



Good Samaritan Hospital NICU Staffing Plan

Patient Population & Nursing Scope of Service

Nursing care is provided for ill neonates from birth through discharge from the hospital, as well as infants readmitted for up to 28 days after birth for medical care.

- Total Beds – 12
- Top DRG's / Nursing Scope of Service
 - Assessment of the neonate
 - Development of a plan of care to support the ill neonate in collaboration with a pediatrician or neonatologist and neonatal nurse practitioner
 - Respiratory and nutritional support of the neonate

Services Not Provided

- Surgical interventions for the neonate
- Neonate less than 28 weeks gestation, not including stabilization for transfer
- Prolonged intubation of a neonate, regardless of gestational age

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, NRP, *STABLE
 - RN: BLS, NRP, *STABLE
 - *STABLE required on hire/new to specialty, recertification not required
- Nurse Practice Organizations
 - AWHONN
 - NANN

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

Shift by Shift Staffing

- At least two (2) registered nurses shall be on duty at all times. 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.
- Nurse-to-patient assignments will vary throughout a patient's length of stay based on a combination of prescribed tasks including education, nursing interventions, demographics, competence, safety measures, coordination of care, and psychosocial needs. Patient assignments will align with the nationally recognized professional organization for the area of specialty as applicable. 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. All areas have established minimum levels of staffing to be used in catastrophic or unusual circumstances.
- These staffing plans are reassessed annually and/or more frequently 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 assignments 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 number 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 metrics, and nursing sensitive indicators.

Reviewed and approved by unit manager on 05/2026

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