06/17/2024 Oishei Children's Hospital (OCH) CSC – Staffing Plan Changes
Vote for July Submission to HERDS-FINAL DOCUMENT

Unit	Staffing Ratios/Grids/Matrices	Vote	Comments
Pediatric Intensive Care Unit +	Guidelines used for the Pediatric Intensive Care Unit Staffing: • AACN. (2018). AACN Guiding Principles for Appropriate Staffing, America Nurses Association (ANA), Cincinnati Children's, NY State 405 ICU draft Charge Nurse 1 RN without an assignment 24/7 Registered Nurse 1:1 to 1:2 depending on acuity 1:3 if all three patients are designated as an intermediate and/or are designated as transfer level of care which requires a provider order 2:1 ECMO staffing ** inclusive of RN & "tech" Medical Assistant 1:9 Ancillary staff: Social Work (SW), Respiratory Therapist (RT), Pharmacist, and Patient Care Coordinator (PCC) Description of additional resources available to support unit level patient care: Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.	Mgmt ☒ Yes ☐ No Labor ☒ Yes ☐ No	Will return for discussion re additional Ancillary staff as listed at bottom of document
Neonatal Intensive Care Unit +	Guidelines used **for the Neonatal Intensive Care Unit Staffing**: • Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN, 2019), National Association of Neonatal Nurses (NANN), American Academy of Pediatrics (AAP) Charge Nurse 2 without an assignment 24/7 Registered Nurse 1:1 or 1:2 depending on acuity 1:2 Stable vents 1:3 if all three patients are designated as an intermediate care/feeders and growers Medical Assistant 1 census of 0 – 24 2 census of 25 – 49 3 census of 50 – 64 4 census greater than 64 Unit Secretary 1, 24/7 Ancillary staff: Clerical, Social Work (SW), Respiratory Therapist (RT), Pharmacist, and Patient Care Coordinator (PCC) Description of additional resources available to support unit level patient care: Float Pool RNs and MA's, RT, EVS, HA's, Pharmacists, Material Handlers, APP's, MDs, Lactation Consultants, SW, Discharge Planning, Educators	Mgmt ☒ Yes ☐ No Labor ☒ Yes ☐ No	Will return for discussion re additional Ancillary staff as listed at bottom of document
Labor and Delivery +	The information below is inclusive of J3 & J7 staffing plans	Mgmt	

For purposes of documentation, this unit will strive for 12-14 RNs on each shift, but will follow AWHONN guidelines for ratios. This unit has the flexibility to go below 12 and above 14 as needed for staffing per guidelines.

DELS: minimum 2 RN, additional competent RN(s) will be added based upon AWHONN guidelines

Additional staffing guidelines:
1:5 Post-op surgical GYN patients
1:5 post-partum patients
1:5 newborn babies

☒ Yes
☐ No

Labor
☒ Yes
☐ No

Labor and Delivery AWHONN Standards	
RN Charge	1 without an assignment 24/7 1 Charge RN with ability to start and assignment, support J7, Triage, OR, and assist with breaks & lunches
Obstetric Triage	
RN 1:1	The initial triage process (10 to 20) minutes requires 1:1 at presentation
RN 1:2	Once maternal-fetal status is determined to be stable
RN 1:3	• Stable extended triage • Non-stress testing
Antepartum	
RN 1:1	• Unstable antepartum • Continuous bedside attendance for woman receiving IV magnesium sulfate for the first hour of administration for preterm labor prophylaxis, and no more than 1 additional couplet or woman (1:2) for a nurse caring for a woman receiving IV magnesium sulfate in a maintenance dose. • A woman who is receiving IV magnesium sulfate should have 1 nurse in continuous beside attendance for the first hour of administration. The ratio of 1 nurse to 1 woman receiving magnesium sulfate should continue until the woman is no longer contracting to the degree that preterm birth is an imminent concern
RN 1:3	• RN 1:3 stable antepartum
Labor	
RN 1:1	• Complications of Labor including but not limited to: o Fetal demise o Abnormal FHR o Etc. • Initiation of regional anesthesia • Labor with: o Continuous IV Magnesium Sulfate

