Article 107 Staffing

Section 3. Oishei Children's Hospital (OCH)

1.) OCH Staffing Ratios/Grids/Matrices

a.) Pediatric Intensive Care Unit +

Guidelines used for the Pediatric Intensive Care Unit Staffing:

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

Employer and Staff agreement on RN & MA staffing

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

Charge Nurse 1 RN without an assignment 24/7 Registered Nurse 1:1 to 1:2 depending on acuity

1:3 if all three patients are designated as an

intermediate and/or are designated as transfer level

of care which requires a provider order

Medical Assistant 1:9

Ancillary staff:

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

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

b.) Neonatal Intensive Care Unit +

Guidelines used for the Neonatal Intensive Care Unit Staffing:

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

Employer and Staff agreement on RN & MA/US staffing

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

Charge Nurse 2 without an assignment 24/7 Registered Nurse 1:1 or 1:2 depending on acuity

1:3 if all three patients are designated as an

intermediate care/feeders and growers

Medical Assistant 1 census of 0-24

2 census of 25-493 census of 50-644 census greater than 64

Unit Secretary 1, 24/7

Ancillary staff:

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

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

c.) Labor and Delivery +

~ (Dels RN Included for baby assignment below) The information below is inclusive of J3 & J7 staffing plans

Employer and Staff agreement on RN & MA/US staffing

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

1:1 at birth

1:3 infant in couplet status

Labor and Delivery AWHONN Standards				
RN Charge	1 without an assignment 24/7			
Obstetric Triage				
RN 1:1	The initial triage process (10 to 20) minutes requires 1:1 at presentation			
RN 1:2	Once maternal-fetal status is determined to be stable			
RN 1:3	Stable extended triage			
	Non-stress testing			
Antepartum				

RN 1:1	Unstable antepartum				
	 Continuous bedside attendance for woman receiving IV magnesium sulfate for the 				
	first hour of administration for preterm labor prophylaxis and no more than 1				
	additional couplet or woman for a nurse caring for a woman receiving IV				
	magnesium sulfate in a maintenance dose.				
	A woman who is receiving IV magnesium sulfate should have 1 nurse in continuous				
	beside attendance for the first hour of administration. The ratio of 1 nurse to 1				
	woman receiving magnesium sulfate should continue until the woman is no longer				
	contracting to the degree that preterm birth is an imminent concern				
RN 1:3	RN 1:3 stable antepartum				
10.110	Labor				
RN 1:1	Complications of Labor including but not limited to:				
IXI VIII	Fetal demise				
	Abnormal FHR				
	o Etc.				
	Initiation of regional anesthesia				
	• Labor with:				
	Continuous IV Magnesium Sulfate				
	O Oxytocin				
	 Uncontrolled pain2 				
	Auscultation of fetus				
	Active pushing phase of labor				
	Birth				
	• TOLAC				
RN 1:2	Labor without complications				
	Cervical ripening with pharmacologic agents				
	Delivery/Infant Post-Birth/Postpartum				
RN 1:1	• Infant for at least two (2) hours and until critical elements are met which include:				
	Report has been received from the baby nurse, questions answered, and				
	transfer of care has taken place				
	o Initial assessment and care are completed and documented				
	o ID bracelets applied				
	o Infant condition stable				
	• Active recovery of vaginal birth or cesarean birth for at least 2 hours, or longer if				
	complications arise				
RN 1:3	Couplets*				
	*Couplet is defined as one (1) mother and up to two (2) newborn infant(s)				

Medical Assistant 2, 24/7

Unit Secretary 1, 11a-11:30p, 7 days a week

Ancillary staff:

