjustments based on patient care needs and workload.
- The following provide guidelines for staffing the unit. Adjustments are made based on the patient care needs and other activities affecting workload.

This core staffing would apply for a census of 34

Role	Hour Per Patient Day	7-3	3-11	11-7
Direct				
RN/LPN	1.1	2	2	2 (Charge nurse has an assignment on night shift)
Certified Nurse Aide	2.2	5	4	2
Indirect				
Charge Nurse		1	1	0
Activities Aide		1*		
Unit Clerk		1*		

*Hours vary to cover needs of residents.

All available resources will be considered to support patient care needs. Provisions for limited short-term adjustments can be made by appropriate general hospital personnel overseeing patient care operations to the staffing levels required by the plan, necessary to account for unexpected changes in circumstances that are to be of limited duration. For the purposes of this staffing plan, limited duration is defined as no more than 12 hours.

Last updated: 7/26/2023

Cardiology- General
 Staffing Plan
 2023

The UVMHN CVPH Cardiology – General Clinic is located at 214 Cornelia Street, Plattsburgh New York, 12901. The provider cohort additionally covers inpatient, outpatient procedural areas and outpatient clinic.

Hours of Operations:

- Monday through Friday 0800 to 1630.

The Cardiology Staffing:

- o Staff

Position:	Indirect:	Direct:
Registered Nurse	-	5
Medical Assistant	-	8
Cardiac Device Technician	-	3
Patient Access Team Representative	7	-
Front Office Coordinator	1	-
Surgical Clinic Coordinator	2	-

Adjustments to the staffing levels are made based on the actual number of clinic visits and treatments scheduled for the day. Adjustments to the staffing level will be made by the Practice Supervisor as necessary.

Endocrinology
Staffing Plan
2023

The UVMHN CVPH Endocrinology Clinic is located at 210 Cornelia Street, Plattsburgh New York, 12901. They are co-located with Otolaryngology.

Hours of Operations:

- Monday through Friday 0800 to 1630.

The Endocrinology Staffing:

- o Staff

Position:	Indirect:	Direct:
Registered Nurse	-	1
Diabetes Educator	-	1 (3 days a week)
Patient Access Team Representative	1	-
Medical Assistant	-	1

Adjustments to the staffing levels are made based on the actual number of clinic visits and treatments scheduled for the day. Adjustments to the staffing level will be made by the Practice Supervisor as necessary.

Otolaryngology
Staffing Plan
2023

The UVMHN Otolaryngology Clinic is located at 210 Cornelia Street, Plattsburgh New York, 12901. The provider cohort additionally covers inpatient, outpatient procedural areas and outpatient clinic. The clinic is currently in a shared space with Endocrinology.

Hours of Operations:

- Monday through Friday 0800-1630

The ENT Staffing:

- o Staff

Position:	Indirect:	Direct:
Registered Nurse	-	1
Surgical Scheduler	1	-
Patient Access Team Representative	1	-

Adjustments to the staffing levels are made based on the actual number of clinic visits and treatments scheduled for the day. Adjustments to the staffing level will be made by the Practice Supervisor as necessary.

Family Medicine Center
 Staffing Plan
 2023

The UVMHN CVPH Family Medicine Center is an offsite outpatient ambulatory care clinic located at 159 Margaret Street, Suite 100 Plattsburgh, NY 12901.

Hours of Operations:

- Monday through Friday 0800 to 1700; Saturdays from 0800 to 1300.

The Family Medicine Center Staffing:

- o Staff

Position:	Indirect:	Direct:
Registered Nurse	-	4
Licensed Practical Nurse	-	10
Office Coordinator	1	-
Healthcare (Certified) Access Associate	7	-

Adjustments to the staffing levels are made based on the actual number of clinic visits and treatments scheduled for the day. Adjustments to the staffing level will be made by the Practice Supervisor as necessary.

Gastroenterology
 Staffing Plan
 2023

The UVMHN CVPH Gastroenterology Clinic is temporarily located at 210 Cornelia Street, Plattsburgh New York, 12901. While construction is done on the 77 Plaza Blvd, Plattsburgh New York, 12901 location. The provider cohort covers inpatient, outpatient procedural areas and outpatient clinic.

Hours of Operations:

- Monday through Friday 0800 to 1630.

The Gastroenterology Staffing:

- o Staff

Position:	Indirect:	Direct:	Total:
Medical Assistant	3*	1	4
Registered Nurse	-	1	1
Patient Access Team Representative	2	-	2

*MA performing duties such as (but not limited to) surgical scheduling, patient re-calls, and chart preparation

Adjustments to the staffing levels are made based on the actual number of clinic visits and treatments scheduled for the day. Adjustments to the staffing level will be made by the Practice Supervisor as necessary.

General and Plastic Surgery, Dermatology
Staffing Plan
2023

The UVMHN General Surgery Clinic is located at 214 Cornelia Street, Plattsburgh New York, 12901. The provider cohort additionally covers inpatient, outpatient procedural areas and outpatient clinic.

Hours of Operations:

- Monday through Friday 0800-1630

The General and Plastic Surgery, Dermatology Staffing:

- o Staff

Position:	Indirect:	Direct:
Licensed Practical Nurse	-	5
Patient Access Team Representative	5	-
Surgical Scheduler	2	-
Surgical Clinic Coordinator	-	1

Adjustments to the staffing levels are made based on the actual number of clinic visits and treatments scheduled for the day. Adjustments to the staffing level will be made by the Practice Supervisor as necessary.

