Platte Valley Hospital Emergency Department Unit Staffing Plan

Patient Population & Nursing Scope of Service

The Emergency Department (ED) cares for patients across the lifespan.

- There are 15 individual patient rooms, 5 shared occupancy rooms, and 4 Fast Track Rooms for a total of 24 patient beds in the Emergency Department
    - Four are designated isolation rooms.
    - Each room is equipped to provide continuous cardiac and oximetry monitoring.
    - All individual patient rooms are private and include dedicated space for family and visitors.
    - 20 of the rooms are centrally monitored and displayed on a central station at the ED nursing station.
- Largely responsible for maintaining the Level III Trauma Center status.
- Stabilization and transport of at-risk patients requiring a higher level of care.
- SANE/FNE assessments and consultations available

Top 5 DRGs

- Chest pain, unspecified type
- Nausea and Vomiting/ Abdominal pain, unspecified location
- Fall
- Influenza A
- Hypokalemia

Services Not Provided

- Services are provided for all patients. If specialty/sub-specialty referrals are required and cannot be accommodated by existing medical staff, patients are transferred to a higher level of care.

Leadership of Unit

- Director
- Manager
- Clinical Nurse Leader
- Charge Nurses - designated for each shift and is responsible for assessing the staffing and skill mix needs of the Emergency Department based on unit census and patient acuity.
- Behavioral Health Lead- LCSW
- Forensic Nursing Coordinator
- Trauma Program Manager

Professional Standards

- Qualifications and Competencies
    - RN: RN License, BLS, ACLS, ENPC, TNCC, NIHSS
    - ED Tech: BLS, Colorado EMT certification, IV certification
    - ED Sitter: BLS

- ED Unit Secretary: BLS
- BH LCSW: LCSW license

- Nurse Practice Organization:
  - Emergency Nurses Association (ENA)

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 or completed in HealthStream.
- Each nursing staff member also receives skills training and review via education provided through the learning management system, weekly education huddles, and monthly skills fair carts.
- Float pool caregivers' competencies follow ED competencies listed above and kept on file with Float Pool departments
- FNE nurses have additional training to be able to provide forensic care

Unit Staffing Personnel

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

- Registered Nurse
- Certified EMT and Paramedics
- Patient Safety Attendants (PSA)- Most are CNA's but not required for this position
- ED specific Clinical Resource Nurse (CRN)
- Resource Nurse- shared hospital Resource RN when available
- Resource Tech- shared hospital Resource Tech when available

Shift by Shift Staffing

- Minimum staffing on the unit will include three RN's and two EMT's.
- 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 next shift based on the staffing matrix of:
  - 6A-6P: 3 RN's, 1 FNE RN, 3 EMT's and 2 PSA's
  - 7A-3P: 1 RN
  - 9A-9P: 1 RN
  - 11P-11A: 1 RN and 1 ED CRN
  - 1P-1A: 1 RN
  - 3P-3A: 1 RN
  - 6P-6A: 3 RN's, 1 FNE RN, 3 EMT's and 2 PSA's
  - These staffing plans are reassessed annually or more frequently, if necessary, by increase/decrease of average census.
  - During surge situations staffing is adjusted to meet patient demand through the use of innovative care models.
- Patient conditions that contribute to a higher-level workload intensity include, but are not limited to:

- Trauma alerts
- Cardiac alerts
- Stroke alerts
- Sepsis alerts
- Intubation
- Resuscitation
- Behavioral health issues
- Critically ill patients

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

- Static staffing, but can be flexed according to census
- Charge Nurse/Bedside Nurse/Leadership assessment of ability to safely manage current patient assignment
- If the acuity of the unit is determined to be high the charge nurse can:
  - Use resource nurse to assist in patient care and flow
  - Assess ability for Charge Nurse to take patient(s) assignment
  - Bring extra staff until the acuity 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
- Clinical Nurse Leader
- Manager
- 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.

Reviewed and approved by unit manager on: 4/2/2026
Reviewed and/or made available to staff on: 4/15/2026 (via staff meetings, email, huddles and Intermountain Website)