	<table><tr><td></td><td>o Oxytocin o Uncontrolled pain2 o Auscultation of fetus • Active pushing phase of labor • Birth • TOLAC</td></tr><tr><td>**RN 1:2**</td><td>• Labor without complications • Cervical ripening with pharmacologic agents</td></tr><tr><td colspan="2">**Delivery/Infant Post-Birth/Postpartum**</td></tr><tr><td>**RN 1:1**</td><td>• Infant for ~~at least two (2) hours~~ 30-60 minutes and until critical elements are met which include: o Report has been received from the baby nurse, questions answered, and transfer of care has taken place o Initial assessment and care are completed and documented o ID bracelets applied o Infant condition stable • Active recovery of vaginal birth or cesarean birth for ~~at least 2 hours~~ 30-60 minutes, or longer if complications arise • Then 1 nurse to 1 mother-baby couplet (2 patients) for the remainder of the 2-hour recovery process</td></tr><tr><td>**RN 1:3**</td><td>• Couplets* *Couplet is defined as one (1) mother and up to two (2) newborn infant(s) *Twins are considered 1.5 couplet (3 heads)</td></tr></table> Medical Assistant J3 2, 24/7; J7: 1, 7a-11p at a census of 6, 1, 24/7 at a census of 7 or more Census 5 or less, MA from J3 will complete periodical checks on J7 patients, as determined by task list The census above is inclusive of all service lines (i.e. peds, maternity) J7 MA staffing will pilot thru November 1, 2024 OB Technician 1:1 Unit Secretary 1, 11a-11:30p, 7 days a week <u>Ancillary staff:</u> Clerical, Social Work (SW), Respiratory Therapist (RT), Pharmacist, & Patient Care Coordinator (PCC) Description of additional resources available to support unit level patient care: Float Pool RNs and MA's, EVS, Infection Preventionist, Material Handlers, APP's, MDs, Lactation Consultants, Midwives, Doulas, Educators		
Mother Baby Unit +	Charge Nurse 1 without assignment 24/7 Registered Nurse 1:1 Newborn Undergoing Circumcision	Mgmt ☒ Yes ☐ No	Will return for discussion re additional Ancillary staff as listed at bottom of document

	1:3 Healthy Mother-Baby Couplets with no more than 2 women recovering from cesarean birth on the immediate postoperative day Twins are considered 1.5 couplet (3 heads) 1:5 Post-op surgical GYN patients 1:5 post-partum patients 1:5 newborn babies Medical Assistant 1:12 Couplets Unit Secretary 1, 7a-7p, 7 days a week Ancillary staff: Clerical, Social Work (SW), Respiratory Therapist (RT), Pharmacist, and Patient Care Coordinator (PCC) Description of additional resources available to support unit level patient care: Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, Educators and art therapists	Labor ☒ Yes ☐ No	
Operating Rooms +	Employer and Staff agreement on RN staffing No consensus - Employee members proposed adding PSA and Anesthesia techs/assistants as part of ancillary staff. These titles were not agreed upon as they do not help with direct patient care. Charge Nurse OCH 1 without assignment 24/7 Registered Nurse 1:1 (2:1 for patients who cannot tolerate general anesthesia) Surgical Tech 1:1 Ancillary staff: Respiratory Therapist (RT), and Pharmacist Description of additional resources available to support unit level patient care: Material handlers, clinical educators, environmental services aids	Mgmt ☒ Yes ☐ No Labor ☒ Yes ☐ No	Will return for discussion re additional Ancillary staff as listed at bottom of document
Emergency Department +	Guidelines used for Emergency Department Staffing: • Emergency Nurse's Association (ENA) Unit Secretary 1, 24/7 Medical Assistant 3, 24/7 4, if Kids Express is Open (11a- 11:00p) Charge Nurse 1 without assignment 24/7 Registered Nurse 7:00 am 6 RNs **(7 RNs when extra zone is utilized and all other zones are full)** (Totals include charge) 11:00 am 12 RNs	Mgmt ☒ Yes ☐ No Labor ☒ Yes ☐ No	Will return for discussion re additional Ancillary staff as listed at bottom of document