Infectious Disease
Staffing Plan
2023

The UVMHN CVPH Infectious Disease Clinic is located at 159 Margaret Street, Plattsburgh New York, 12901. They are co-located within the Family Medicine Clinic. The provider cohort additionally covers inpatient as well as outpatient clinic.

Hours of Operations:

- Monday through Friday 0800 to 1630.

The Infectious Disease Staffing:

- o Staff

Position:	Indirect:	Direct:
Licensed Practical Nurse	-	1
Healthcare Access Associate	1	-

Adjustments to the staffing levels are made based on the actual number of clinic visits and treatments scheduled for the day. Adjustments to the staffing level will be made by the Practice Supervisor as necessary.

Neurosurgery, Neurology, Pain Management
 Staffing Plan
 2023

The UVMHN Neurosurgery Clinics is located at 206 Cornelia Street, Plattsburgh New York, 12901. The provider cohort additionally covers inpatient, outpatient procedural areas and outpatient clinic.

Hours of Operations:

- Monday through Friday 0800-1630

The Neurosurgery, Neurology and Pain Management Staffing:

- o Staff

Position:	Indirect:	Direct:
Licensed Practical Nurse	-	3
EMG NCS Technician	-	1
Patient Access Team Representative	2	-

Adjustments to the staffing levels are made based on the actual number of clinic visits and treatments scheduled for the day. Adjustments to the staffing level will be made by the Practice Supervisor as necessary.

OBGYN
 Staffing Plan
 2023

The UVMHN Obstetrics and Gynecology Clinic is located at 206 Cornelia Street, Plattsburgh New York, 12901. The provider cohort additionally covers inpatient, outpatient procedural areas and outpatient clinic.

Hours of Operations:

- Monday through Friday 0800-1630

The OBGYN Staffing:

- o Staff

Position:	Indirect:	Direct:
Registered Nurse	-	2
Licensed Practical Nurse	-	3
Obstetric Sonographer	-	2
Patient Access Team Representative	4	-
Medical Assistant	-	3

Adjustments to the staffing levels are made based on the actual number of clinic visits and treatments scheduled for the day. Adjustments to the staffing level will be made by the Practice Supervisor as necessary.

Orthopedics and Sports Medicine
 Staffing Plan
 2023

The UVMHN Orthopedic and Sports Medicine Clinic is located at 206 Cornelia Street, Plattsburgh New York, 12901. The provider cohort additionally covers inpatient, outpatient procedural areas and outpatient clinic.

Hours of Operations:

- Monday through Friday 0730-1700

The Orthopedic and Sports Medicine Staffing:

- o Staff

Position:	Indirect:	Direct:
Registered Nurse	-	1
Licensed Practical Nurse	-	5
Medical Assistant	-	3
Patient Access Team Representative	5	-
Surgical Scheduler	2	-
Radiological Technologist	-	4

Adjustments to the staffing levels are made based on the actual number of clinic visits and treatments scheduled for the day. Adjustments to the staffing level will be made by the Practice Supervisor as necessary.

Pulmonology and Sleep Lab
 Staffing Plan
 2023

The UVMHN CVPH Pulmonology and Sleep Lab is located at 206 Cornelia Street, Plattsburgh New York, 12901. The provider cohort additionally covers inpatient, outpatient procedural areas and outpatient clinic.

Pulmonology Hours of Operation:

- Monday through Friday 0800 to 1630.

Sleep Lab Hours of Operations:

- Tuesdays 1600-1900
- Wednesday through Friday 1800-0630

The Pulmonology and Sleep Lab Staffing:

- o Staff

Position:	Indirect:	Direct:
Registered Nurse	-	2
Licensed Practical Nurse/ Certified Pulmonary Function Tech	-	3
Asthma Program Coordinator	-	1
Patient Access Team Representative	3	-
Surgical Scheduler	1	-
Medical Assistant	-	1
PSG Technologist	-	2

Adjustments to the staffing levels are made based on the actual number of clinic visits and treatments scheduled for the day. Adjustments to the staffing level will be made by the Practice Supervisor as necessary.

Urology
 Staffing Plan
 2023

The UVMHN Urology Clinic is an offsite clinic, located at 15 DeGrandpre Way, Plattsburgh New York, 12901. The provider cohort additionally covers inpatient, outpatient procedural areas and outpatient clinic.

Hours of Operations:

- Monday through Friday 0800-1630

The Urology Staffing:

- o Staff

Position:	Indirect:	Direct:
Registered Nurse	-	2
Licensed Practical Nurse	-	1
Medical Assistant	-	1
Patient Access Team Representative	3	-

Adjustments to the staffing levels are made based on the actual number of clinic visits and treatments scheduled for the day. Adjustments to the staffing level will be made by the Practice Supervisor as necessary.

**UVM HEALTH NETWORK-CHAMPLAIN VALLEY PHYSICIANS HOSPITAL
PATIENT CARE OPERATIONS POLICY/ ONCOLOGY SERVICES**

Page 1 of 2

Section:

SUBJECT: <i>Medical Oncology / Infusion Staffing Plan</i>		
PREPARED BY: Charleen Tuthill , Director of Oncology Services Rachel Kern, Manager Infusion Services		RESPONSIBLE DEPARTMENT: Medical Oncology / Infusion
CONTRIBUTING DEPARTMENT(S):		
ADMINISTRATIVE APPROVAL:		POLICY CREATION DATE: 7/26/2023
NEW:	SUPERSEDES POLICY: SAME DATED:	REVISED DATE:
REVIEW DATES & INITIALS OF REVIEWER:		
OTHER RELATED POLICIES: (LIST POLICY TITLE & DEPT. IF NOT ADMIN.)		