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

Description of additional resources available to support unit level patient care: Float Pool RNs and MA's, EVS, Infection Preventionist, Material Handlers, APP's, MDs, Lactation Consultants, Midwives, Doulas, Educators

d.) Mother Baby Unit +

Employer and Staff agreement on RN & MA/US staffing

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

Charge Nurse 1 without assignment 24/7

Registered Nurse 1:1 Newborn Undergoing Circumcision

1:3 Couplets with no more than 2 pp C- Section

Medical Assistant 1:12 Couplets

Unit Secretary 1, 7a-7p, 7 days a week

Ancillary staff:

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

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

e.) Operating Rooms +

Employer and Staff agreement on RN staffing

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

Charge Nurse OCH 1 without assignment 24/7

Registered Nurse 1:1 (2:1 for patients who cannot tolerate general

anesthesia)

Ancillary staff:

Surgical Tech, Respiratory Therapist (RT), and Pharmacist

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

f.) Emergency Department +

Guidelines used for Emergency Department Staffing:

• Emergency Nurse's Association (ENA)

Employer and Staff agreement on RN & MA/US staffing

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

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

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

Ancillary staff:

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

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

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

Guidelines used for Epilepsy Monitoring Unit:

• AAP, Society of Peds Nursing

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

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

Registered Nurse 1:4 EMU Patients

1:5 Observation/Ambulatory Patients

Unit Secretary 1, 9a-5p Monday through Friday

Ancillary staff:

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

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

h.) Pediatric Hematology/Oncology Unit +

Guidelines used for Pediatric Hematology/Oncology Unit:

- International Society of Pediatric Oncology
- St. Jude

Employer and Staff agreement on RN & US staffing

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

Charge Nurse 1, 24/7

• 5 or less patients on the unit, charge has an assignment

• 6 or more patients on the unit, the charge has one patient

Registered Nurse 1:1 during BMT infusion

1:2 bone marrow transplant or dinutuximab (immunotherapy), Compath, ATG (biological

modifiers)

1:3 (includes charge nurse with assignment)

1:4 Pediatric Medical

Unit Secretary 1 Day Shift 9:00a to 5:00p M-F

Ancillary staff:

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

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

i.) J10 (Pediatric Medical – Surgical) +

Employer and Staff agreement on RN & MA/US staffing

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

Charge Nurse 1 RN, may take no more than one patient, no

assignment when census is greater than 20

Registered Nurse 1:3 Acute Tracheostomy Vent, High Flow greater

than 1.5 liters per kilo

1:4 General Pediatric Patients

1:5 If all patients in OBS/AMB status in proximate geography inclusive of the following diagnosis: cellulitis, asthmatic on q4, social admit, broken limb (except femur), T&A Bleed, GT Placement, Suicide

with sitter, new onset diabetic (not on a drip)

Medical Assistant 2, 24/7

3, 11:00a - 11:00p if the census is 17 and above

Unit Secretary 1, 7:00a to 7:30p M - F

Ancillary staff:

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

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

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

Employer and Staff agreement on RN & MA/US staffing

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

Charge Nurse 1 RN, 2 patient assignment with census up to 20, if

above 20 patients charge nurse has no assignment

Registered Nurse 1:3 Acute Tracheostomy Vent, High Flow greater

than 1.5 liters per kilo

1:4 General Pediatric Patients

1:5 If all patients in OBS/AMB status in proximate geography inclusive of the following diagnosis: cellulitis, asthmatic on q4, social admit, broken limb (except femur), T&A Bleed, GT Placement, Suicide

with sitter, new onset diabetic (not on a drip)

Medical Assistant 2, 24/7

3, 11:00a - 11:00p if the census is 17 and above

Unit Secretary 1, 7:00a to 7:30p M – F

Ancillary staff:

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

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

k.) Pre-Operative Care +

Employer and Staff agreement on RN staffing

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

Registered Nurse 1:5

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

1.) Post Anesthesia Care Unit +

Employer and Staff agreement on RN & MA/US staffing

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

Charge Nurse 2 without an assignment on J2, 1 on J3 (based on

hours of operations)