	3:00 pm 12 RNs 7:00 pm 12 RNs 11:00 pm 9 RNs 3:00 am 6 RNs **(7 RNs when extra zone is utilized and all other zones are full)** Ancillary staff: Clerical, Social Work (SW), Respiratory Therapist (RT), Pharmacist, and Patient Care Coordinator (PCC) Description of additional resources available to support unit level patient care: Float pool RNs, hospitality aids, material handlers, physicians, APP's, clinical educators, child life specialists, environmental services aids.		
Pediatric Hematology/Oncology Unit +	Guidelines used for Pediatric Hematology/Oncology Unit: • International Society of Pediatric Oncology • St. Jude Charge Nurse 1, 24/7 • 5 or less patients on the unit, charge has an assignment • 6 or more patients on the unit, the charge has one patient Registered Nurse 1:1 during BMT infusion 1:2 bone marrow transplant or dinutuximab (immunotherapy), Compath, ATG (biological modifiers) 1:3 (includes charge nurse with assignment) 1:4 Pediatric Medical Unit Secretary 1 Day Shift 9:00a to 5:00p M-F Ancillary staff: Clerical, Social Work (SW), Respiratory Therapist (RT), Pharmacist, and Patient Care Coordinator (PCC) Description of additional resources available to support unit level patient care: Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.	Mgmt ☒ Yes ☐ No Labor ☒ Yes ☐ No	Labor requesting MA Investigate further for future changes to department regarding MA work to meet the needs of the dept. Keep plan as listed in this document. Will return for discussion re additional Ancillary staff as listed at bottom of document
Electronic Monitoring Unit (EMU)/Long Term Monitoring Unit +	Guidelines used for Epilepsy Monitoring Unit: • AAP, Society of Peds Nursing Employer and Staff agreement on RN & US staffing No consensus - Employee members proposed adding EEG techs to the unit, this was not agreed upon as the EEG techs are separate from nursing responsibilities. Employee members proposed to	Mgmt ☐ Yes ☒ No Labor ☐ Yes ☒ No	Will return for discussion re additional Ancillary staff as listed at bottom of document

	add MA. Management in agreement to adding 1 MA at a census of 7 or more for overflow patients. Labor not in agreement with counter proposal. The frontline members of the CSC are in disagreement with the management submitted staffing plan as it does not include END Techs who have national standards that indicate their ratio should be 1:4. MA staffing was not agreed to. Registered Nurse 1:2 SEEG Patients when Leads are in place 1:4 EMU Patients 1:4 Medical Surgical Patients 1:5 Observation/Ambulatory Patients Unit Secretary 1, 9a-5p Monday through Friday Ancillary staff: Clerical, Social Work (SW), Respiratory Therapist (RT), Pharmacist, and Patient Care Coordinator (PCC) Description of additional resources available to support unit level patient care: EEG Techs, Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists		
J10 (Pediatric Medical – Surgical) +	Charge Nurse 1 RN, may take no more than one patient, no assignment when census is greater than 20 Registered Nurse 1:3 Acute Tracheostomy Vent, High Flow greater than 1.5 liters per kilo, eat, sleep, console, DKA on drip 1:4 General Pediatric Patients, Stable trach/vent 1:5 If all patients in OBS/AMB status in proximate geography inclusive of the following diagnosis: cellulitis, asthmatic on q4, social admit, broken limb (except femur), T&A Bleed, GT Placement, Suicide with sitter, new onset diabetic (not on a drip) Medical Assistant 2, 24/7 3, 11:00a - 11:00p if the census is 17 and above Unit Secretary 1, 7:00a to 7:30p M – F Ancillary staff: Clerical, Social Work (SW), Respiratory Therapist (RT), Pharmacist, and Patient Care Coordinator (PCC) Description of additional resources available to support unit level patient care: Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.	Mgmt ☒ Yes ☐ No Labor ☒ Yes ☐ No	Will return for discussion re additional Ancillary staff as listed at bottom of document