Purpose:

The budgeted staffing plan for this department is based on the number of core staff hours required to perform a projected volume of procedures, treatments, patient visits. The defined measurement of that volume is reported in units of service. Units of service are defined as the number of charges generated by the procedures, treatment, and patient visits. Workload is as the number of hours designated for completion of a treatment, procedure/patient visit. In terms of budget, workload is defined as budgeted hours/unit of service. Each procedure is weighted by the number of charges generated. Generally the more complex a procedure is, the more charges it will generate. Workload can be estimated by the number of procedures, treatments, patient visits anticipated and the hours needed to perform those activities (utilizing the budgeted hours per unit of service ratio).

The normal business hours of this department are from 08:00 AM to 18:00 PM, Monday through Friday.

Content:

- A. Procedures, treatments in this department include, but are not limited to, the following:
 1. Administration of chemotherapies
 2. Administration of blood and blood product transfusions
 3. Provision of laboratory test
 4. Provision of IV therapy (hydration, antibiotic therapy)
 5. Provision of therapeutic procedures such as bone marrow biopsy and aspiration

B. Staffing:

Job Classification	Medical Oncology	Infusion
Direct		
Charge Nurse	1	1
RN (Registered Nurse)	8	6
RN Care Coordinator	2	
LPN/MA	2	
Dietitian	1 (3 days per week)	
Social Worker	1	
CSP Targeted Outreach Worker	2* (only 1 every other Friday and as needed to support community programs)	
Indirect		
Office Coordinator	1	
Clerk III	5	1
Charge Specialist	2	
CTR (Certified Tumor Register)	3	
CSP Program Coordinator	1	

Distribution:

This policy is available in Policy Manager to all employees on an as needed basis.

All recipients of this policy must acknowledge their receipt and understanding of the policy by referring any questions or problems with the policy within ten (10) days of the issue date to their immediate supervisor. If no questions or problems are stated, it will be assumed that the policy has been read and understood.

All questions regarding this policy or its implementation may be referred to your immediate supervisor.

**UVM HEALTH NETWORK-CHAMPLAIN VALLEY PHYSICIANS HOSPITAL
PATIENT CARE OPERATIONS POLICY/ ONCOLOGY SERVICES**

Page 1 of 2

Section:

SUBJECT: <i>Radiation Oncology Staffing Plan</i>		
PREPARED BY: Lan Pratt, Manager Radiation Oncology		RESPONSIBLE DEPARTMENT: Radiation Oncology
CONTRIBUTING DEPARTMENT(S):		
ADMINISTRATIVE APPROVAL:		POLICY CREATION DATE: 7/26/2023
NEW:	SUPERSEDES POLICY: SAME DATED:	REVISED DATE:
REVIEW DATES & INITIALS OF REVIEWER:		
OTHER RELATED POLICIES: (LIST POLICY TITLE & DEPT. IF NOT ADMIN.)		

Purpose:

The budgeted staffing plan for this department is based on the number of core staff hours required to perform a projected volume of procedure, treatments, and patient visits. The defined measurement of that volume is reported in units of service. Units of service are defined as the number of charges generated by the procedures, treatments, or Patient visits. Workload is defined as the number of hours designated for completion of a treatment/procedure/patient visits. In terms of budget, workload is defined as budgeted hours/unit of service. Each procedure is weighted by the number of charges generated. Generally, the more complex a procedure is, the more charges it will generate.

The Radiation Oncology Department business hours are generally from 7:00 a.m. – 4:00 p.m., Monday through Friday.

Content:

- A. Procedures in this department include, but are not limited to, the following:
 1. Radiation treatments
 2. Simulations
 3. Treatment planning
 4. Weekly physics quality assurance checks
 5. Patient visits

- B. Staffing:
 1. Radiation Therapist – 3
 2. Physicist – 1
 3. RN – 1
 4. Dosimetrist – 1
 5. Clerk III – 1* – shared duties with Medical Oncology department

Distribution:

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**CVPH MEDICAL CENTER
PATIENT SERVICES/POLICY**

Unit Specific: Critical Care

SUBJECT: STAFFING PATTERN FOR NON-INVASIVE CARDIOLOGY		
WRITTEN BY: Beth LeClair Director of Cardiology Services		RESPONSIBLE DEPARTMENT: Non-Invasive Cardiology
CONTRIBUTING DEPARTMENT(S):		
ADMINISTRATIVE APPROVAL:		POLICY CREATION DATE: 7/19/2023
STANDARDS NUMBER(S):	SUPERSEDES POLICY: DATED:	(Revised Date denotes the current edition of policy) REVISED DATE:
REVIEW DATES & INITIALS OF REVIEWER:		
OTHER RELATED POLICIES: (LIST POLICY TITLE & DEPT. IF NOT ADMIN.)		

Purpose: To maintain safe and efficient staffing levels during regular Non-Invasive Cardiology operating hours. To meet the needs of patients and cardiologists by having (3) stress test rooms, (1) Holter/ Event Monitor Room, (1) EEG room and (5) Echo rooms each day and Cardiac Rehabilitation. After hours, on-call services for echocardiograms will be provided to care for patient needs.

