

Clinical Staffing Plans

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Medical Surgical Units: 4-5 Bldg 3-1, 3-2, 4-1, 4-2:

- **RN** 1:6 flex 1:7
- Care Partner (LPN, PCT, SNA)
 - -1:8 flex 1:9

Tower (Step Down): D4 / D5:

- RN 1:4-5 flex 1:6
- Care Partner (LPN, PCT, SNA) 1:8-9

PCU:

- RN 1:3 flex 1:4 (with a MS pt)
- **PCT** 1:9

ED Obs:

- RN 1:5
- **PCT**: 1:15

Critical Care Areas:

MSICU / CVICU:

- RN 1:2 Flex 1:3 (non-critical care)
- **PCT** 1:15-18

Emergency Department:

- RN 1:5-8
- **PCT** 1:12-15

Cath lab / EP lab / IR / Stress

- RN 1:1
- Echo
- Cardiac Sonographer 1:1 CVAU
- RN 1:3 CVAU PACU
- 1:1-2



Plans continued



• RN 1:1 most of the time & 2:1 during delivery or recovery minimum 5 LD in house

MB

- RN 1:3 couplets (6 patients)the 6 patients could be off-service, moms with infants in NICU or with guest mother.
- RN 1:1 Infants without mothers. Minimum in house is 3

NICU

- RN 1:2-3 depending on acuity
- RN 1:1 for Vented infants. Minimum 4 in house

3-6 /CPEP

- RN days 1:4-7
- Care Partner (PCT)2
- 1 assigned when Day room open
- 1 assigned to Rounds
- RN Nights: 2
- Care Partners: 2 (PCT, LPN, Counselor or RN)



Plans continued

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OR / Sx

• RN 1:1 w/ Circulating Surgical Tech (CST or LPN) 1:1

Pre-Induction Area (PIA) / Holding Areas

• RN 1:1-2

Pre-Operative Endoscopy

• RN 1:2-3 (Phase-I Pre-Op RN 2:1 / Phase-II Pre-Op RN 2-3:1)

Endoscopy

- RN 1:1
- Tech 1:1

Post Anesthesia Care Unit (PACU)

• RN 1:1-2 (Ph-I) / RN 1:2 (Ph-II)

Unit 1-1 Pre- & Post-Op Monitoring to D/C

• RN 1:2-3 (Admission), RN 1:2-3 (Ph-II), RN 1:4-5 (Ph-III)

