

UNIVERSITY OF VIRGINIA HEALTH SYSTEM
PATIENT CARE SERVICES
Administrative Operations Manual – Section A01

Assignment for Inpatient Staffing

PHILOSOPHY:

The University of Virginia Medical Center follows the *ANA Principles of Nurse Staffing (2012)* as guidelines for the complex issues of staffing and patient assignments. Specialty areas such as the Emergency Department, Peri-Op and Obstetrics also utilize guidelines promulgated by specialty organizations for guiding staffing/scheduling and patient assignment decisions.

POLICY:

A registered nurse supervises and evaluates the nursing care for each patient. Assignment of patient care is the responsibility of a Registered Nurse who has the clinical knowledge and documented competency to make these decisions. Clinician 1s may not assume the Shift Manager role, but may be oriented to this role under the direct supervision of a competent Shift Manager as they prepare to advance to Clinician 2 status.

Delegation of nursing tasks and procedures shall be done in accordance with the State Regulation 18 VAC 90-20-430 – Criteria for Delegation found on pages 27-29 of the linked document: [Regulations Governing the Practice of Nursing - Revised 2-27-2014](#). (In addition see Section [A02: Organizational Plan For Delegation To Unlicensed Assistive Personnel By The Registered Nurse](#))

The following factors are considered when patient assignments are made:

- The complexity of the patient's condition and required nursing care;
- The dynamics of the patient's status, including the frequency with which the need for specific nursing care activities changes;
- The complexity of the assessment required by the patient, including the knowledge and skills required of a nursing staff member in order to effectively complete the required assessment;
- The type of technology employed in providing nursing care, with consideration given to the knowledge and skill required to effectively use the technology;
- The degree of supervision required by each nursing staff member based on his/her previously assessed level of competency and current competence in relation to the nursing care needs of the patient(s);
- The availability of supervision appropriate to the assessed and current competence of the nursing staff members(s) being assigned responsibility for providing nursing care to the patient(s); and
- Relevant infection control and safety issues.

While nursing care for each patient is prescribed, delegated and coordinated by a Registered Nurse, aspects of care may be provided by a variety of competent nursing assistive personnel.

A Registered Nurse will be physically present on each unit at all times.

The frequency of patient assessments is based on the patient's individual needs with special consideration given to the patient's diagnosis, age and level of care required.

Exhibit EP9.a

The method of patient care delivery is determined by each unit-based patient population and acuity, staffing mix, scope of care delivered and specific unit characteristics. This method is described in the unit's scheduling guidelines or unit policy.

Ultimate responsibility for patient care lies with the assigned nurse when nursing students are providing nursing care. The student and Registered Nurse assignment should be noted on the assignment sheet.

The manager for each unit has the ultimate responsibility for implementing the staffing plan. Written staffing plans are included in each area's Scope of Service document. Staffing may be adjusted by the manager or his/her designee based on patient volume, acuity and other unpredictable patient care needs. Centralized staffing resources are available to supplement the normal steps taken to ensure adequate staffing on a day to day basis. The electronic staff scheduling software (Cerner/Clairvia) is used by all inpatient nursing units to report current census and staffing. The Staffing Resource Office (SRO) uses Clairvia to manage per diem staffing needs. Nursing units document their nursing needs in the form of opportunities posted within the system. The SRO prioritizes unit needs based on vacancy, number of opportunities, and unit reported workload. .

Nursing staff participate in the hospital admission system by notifying the Bed Center of discharges and pending discharges, available beds and room restrictions via the Bed Tracking System (TeleTracking). Nursing leadership staff collaborate with the Bed Center when issues related to bed availability occur (i.e., bed shortages) to ensure safe placements of patients commensurate with staff competencies and clinical resources.

Daily assignment sheets will include the following information:

- Full name of each patient, room number with the full name and title of the Registered Nurse assigned at all times (indicate coverage for meals and breaks and other times that the Registered Nurse is off the unit). This may be accomplished by affixing a EMR patient list to the assignment sheet. Completed assignment sheets are to be retained by the unit for 3 years (adult units) / 10 years (pediatric units).
- The full name and titles of any other personnel working on the unit that shift and their unit-specific duties should be included (i.e., Shift Manager, HUC, LPN/PCA, or companions).
- Transitional units (ED, OR, PACU, Delivery Room, PACU, PACU Boarding, SAS) are not required to keep daily assignment sheets, but documentation of the schedule of personnel working on the unit for each shift must be retained for 3 years (adult units) / 10 years (pediatric units). Full name and title of the Registered Nurse assigned to a patient will be documented in the patient record.

When nurses from the central pool or another unit are assigned to a unit, the Shift Manager of the assigned unit is the direct supervisor for those nurses. If another Registered Nurse assumes the responsibilities for directly supervising a reassigned nurse, this is documented on the assignment sheet.

DATE WRITTEN: 6/84

DATE REVIEWED: 6/87, 7/99

DATE REVISED: 2/90, 10/90, 3/93, 9/96, 1/97, 10/02, 08/05, 08/08, 7/10, 4/14