General Content:

- A. Guidelines:
1. Staffing for starting an echocardiogram includes one cardiac sonographer.
 2. Staffing for starting a Regular Exercise Stress test include one tester (RN or Exercise Physiologist) and one additional qualified cardiac staff member (cardiac technician, RN or Exercise Physiologist).
 3. Staffing for starting a Nuclear Exercise Stress test include one tester (RN or Exercise Physiologist), one nuclear medicine technologist and one additional qualified cardiac staff member (cardiac technician, RN or Exercise Physiologist) *if administering a pharmacologic test an RN is required in one of these roles.
 4. Staffing for starting a Stress Echo include one tester (RN or Exercise Physiologist), one cardiac sonographer and one additional qualified cardiac staff member (cardiac technician, RN or Exercise Physiologist) *if administering a pharmacologic test an RN is required in one of these roles.
 5. Staffing for starting an EEG include one cardiac technician.
 6. Staffing for placing a cardiac monitor include one qualified cardiac staff member (cardiac technician, RN or Exercise Physiologist).
 7. Staffing for running a Cardiac Rehabilitation class includes one qualified staff member per five patients as defined by the American Association of Cardiovascular and Pulmonary Rehabilitation.
 8. Diabetes Educator supports Cardiac Rehab patients two days a week.
- B. Staffing:
1. Staff Assignments:
 - a. Monday through Friday, excluding holidays and weekends, staffing assignments will cover the routine hours of operation. (7:00am until 5:00pm).
 - b. Staff assignments will be rotated on an as needed basis, based on patient care needs and staff availability, staff competency for assignments.

2. Cardiac Sonographer staff will rotate thru on-call.
3. On-Call Staff Assignments
 - a. Outside of routine hours, on-call staff will provide coverage for echo. There is no on-call coverage for stress testing.
 - b. Weekday on-call coverage begins at 4:00pm until the scheduled opening hour (6:30am) the following weekday.
 - c. Weekend on-call begins at close of business on Friday (4:00pm) until the scheduled opening hour on the following Monday (6:30am).
4. On-Call staffing will consist of:
 - a. (1) Cardiac Sonographer

Distribution:

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**UVM HEALTH NETWORK-CHAMPLAIN VALLEY PHYSICIANS HOSPITAL
PATIENT CARE OPERATIONS POLICY/INVASIVE CARDIOLOGY**

Page 1 of 2

Section:

SUBJECT: <i>Staffing Pattern for Invasive Cardiac Services</i>		
PREPARED BY: Beth LeClair, Director		RESPONSIBLE DEPARTMENT: Invasive Cardiology
CONTRIBUTING DEPARTMENT(S):		
ADMINISTRATIVE APPROVAL:		POLICY CREATION DATE: 10/25/2004
NEW:	SUPERSEDES POLICY: SAME DATED: 5/06, 7/10, 8/14	REVISED DATE: 7/19/2023
REVIEW DATES & INITIALS OF REVIEWER:		
OTHER RELATED POLICIES: (LIST POLICY TITLE & DEPT. IF NOT ADMIN.)		

Purpose:

To maintain safe and efficient staffing levels during regular Invasive Cardiology operating hours. To meet the needs of patients and Cardiologists by having (3) procedure rooms available each day Monday through Friday 8:00am until 4:00pm. Two rooms are catheterization laboratories and electrophysiology laboratories, and one hybrid OR lab dedicated for electrophysiology and implant procedures. After-hours call team will be available from 4:00pm Friday until 7:30am Monday, and from 4:00pm until 7:30am Monday through Thursday.

Content:

- A. Guidelines:
1. Staffing for starting an invasive procedure is a minimum of three qualified staff, one of which must be an RN, and one of which must be an RRT.
 2. A Cardiologists or other credentialed physician with valid credentialing to perform procedures within the Invasive Cardiac Services must perform the procedure.
 3. Orientee's may count in minimum staffing numbers when they can independently perform the appropriate roles for their specialty.
 4. RN's – Monitor, Circulate, assist in Pre and Post, or any other duty as allowed by scope of practice, and at the discretion of the Invasive Cardiology Manager.
 5. Technologists – Monitor, Scrub, assist in Pre and Post, or any other duty as allowed by scope of practice, and at the discretion of the ICS manager.
- B. Staffing:
1. Staff Assignments:
 - Monday through Friday, excluding holidays and weekends, staffing assignments will cover the routine hours of operation. (6:30am until 4:00pm).
 2. Cath Lab staffing assignments:
 - (1) Circulating RN
 - (1) Scrub Technologist
 - (1) Monitor Person (RRT or RN)

3. EP Lab staffing assignments for the EP lab will consist of:
 - (1) Circulating RN
 - (1) Scrub Technologist
 - (1) Monitor Person (RRT or RN)
4. Staff assignments will be rotated on an as needed basis, based on patient care needs and staff availability, staff competency for assignments.
5. Staff will rotate thru on-call.
6. On-Call Staff Assignments
 - Outside of routine hours an on-call staff will provide coverage for the cath lab. There is no on-call coverage for the EP lab.
 - Weekday on-call coverage begins at close of business (4:00pm) on the weekday until the scheduled opening hour (7:30am) the following weekday.
 - Weekend on-call begins at close of business on Friday (4:00pm) until the scheduled opening hour on the following Monday (7:30am).
 - Holiday on-call begins at close of business (4:00pm) on the last workday before the holiday until the scheduled opening hour (7:30am) on the next workday.
7. On-call staffing will consist of:
 - (1) Circulating RN
 - (1) Scrub Technologist (RRT)
 - (1) Monitor Person (RRT or RN)

Distribution:

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**UVM HEALTH NETWORK-CHAMPLAIN VALLEY PHYSICIANS HOSPITAL
PATIENT CARE OPERATIONS POLICY/ PERIOPERATIVE SERVICES**

Page 1 of 5

Section:

SUBJECT: <i>Perioperative Services Staffing Plan</i>	
PREPARED BY: Mary Ann Cayea, Director of Perioperative Services	RESPONSIBLE DEPARTMENT: Perioperative Services
CONTRIBUTING DEPARTMENT(S):	
ADMINISTRATIVE APPROVAL:	POLICY CREATION DATE: 7/13/2023
NEW: SUPERSEDES POLICY: SAME	REVISED DATE:
DATED:	
REVIEW DATES & INITIALS OF REVIEWER:	
OTHER RELATED POLICIES: (LIST POLICY TITLE & DEPT. IF NOT ADMIN.)	

