



Good Samaritan Hospital MS3 Staffing Plan

Patient Population & Nursing Scope of Service

*Nursing care is provided to adults with general medical, orthopedic, trauma, oncology, general surgical conditions, and palliative/end of life care.

- Total Beds: 30
- Top DRGs:
 - Fracture Management
 - Total Joint and Spinal Surgery
 - Thoracic Surgery
 - Pre and Post General Surgery
 - Neuraxial Epidural
 - Trauma, Including Spinal Cord Injury and Traumatic Brain Injury
 - Tracheostomy
 - Acute Medical Illness
 - Urology
 - Oncology
 - Long Term Antibiotics

Services Not Provided

- Patients requiring Intensive Care as level of care
- Ventilator support
- Titration of vasoactive drugs
- Please review IV limitations policy
- Post Cath lab patients
- Pt needing NIHSS assessments

Leadership of Unit

- Director
- Unit Manager
- Nurse Clinical Leader
- Charge Nurses
- Unit Educator/Nursing Professional Development Specialist

Professional Standards

- Qualifications and Competencies
 - Charge Nurse: BLS
 - RN: BLS
 - CNA/PCT: BLS
- Nurse Practice Organization:
 - Med surg: ANCC and Academy of Med Surg Nursing

Competency of Caregivers

All nursing staff are oriented and trained upon hire to the unit to demonstrate competency in direct care of the aggregate patient population served. This ensures the skill mix of the nursing staff is consistent among all associates.

- This is documented in the individual nursing staff member's orientation packet and kept on file.
- Each nursing staff member also receives skills training and review via education provided through the learning management system and skills fairs.

Unit Staffing Personnel

Our unit staffing plan uses the following licensed personnel to deliver patient care:

- Registered nurses
- Certified Nurse Assistants/Patient Care Tech
- Student Nurse Externs
- Graduate Nurses

Shift by Shift Staffing

- Minimum Staffing on the unit will include least (2) registered nurses on duty at all times in each open inpatient unit. Additional staffing needs shall be determined by the hospital's master nurse staffing plan
- One registered nurse, qualified by education, training, competency and experience, will be designated as in charge of the unit at all times.
- The charge nurse establishes staffing for the shift. Nurse-to-patient assignments will vary based on a combination of prescribed tasks including but not limited to patient/family education, nursing interventions, competence, safety measures, coordination of care, and psychosocial needs. Staffing assignments for patient care will be developed based on the scope of care needed, the frequency of interventions, the

volume of admissions and discharges, and the determination of the skill mix of the nursing staff who can provide the most appropriate safe care. Adjustments to the nurse-to-patient assignment will be constantly evaluated and reevaluated based on the information and priority of the patient, competency of the staff, and resources available.

- These staffing plans are reassessed annually and/or more frequent if necessary or if any changes are made.
- During surge situations staffing is adjusted to meet patient demand through the use of innovative care models.

The formal process for managing patient flow includes (but is not limited to):

- Overall workload intensity of the floor with respect to patient turnover (Admission, Discharges and Transfers)
- Charge Nurse/Bedside Nurse/Leadership assessment of ability to safely manage current patient assignment and assume an admission.
- If the workload intensity of the unit is determined to be high, or admissions are pending, the charge nurse can:
 - Use resource nurse to bridge admissions or assume full patient care for appropriate number of patients, based on charge nurse assessment/judgment
 - Assess ability for Charge Nurse to take patient(s) assignment
 - Bring in extra staff or limit the amount of patients to be admitted until the workload intensity or volume decreases by coordinating with the Hospital Supervisor and Bed Planning.
 - Request to use nursing staff from other units who are cross trained and or otherwise qualified when an additional nurse is needed in the department and no other unit nurses are available.

The RN uses the following chain of command for any concerns or issues related to staffing:

- Charge Nurse
- House Supervisors
- Unit Nurse Manager or Supervisor
- Director
- Administrator On Call
- Chief Nursing Officer
- Regional Chief Nursing Officer

Outcomes and Quality

- The unit staffing plan's effectiveness will be evaluated using the following measurements as applicable: patient experience, staffing dashboard, and nursing sensitive indicators (Falls, HAPI, HCAHPS, CAUTI, CLABSI).

Reviewed and approved by unit manager on: 5/1/2026

Reviewed and/or made available to staff on: (via staff meetings, email, huddles)