



Good Samaritan Hospital Obstetrics Acute (Mom/baby) Staffing Plan

Patient Population & Nursing Scope of Service

Nursing care is provided for Postpartum/newborn, GYN post op and Antepartum populations.

Primary Nursing Services Provided Include but are not limited to:

- Couplet care, Antepartum Assessment and fetal monitoring, Gyn Post-op care.

Services Not Provided

Ventilator support

Titration of vasoactive drugs

Cardiac monitoring – through telemetry monitoring room only

Insulin Drips

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 and NRP, 1-2 Years' Experience
 - RN: BLS and NRP
 - CNA/UA: BLS
- Nurse Practice Organization:
 - AWHONN
 - AAP

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 on the Mom Baby unit 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, read & signs, and skills fairs.

Unit Staffing Personnel

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

- Registered nurses
- Lactation Nurses
- Certified Nurse Assistants

Shift by Shift Staffing

- Minimum staffing on the unit will include one (1) RN and one (1) other nursing personnel when one patient is present.
- One registered nurse, qualified by education, training, competency, and experience, will be always designated as in charge of the unit.
- The Charge Nurse establishes staffing for the shift. Factors considered include (but not limited to):
 - Workload intensity of patients on unit
 - Skill mix
 - Admissions/Discharges
- These staffing plans are reassessed annually and/or more frequently if necessary or if any changes are made.

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:
 - 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 Labor and Delivery and the Hospital Supervisor
 - 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
- 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
 - HCAHPS
 - Falls
 - ERAS
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Reviewed and approved by unit manager on 05/2026

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