PURPOSE:

To establish standards in the Perioperative Services (ACU/PACU, Endoscopy, OR) units for the staffing of personnel necessary to provide care.

DEFINITIONS:

A. *Routine Hours of Operation:*

Indicates when elective procedures may be scheduled in advance with Surgical Booking.

B. *On-Call Coverage:*

Name for the system used to ensure that there will be perioperative staff members available to provide care to patients who will require an emergent/urgent procedure.

C. *Surgical Team:*

The personnel for each surgical intervention, which consists of, *minimally*, a circulator and, *routinely*, one circulator and one scrub person. A Registered Nurse (RN) will always be in the circulator role responsible for one room/one procedure at a time, while the scrub person role may be a qualified Operating Room Technician (ORT), Endoscopy Technician (for Endoscopy procedures) or RN, OR Anesthesia Technician, or Advanced Practice Provider (APP).

STAFFING FOR ROUTINE HOURS OF OPERATIONS:

A. Operating Room (OR):

Monday through Friday, *excluding holidays*, on-site staffing assignments to cover:

- 0700 to 1530 for up to (8) rooms at Main Campus and three (3) rooms at the Ambulatory Surgery Center and Bronch Room as dictated by the surgical block schedule.
- 1530 to 1730 for three (3) surgical rooms
- 1700 to 1930 for one (1) surgical room

B. Ambulatory Care Unit (ACU):

Monday through Friday, *excluding holidays*, staffing assignments will cover the routine hours of 0530 to 1700. Areas of coverage include the Pre-Procedure/Post-Procedure 14-bed unit, and the PASS area. PASS hours are 0800-1700. Staff start times may be adjusted as related to the unit's needs and are assigned as per union

contract.

C. Post Anesthesia Care Unit (PACU) Phase 1:

Monday through Friday, **excluding holidays**, on-site staffing assignments will cover the routine hours of 0700 to 2130. Staff start times may be adjusted as related to the unit's needs and are assigned as per union contract.

D. Ambulatory Surgery Center:

Monday through Friday, staffing assignments will cover the routine hours of 0600 to 1830. Staff start times may be adjusted as related to the unit's needs and are assigned as per Union Contract.

0600 to 1830

Four (4) Surgical Rooms

Four (4) GI Endoscopy Suites

Twenty-two (22) Pre-Op/Phase II Slots

Six (6) Phase I Recovery Bays

PATIENT TO STAFFING GUIDELINES IN PACU:

A. Phase I Level of Care:

1. The perianesthesia registered nursing roles during this phase focus on providing postanesthesia nursing care to the patient in the immediate postanesthesia period, and transitioning them to Phase II level of care, the inpatient setting, or to an intensive care setting for continued care (see Blended Levels of Care).
2. Two registered nurses, one of whom is an RN competent in Phase I postanesthesia nursing, are in the same unit where the patient is receiving Phase I level of care.
 - Staffing should reflect patient acuity. In general, a 1:2 nurse-patient guideline in Phase I allows for appropriate assessment, planning, implementing and evaluation for discharge as well as increased efficiency and flow of patients through the Phase I area.
 - This also allows for flexibility in assignments as patient acuity changes.
 - New admissions should be assigned so that the nurse can devote his/her attention to the care of that admission until critical elements are met.
 - Staffing patterns can be adjusted as needed as acuity and nursing require and discharge criteria are met.
3. Class 1:2 - One Nurse to Two Patients Who Are:
 - a. one unconscious, stable without artificial airway and over the age of 8 years; and one conscious, stable and free of complications;
 - b. two conscious, stable and free of complications;
 - c. two conscious, stable, 8 years of age and under; with family or competent support staff present.
4. Class 1:1 - One Nurse to One Patient:
 - a. at the time of admission, until critical elements** are met;
NOTE: Critical elements can be defined as:
 - Report has been received from the anesthesia care provider, questions answered, and the transfer of care has taken place;
 - Patient has a secure airway;
 - Initial assessment is complete;
 - Patient is hemodynamically stable.
 - b. unstable airway;
NOTE: 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;
 - Evidence of obstruction, active or probable, such as gasping, choking, crowing, wheezing, etc.;
 - Symptoms of respiratory distress including dyspnea, tachypnea, panic, agitation,

cyanosis, etc.

- c. any unconscious patient 8 years of age and under;
- d. a second nurse must be available to assist as necessary.