<table>
<tr>
<td>J 11 (Pediatric Medical – Surgical) +</td>
<td>
Charge Nurse — 1 RN, 2 patient assignment with census up to 20, if above 20 patients charge nurse has no assignment
Registered Nurse — 1:3 Acute Tracheostomy ~~Vent~~, High Flow greater than 1.5 liters per kilo, eat, sleep, console, DKA on drip
1:4 General Pediatric Patients Stable trach
1:5 If all patients in OBS/AMB status in proximate geography inclusive of the following diagnosis: cellulitis, asthmatic on q4, social admit, broken limb (except femur), T&A Bleed, GT Placement, Suicide with sitter, new onset diabetic (not on a drip)
Medical Assistant — 2, 24/7
3, 11:00a - 11:00p if the census is 17 and above
Unit Secretary — 1, 7:00a to 7:30p M – F

Ancillary staff:
Clerical, Social Work (SW), Respiratory Therapist (RT), Pharmacist, and Patient Care Coordinator (PCC)

Description of additional resources available to support unit level patient care:
Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists
</td>
<td>Mgmt
☒ Yes
☐ No

Labor
☒ Yes
☐ No</td>
<td>Will return for discussion re additional Ancillary staff as listed at bottom of document</td>
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<tr>
<td>Peri-anesthesia Care unit (PACU)+</td>
<td>
Charge Nurse — 2 without an assignment on J2, 1 on J3 (based on hours of operations)
Registered Nurse — 1:5 pre-operative care

<table>
<tr><th colspan="2">2021-2022 ASPAN Guidelines</th></tr>
<tr><td colspan="2">Two registered nurses, one of whom is a RN competent in Phase I post anesthesia nursing, are in the same room/unit where the patient is receiving Phase I care. The Phase I RN must have immediate access and direct line of sight when providing patient care. The second RN should be able to directly hear a call for assistance and be immediately available to assist. These staffing recommendations should be maintained during "on call" situations.</td></tr>
<tr><th colspan="2">Phase I</th></tr>
<tr><td>RN 2:1</td><td>Example may include, but is not limited to, the following:
One critically ill, unstable patient</td></tr>
<tr><td>RN 1:1</td><td>Examples may include, but are not limited to, the following:
At the time of admission, until the critical elements are met which include:
Report has been received from the anesthesia care provider, questions answered, and the transfer of care has taken place
Patient has a stable/secure airway**
Patient is hemodynamically stable
Patient is free from agitation, restlessness, combative behaviors
Initial assessment is complete
Report has been received from the anesthesia care provider</td></tr>
</table>
</td>
<td>Mgmt
☒ Yes
☐ No

Labor
☒ Yes
☐ No</td>
<td>Will return for discussion re additional Ancillary staff as listed at bottom of document</td>
</tr>
</table>

	○ The nurse has accepted the care of the patient • Airway and/or hemodynamic instability **Examples of an unstable airway include, but are not limited to, the following: ○ Requiring active interventions to maintain patency such as manual jaw lift or chin lift or an oral airway ○ Evidence of obstruction, active or probable, such as gasping, choking, crowing, wheezing, etc. ○ Symptoms of respiratory distress including dyspnea, tachypnea, panic, agitation, cyanosis, etc. ▪ Any unconscious patient 8 years of age and under ▪ A second nurse must be available to assist as necessary ▪ Patient with isolation precautions until there is sufficient time for donning and removing personal protective equipment (PPE) (e.g., gowns, gloves, masks, eye protection, specialized respiratory protection) and washing hands between patients. Location dependent upon facility guidelines
RN 1:2	Examples may include, but are not limited to, the following: • Two conscious patients, stable and free of complications, but not yet meeting discharge criteria • Two conscious patients, stable, 8 years of age and under, with family or competent support team members present, but not yet meeting discharge criteria • One unconscious patient, hemodynamically stable, with a stable airway, over the age of 8 years and one conscious patient, stable and free of complications
Phase II	
RN 1:1	Example includes, but is not limited to: • Unstable patient of any age requiring transfer to a higher level of care
RN 1:2	Examples include, but are not limited to: • 8 years of age and under without family or support healthcare team members present • Initial admission to Phase II
RN 1:3	Examples include, but are not limited to: • Over 8 years of age • 8 years of age and under with family present
2021-2022 ASPAN Guidelines	
The nursing roles, in this phase, focus on providing the ongoing care for those patients requiring extended observation/intervention after transfer/discharge from Phase I and/or Phase II care.	