2021-2022 ASPAN Guidelines

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

mamame	Phase I				
DN 2.1					
RN 2:1	Example may include, but is not limited to, the following:				
DNIII	One critically ill, unstable patient				
RN 1:1					
	At the time of admission, until the critical elements are met which include:				
	• Report has been received from the anesthesia care provider, questions answered, and				
	the transfer of care has taken place				
	o Patient has a stable/secure airway**				
	o Patient is hemodynamically stable				
	o Patient is free from agitation, restlessness, combative behaviors				
	o Initial assessment is complete				
	Report has been received from the anesthesia care provider The state of the s				
	o The nurse has accepted the care of the patient				
	 Airway and/or hemodynamic instability **Examples of an unstable airway include, but are not limited to, the following: 				
	Requiring active interventions to maintain patency such as manual jaw lift				
	or chin lift or an oral airway				
	 Evidence of obstruction, active or probable, such as gasping, choking, 				
	crowing, wheezing, etc.				
	 Symptoms of respiratory distress including dyspnea, tachypnea, panic, 				
	agitation, cyanosis, etc.				
	 Any unconscious patient 8 years of age and under 				
	A second nurse must be available to assist as necessary				
	 Patient with isolation precautions until there is sufficient time for 				
	donning and removing personal protective equipment (PPE) (e.g.,				
	gowns, gloves, masks, eye protection, specialized respiratory				
	protection) and washing hands between patients. Location				
	dependent upon facility guidelines				
RN 1:2	Examples may include, but are not limited to, the following:				
	• Two conscious patients, stable and free of complications, but not yet meeting				
	discharge criteria				
	Two conscious patients, stable, 8 years of age and under, with family or competent				
	support team members present, but not yet meeting discharge criteria				
	One unconscious patient, hemodynamically stable, with a stable airway, over the age				
	of 8 years and one conscious patient, stable and free of complications				
	Phase II				
RN 1:1	Example includes, but is not limited to:				
	Unstable patient of any age requiring transfer to a higher level of care				
RN 1:2	Examples include, but are not limited to:				
	8 years of age and under without family or support healthcare team members present				
	Initial admission to Phase II				
RN 1:3	Examples include, but are not limited to:				
	Over 8 years of age				
	8 years of age and under with family present				
	2021 2022 ASDAN Cridalinas				

2021-2022 ASPAN Guidelines

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

Extended Phase

RN 1:3-5 Examples of patients that may be cared for in this phase include, but are not limited to:

- Patients awaiting transportation home
- Patients with no caregiver, home, or support system
- Patients who have had procedures requiring extended observation/interventions (e.g., potential risk for bleeding, pain management, PONV management, removing drains/lines)
- Patients being held for a non-critical care inpatient bed

Medical Assistant 2, starting at 5:30a

3, in house by 8a 4, in house by 11a 2, in house at 1:30p

1, in house from 4p-7:30a

Unit Secretary 1, 5:30 am to 1:30 pm M-F

1, 11:00 am to 5:00 pm

Ancillary staff:

Clerical, Respiratory Therapist (RT), and Pharmacist

Description of additional resources available to support unit level patient care: APP's, clinical educators, child life specialists, environmental services aids

m.) Imaging

Employer and Staff agreement on RN & MA staffing

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

Registered Nurse 1:1

Medical Assistant 1, M-F 7:00 am to 3:00 pm

Ancillary staff:

Clerical

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

n.) Dialysis

Employer and Staff agreement on RN & MA/US staffing

Registered Nurse M-W-F, 1:1 </=10kg, RN 1:2 10.1-20kg, RN 1:3

>/=20.1kg (pediatric dialysis standards of care)

Medical Assistant M-W-F 11.5 hours, unless "0" census

Unit Secretary M-F 7.5 hours

Ancillary staff:

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

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

o.) Infusion

Employer and Staff agreement on RN & MA staffing

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

Ancillary staff:

None

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