5. Class 2:1 – Two Nurses to One Patient:

- A. one critically ill, unstable, complicated patient;

B. Phase II Level of Care:

1. The professional perianesthesia nursing roles during this phase focus on preparing the patient/family/significant other for care in the home, extended observation level of care or the extended care environment.
2. Two competent personnel, one of whom is an RN competent in Phase II postanesthesia nursing, are in the same unit where the patient is receiving Phase II level of care. An RN must be in the Phase II PACU at all times while a patient is present.
 - Staffing should reflect acuity. In general, a 1:3 nurse patient guideline 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. This also allows for flexibility in assignments as patient acuity is subject to change.
 - New admissions should be assigned so that the nurse can devote his/her attention as needed to appropriate discharge assessment and teaching.
 - Staffing patterns can be adjusted as needed as acuity/nursing interventions and discharge criteria are met.
3. Class 1:3 - One Nurse to Three Patients:
 - a. over 8 years of age;
 - b. 8 years of age and under with family present.
4. Class 1:2: - One Nurse to Two Patients:
 - a. 8 years of age and under without family or support staff present;
 - b. initial admission of patient post-procedure.
5. Class 1:1: - One Nurse to One Patient:
 - a. unstable patient of any age requiring transfer.

D. Extended Observation Level of Care:

1. The nursing roles in this phase focus on providing the ongoing care of those patients requiring extended observation/intervention after transfer/discharge from Phase I and Phase II levels of care.
2. Two competent personnel, one of whom is an RN possessing competence appropriate to the patient population, are in the same unit where the patient is receiving extended observation level of care. The need for additional RNs and support staff is dependent on the patient acuity, patient census, and the physical facility.
3. Class 1:3/5 - One Nurse to Three-Five Patients:

Examples of patients that may be cared for in this phase include, but are not limited to:

 - a. patients awaiting transportation home;
 - b. patients with no care giver;
 - c. patients who have had procedures requiring extended observation/ interventions (i.e., potential risk for bleeding, pain management, PONV, etc.);
 - d. patients being held for an inpatient bed.

E. Blended Levels of Care:

1. Perianesthesia units may provide Phase I, Phase II, and/or Extended Observation levels of care within the same environment. This may require the blending of patients and staffing patterns. The perianesthesia registered nurse uses prudent judgment based on patient acuity, nursing observations, and required interventions to determine staffing needs.

STAFFING AFTER ROUTINE HOURS OF OPERATION:

A. Operating Room (OR):

1. Monday through Friday hours after 1930, **excluding holidays**, will be staffed by On-Call personnel (see F below).
2. Holidays/weekend coverage will have two On-Call teams assigned, with call coverage being divided into 12-hour segments (0700 to 1900 and 1900 to 0700).

B. PACU:

1. Monday - Friday 2130 - 0700, **excluding holidays**, two (2) RN's will be assigned On-Call.
2. Holidays/weekend coverage will have two (2) RN's assigned, with first call coverage on the weekend divided between Saturday and Sunday (see G below).

C. Ambulatory Care Unit:

Staffing is not necessary after hours.

D. Endoscopy:

Assignment of the On-Call Team:

1. One RN and Technician will be assigned on-call Monday - Friday starting at the end of assigned shift until 7 a.m. Weekend call coverage/holiday coverage will be assigned 24 hours. Saturdays, Sundays and holidays 0700 – 0700.
This will allow for 7 days/week, 24-hours/day coverage.
 - PCC will page on-call staff and allow staff 45 minutes for arrival
2. All Critical Care and ECC cases to be done by MD with rolling cart in each respective unit with the help of each respective unit staff – unless case requires experienced technical assistance (variceal banding, unusual GI bleeding).

ACTIVATION OF THE ON-CALL TEAM:

- A. It is the responsibility of the Patient Care Coordinator (after routine hours of operation) to notify the On-Call team that they are needed.
- B. For each procedure in the OR, only 1 team will be called in. Members of the other team are called when patient acuity necessitates or when another case must be done simultaneously. (See policy: Scheduling of Patients for Surgical Procedures).
- C. Each time the PACU On-Call team member is needed, an assigned *first call* person will be called. The *second call* person will be called by the PCC or the first call RN when patient acuity or numbers necessitates such.
- D. OR On-Call personnel must be able to arrive and be ready for duty within thirty (30) minutes of notification. For those employees who reside beyond a 30-minute distance, the Medical Center will provide a sleep room with amenities.
- E. PACU On-Call personnel must be able to arrive and be ready for duty within thirty (30) minutes of notification.
- F. OR On-Call teams will have the designation as “First Call” or “Second Call”.
 1. “First Call” designees will be called **first during the following on-call hours**:
 - Monday through Friday, excluding holidays, 1930 to 0700
 - Saturdays, Sundays and Holidays 0700 to 1930
 2. “Second Call” designees will be called **first during the following on-all hours**:
 - Monday through Friday, excluding holidays, 1530 to 1930
 - Saturdays, Sundays and Holidays 1900 to 0700

- G. PACU On-Call teams will also have the designation as “First Call” or “Second Call”. On weekends, the RN that is assigned first call on Saturday will have second call on Sunday. Thus, the person on second call on Saturday will have first call on Sunday.
- H. Monday through Friday after 1930 or/2130 PACU if it becomes necessary to notify On-Call staff for procedure completion time of 45 minutes or less, and only the scheduled staff is here, the scheduled staff member has the option of covering the needed time to complete the work and receive the overtime.

PROCEDURE FOR STAFFING AN UNEXPECTED PREVIOUSLY ASSIGNED ON-CALL SLOT:

A Lottery System will be utilized as agreed with each respective union.

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**UVM HEALTH NETWORK-CHAMPLAIN VALLEY PHYSICIANS HOSPITAL
PATIENT CARE OPERATIONS POLICY/ RADIOLOGY SERVICES**

Page 1 of 4

Section:

SUBJECT: <i>Staffing Pattern for Radiology Services</i>	
PREPARED BY: Jay Gonyea, Director	RESPONSIBLE DEPARTMENT: Radiology
CONTRIBUTING DEPARTMENT(S):	
ADMINISTRATIVE APPROVAL:	POLICY CREATION DATE: 12/26/2003
NEW: SUPERSEDES POLICY: SAME DATED:	REVISED DATE: 7/21/2023
REVIEW DATES & INITIALS OF REVIEWER:	
OTHER RELATED POLICIES: (LIST POLICY TITLE & DEPT. IF NOT ADMIN.)	

