

Nursing Staffing Models

MED-SURG CONTINGENCY & CRISIS MODEL (v2.12/17/2020)

Purpose: To provide guidelines on staffing Medical/Surgical unit care when there is a shortage of nurses due to increased census during a disaster or pandemic necessitating contingency (1 MS RN:6-7patient model) or crisis (1:8 patient model) plans.

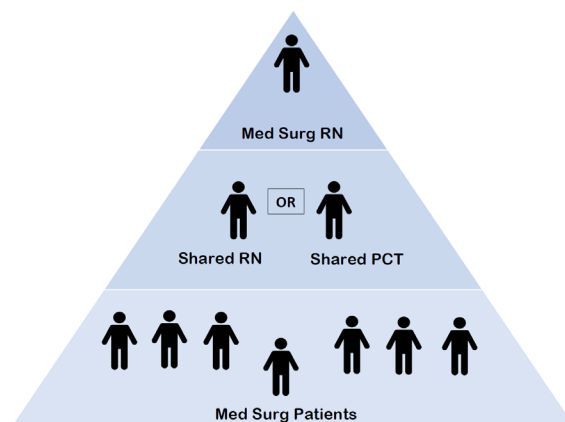
Assumptions/Principles of Staffing

- 1) 1 MS RN: 5 MS Patients (conventional staffing)
 - a. Discretion of charge nurse based on acuity
- 2) Team Nursing for Contingency and Crisis Modes
 - a. 1:6-7 Staffing with 1 Shared RN / PCT (Contingency Model)
 - b. 1:8 Staffing with 1 Shared RN / PCT (Crisis Model)

Assumptions of Care: Manager/Director Meeting with consideration of acuity and staffing potential

Contingency Mode:

Deployed when MS RNs pulled to ICU and/or shortage of staff in MS units
 May be activated by HCC in collaboration with Manager/Director/CNO
 Implement out of ratio: 1 RN to 6 Patients
 Documentation in EMR



Contingency Team 1:6 or 1:7 Nursing Model

Crisis Mode:

CNO or delegate designates “Crisis Level” and implements alternative staffing
 Implement Team Nursing: 1 RN to 8 patients with 1 Shared RN / PCT assigned to Team
 Clearly define expectations – reduce unnecessary tasks
 Documentation on Paper (limited charting) and Meds still scanned in EMR

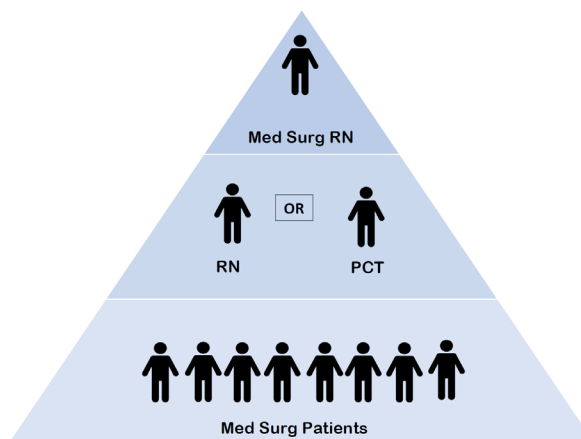
Duties/Documentation

RN

Document in EMR Contingency/Paper Crisis
 Perform Physical Assessment
 Administer all medications
 Perform procedures
 Change dressings

PCT

Document in EMR Contingency/Paper Crisis
 Vital Signs – document and report
 Hygiene: Baths/Oral Care/Pericare
 Activity: Walk patients/ROM
 Turning patients every 2 hours
 Round on every patient hourly
 Empty drains



Crisis Team 1:8 Nursing Model