

PATIENT RESTRICTED

Coalinga State Hospital

OPERATING MANUAL

SECTION - PERSONNEL
ADMINISTRATIVE DIRECTIVE NO. 568
(Replaces A.D. No. 568 dated 2/15/06)

Effective Date: February 16, 2007

SUBJECT: NURSING STAFF ALLOCATION: MINIMUM ON-DUTY COVERAGE

I. PURPOSE

To ensure that minimum nursing staff to patient ratios are adhered to at all times.

II. AUTHORITY

Special Order 252; California Code of Regulations, Title 16 1443.5; Health and Safety Codes 1250.2; Business & Profession Code 2725.3; Nurse Practice Act; and the Welfare & Institutions Code 14110.7.

III. POLICY


The staffing allocation for treatment units is based on a ratio of 1:8 for AM shift, 1:8 for PM shift, and 1:16 for Nurse on Call (NOC) shift. For acute units, staffing allocation is based on a ratio of 1:6 for AM shift, 1:6 for PM shift, and 1:12 for NOC shift. Because the needs of the Individuals may vary from unit to unit or change with time, the hospital has an Acuity System that identifies those differences and, within existing resources, establishes and provides the staffing necessary to meet those needs. Anytime an Individual's level of illness significantly changes, a nurse will complete an assessment and the coverage of that unit will be adjusted to provide necessary care.

IV. METHOD

- A. Each Program will be allocated sufficient nursing positions to provide on-duty coverage seven (7) days per week based on ratios listed above. The Clinical Administrator accomplishes this, with input from the Program Directors, Coordinator of Nursing Services, and approval from the Executive Director. Allocation will be based on the needs of the Individual, safety considerations, and total program patient population and the resources available.
- B. Program Director will document any changes in the needs of the Individuals and forward that information and recommendations to the Clinical Administer and Coordinator of Nursing Services.
- C. An evaluation of the level of functioning and acuity needs of the Individuals on each unit in the Program will be completed by the off-going unit RN and Shift Lead with review by the Registered Nurse. Through the use of this established procedure, the level of nursing care required by the on-coming shifts will be determined and unit staff coverage will be provided by Program staffing unit or from a resource pool through the Nurse of the Day (NOD) office.

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- D. Program unit staffing person and the NOD will meet minimum coverage 24 hours a day and 7 days per week. Nursing acuity may dictate a higher patient ratio from shift to shift.
- E. Registered Nurse (RN) coverage will be provided in a sufficient level on all units to ensure that nursing care, documentation and assignment of patient care responsibilities are achieved through unit registered nursing staff. This is accomplished through RN schedule balancing, assignment of specific RN patient case loads and use of an acuity rating process requiring joint RN/Shift Lead review and approval.
- F. An evaluation of the level of functioning and acuity needs of the patients in a Program will be done by the off-going shifts, through use of an established procedure, to determine the level of nursing care required by the on-coming shifts. Based on this acuity evaluation, RN coverage will be provided as necessary.
- G. The nursing and clinical needs of the individual patient is an important factor in an acuity decision making process. When an Individual's acuity level significantly changes, a Registered Nurse will complete an assessment to validate the acuity change and justify the need for additional staffing.
- H. Program management in concert with the NOD is responsible for ensuring that each Unit is provided minimum staff equal to the staff ratio established for each unit by an acuity system, Patient Classification System (PCS,) that includes all licensed nursing staff including Registered Nurse coverage. This is accomplished by schedule balancing, assignment of specific Individual caseloads & use of an acuity rating process that justifies the number of nursing staff on duty at all times to deliver patient care needs provides and monitors minimum on-duty staff needs hospital-wide.
- I. Shift leads will evaluate the level of nursing care required on their respective unit and will communicate to the NOD the need for additional staffing due to an acuity change.
- J. NOD will evaluate the request for additional nursing staff and augment the ratios of nursing staff to patient ratio as necessary to reflect and meet the care needs of the individuals.



W. T. VOSS
Executive Director

Cross Reference(s):

A.D. No. 570 Overtime for Nursing Staff