Purpose:

To maintain safe and efficient staffing levels during regular Radiology operating hours. To meet the needs of patients, referring providers, and Radiologists by adequately staffing each radiology section. Imaging services provided at the CVPH Main Campus are as follows:

- **Computed Tomography (CT) (Nursing)**- 24 hours per day/7 days per week
- **Magnetic Resonance Imaging (MRI) (Nursing)**- Monday through Friday 0630-2330, Weekends 0630-1500, and On-Call Weeknights 2330-0700, and Weekends 1500-0630
- **Nuclear Medicine (Nursing)**-Monday through Friday 0630-1600, and On-Call weeknights 1600-0630, and on weekends Friday at 1600 through Monday at 0630.
- **Ultrasound (Non-Nursing)**- Monday through Friday 0630-2330, Weekends 0700-2330, and On-Call Weeknights 2330-0630, and Holidays 24 hours
- **Diagnostic Radiology (Non-Nursing)**- 24 hours per day/7 days per week
- **Women’s Imaging Center (Non-Nursing)**- Monday through Friday 0700-1800

Outpatient CT, and MRI, services are provided at the Valcour Imaging location 0700-2030. Outpatient MRI services also provided at Open MRI Consumer Square location Monday through Friday 0730-2030.

Content:

- A. Guidelines:
1. Staffing is based on the needs of each radiology modality (CT, MRI, Nuclear Medicine, etc...).
 2. A Radiologist or other physician with valid credentialing to perform procedures within Radiology services must perform radiologic procedures.
 3. Orientee's may count in minimum staffing numbers when they can independently perform the appropriate roles for their sub-specialty.

4. RN's – Monitor, Circulate, Start Intravenous Lines, Administer Medications, Assist with procedures, and Document, or any other duty as allowed by scope of practice, and at the discretion of the Radiology Manager or Director.
5. Technologists – Perform Radiologic Examinations, Patient Care, and Quality Assurance to ensure quality imaging, excellent patient care, and efficiency. Other duties as allowed by scope of practice, and at the discretion of the Radiology manager. Registered Nurses: Radiology Nurses are responsible for covering CT, MRI, and Nuclear Medicine at the CVPH main campus, and CT and MRI at the Valcour Imaging locations.

B. Staffing:

1. Technologists: Vacation time permitted per SEIU contract to maintain staffing levels needed to provide care required by our patients. In general, one technologist out of ten employees is permitted to be scheduled off at a time.
2. Registered Nurses: Radiology Nurses are responsible for covering CT, MRI, and Nuclear Medicine at the CVPH main campus, and CT and MRI at the Valcour Imaging locations.
3. Radiology Tech Aides: RTA's are responsible for assisting with patient care, scheduling exams, communicating results and requesting orders from referring providers, pre-screening patients for MRI, contacting patients to explain examination preps, and appointment instructions, other duties as assigned.
4. Staff Assignments:
 - **Computed Tomography (CT)**- 24 hours per day/7 days per week
 - Day Shift Main Campus-(3) CT technologists, (1) RTA, (1) Nurse as needed
 - Day Shift Valcour Imaging Campus-(1) CT technologist, (1) Nurse (As needed)
 - Evening Shift Main Campus-(1) CT technologist, (1) RTA
 - Night Shift Main Campus -(1) CT technologist
 - Weekend Day Main Campus -(1) CT technologist, (1) RTA
 - Weekend Eve Main Campus -(1) CT technologist, (1) RTA
 - Weekend Night Main Campus -(1) CT technologist
 - **Magnetic Resonance Imaging (MRI)**- Monday through Friday 0630-2330, Weekends 0630-1500, and On-Call Weeknights 2330-0700, and Weekends 1500-0630
 - Day Shift Main Campus-(1) MRI technologist, (1) RTA, (1) Nurse as needed
 - Day Shift Valcour Imaging location (including Fixed and Mobile)-(3) MRI technologists, (1) Nurse as needed
 - Day Shift Open MRI location, (1) MRI technologists, (1) RTA or Clerical
 - Evening Shift Main Campus-(1) MRI technologist, (1) RTA
 - Evening Shift Valcour Imaging-(1) MRI technologist, (1)

- RTA or Clerical
 - Evening Shift Open MRI-(1) MRI technologist, (1) RTA
 - Night Shift Main Campus-(1) MRI technologist On-Call (After-hours MRI's require a second person to be present in the event that an emergency should arise.)
 - Weekend Day Main Campus -(1) MRI technologist, (1) RTA
 - Weekend Eve and Night Main Campus -(1) MRI technologist On-Call (After-hours MRI's require a second person to be present in the event that an emergency should arise.)

- **Nuclear Medicine**-Monday through Friday 0630-1600, and On-Call weeknights 1600-0630, and on weekends Friday at 1600 through Monday at 0630.
 - Day Shift Main Campus-(3) Nuclear Medicine technologists (including Nuclear Cardiology),(1) Nurse as needed
 - Eve and Night Main Campus -(1) Nuclear Medicine technologist On-Call Monday through Friday 1600-0630, Weekends On-Call starting Friday at 1600 through Monday at 0630

- **Ultrasound (Non-Nursing)**- Monday through Friday 0630-2330, Weekends 0700-2330, and On-Call Weeknights 2330-0630, and Holidays 24 hours
 - Day Shift Main Campus-(2) Sonographers
 - Day Shift Valcour Imaging location-(2) Sonographers
 - Evening Shift Main Campus-(2) Sonographers
 - Weekend Day Main Campus -(1) Sonographer
 - Weekend Eve Main Campus -(1) Sonographer
 - Weekend Night Main Campus -(1) Sonographer On-Call 2330-0700

- **Diagnostic Radiology (Non-Nursing)**- 24 hours per day/7 days per week
 - Day Shift Main Campus-(6) Technologists
 - Day Shift Hudson Headwaters Champlain-(1) Technologist
 - Day Shift Plaza location-(2) Technologists
 - Day Shift Valcour Imaging Campus-(1) Technologist (1 day per week)
 - Evening Shift Main Campus-(3) Technologists
 - Night Shift Main Campus -(1) Technologist
 - Weekend Day Main Campus -(3) Technologist
 - Weekend Eve Main Campus -(2) Technologist
 - Weekend Night Main Campus -(1) Technologist

- **Women's Imaging Center (Non-Nursing)**- Monday through Friday 0700-

1800

- Day Shift-(6) Mammographers

Distribution:

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All recipients of this policy must acknowledge their receipt and understanding of the policy by referring any questions or problems with the policy within ten (10) days of the issue date to their immediate supervisor. If no questions or problems are stated, it will be assumed that the policy has been read and understood.

All questions regarding this policy or its implementation may be referred to your immediate supervisor.

**UVM HEALTH NETWORK-CHAMPLAIN VALLEY PHYSICIANS HOSPITAL
PATIENT CARE OPERATIONS POLICY/INVASIVE CARDIOLOGY**

SUBJECT: <i>Staffing Pattern for Vascular and Interventional Radiology</i>	
PREPARED BY: Dylan Martin, Nurse Manager	RESPONSIBLE DEPARTMENT: Vascular and Interventional Radiology
CONTRIBUTING DEPARTMENT(S):	
ADMINISTRATIVE APPROVAL:	POLICY CREATION DATE: 7/19/2023
NEW:	SUPERSEDES POLICY:
	REVISED DATE:
REVIEW DATES & INITIALS OF REVIEWER:	
OTHER RELATED POLICIES: (LIST POLICY TITLE & DEPT. IF NOT ADMIN.)	

Purpose:

To maintain safe and efficient staffing levels during regular Interventional Radiology operating hours. To meet the needs of patients and Interventional Radiologists by having procedure rooms available each Monday, Wednesday, and Friday from 07:30am until 4:30pm, and each Tuesday, and Thursday from 0800am until 4:30pm. Procedures are performed by the Interventional Radiologist, or Advance Practice Practitioner (APP) various imaging modalities including ultrasound-guidance, angiography, and computerized tomography (CT). For procedures performed by an Interventional Radiology physician or APP in the interventional radiology suites, an after-hours call team, consisting of at least one physician, one Technologist, and one Registered Nurse, will be available from 4:00pm Friday until 7:30am Monday, and from 4:00pm until 7:30am Monday through Thursday. For procedures performed in the department of Radiology, in the CT rooms, an after-hours call team consisting of at least one physician, one RN, and one on call CT staff member will be available from 4:00pm Friday until 7:30am Monday, and from 4:00pm until 7:30am Monday through Thursday.

Content:

A. Guidelines:

1. At a minimum, staffing will include 2 qualified staff members, one of whom must be a Registered Radiology Tech. One staff member will be scrubbed in to assist the MD or APP, and/or operate the radiology equipment, and the second staff member will be circulating.
2. A Radiologist, APP, or other credentialed physician with valid credentialing to perform procedures within Interventional Radiology must perform the procedure.
3. Orientee's may count in minimum staffing numbers when they can independently perform the appropriate roles for their specialty.
4. RN's –Circulate, assist in Pre and Post, or any other duty as allowed by

scope of practice, and at the discretion of the Nurse Manager for Interventional Radiology.

5. Technologists –Scrub, circulate, assist in Pre and Post, or any other duty as allowed by scope of practice, and at the discretion of the Nurse Manager.

B. Staffing:

1. Minimal Staff Assignments:
 - Monday, Wednesday, and Friday excluding holidays, staffing assignments will cover the routine hours of operation. (7:30am until 4:30pm).
 - Tuesday and Thursday excluding holidays, staffing assignments will cover the routine hours of operation. (8:00am until 4:30pm)
2. IR procedure room staffing assignments
 - (1) Circulating staff member
 - (1) Scrub Technologist
3. CT
 - (1) Circulating staff member/machine operator
 - (1) Scrub Technologist/circulating Technologist
 - (1) RN if the patient requires monitoring, and/or sedation for the procedure
4. Staff assignments will be rotated on an as needed basis, based on patient care needs and staff availability, and staff competency for assignments.
5. Staff will rotate thru on-call coverage.
6. On-Call Staff Assignments
 - Weekday on-call begins at the end of the on-call staff member's scheduled shift end time, and will continue through the start-time of the on-call staff member's next scheduled shift.
 - Weekend on-call begins at end of the on-call staff member's scheduled shift end time, and will continue through the start-time of the on-call staff member's next scheduled shift.
 -
7. On-call staffing for Interventional Radiology procedures performed in CT will consist of:
 - (1) Machine operator – CT Technologist
 - (1) RN
8. On-call staffing for Interventional Radiology procedures performed in IR procedural suites will consist of:
 - (1) RN
 - (1) Scrub Technologist

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