	Extended Phase **RN 1:3-5** — Examples of patients that may be cared for in this phase include, but are not limited to: • Patients awaiting transportation home • Patients with no caregiver, home, or support system • Patients who have had procedures requiring extended observation/interventions (e.g., potential risk for bleeding, pain management, PONV management, removing drains/lines) • Patients being held for a non-critical care inpatient bed Medical Assistant 2, starting at 5:30a 3, in house by 8a 4, in house by 11a 2, in house at 1:30p 1, in house from 3:30p-7:30p Unit Secretary 1, 5:30 am to 1:30 pm M-F 1, 11:00 am to 5:00 pm Ancillary staff: Clerical, Respiratory Therapist (RT), and Pharmacist Description of additional resources available to support unit level patient care: APP's, clinical educators, child life specialists, environmental services aids		
Imaging+	Registered Nurse 1:1 Medical Assistant 1, M-F 7:00 am to 3:00 pm Ancillary staff: Clerical Description of additional resources available to support unit level patient care: Hospitality aids, material handlers, child life specialists, environmental services aids, physicians	Mgmt ☒ Yes ☐ No Labor ☒ Yes ☐ No	Will return for discussion re additional Ancillary staff as listed at bottom of document
Dialysis+	Registered Nurse M-W-F, 1:1 </=10kg, RN 1:2 10.1-20kg, RN 1:3 >/=20.1kg (pediatric dialysis standards of care) Medical Assistant M-W-F 11.5 hours, unless "0" census Unit Secretary M-F 7.5 hours Ancillary staff: Clerical, Social Work (SW), Pharmacist, and Patient Care Coordinator (PCC) Description of additional resources available to support unit level patient care: Hospitality aids, material handlers, environmental services aids	Mgmt ☒ Yes ☐ No Labor ☒ Yes ☐ No	Will return for discussion re additional Ancillary staff as listed at bottom of document

Infusion+	Registered Nurse 1:4 Medical Assistant1, M-F Ancillary staff: None Description of additional resources available to support unit level patient care: Hospitality aids, material handlers, child life specialists, environmental services aids	Mgmt ☒ Yes ☐ No Labor ☒ Yes ☐ No	Will return for discussion re additional Ancillary staff as listed at bottom of document
Clinical Decision Unit (CDU)/ Overflow	Employer and Staff agreement on RN staffing No consensus - Employee members proposed to add 1 MA 24/7. Management in agreement to adding 1 MA at a census of 7 or more. Labor not in agreement with counter proposal. Registered Nurse 1:3 Acute Tracheostomy ~~Vent~~, High Flow greater than 1.5 liters per kilo, eat, sleep, console, DKA on drip 1:4 General Pediatric Patients Stable trach and/or vent 1:5 If all patients in OBS/AMB status in proximate geography inclusive of the following diagnosis: cellulitis, asthmatic on q4, social admit, broken limb (except femur), T&A Bleed, GT Placement, Suicide with sitter, new onset diabetic (not on a drip)	Mgmt ☐ Yes ☒ No Labor ☐ Yes ☒ No	Will return for discussion re additional Ancillary staff as listed at bottom of document
Additional Ancillary Staff proposed by Labor	Social Work 10, Day/Evening M-F; 1, Day1, Evening Weekend Patient Care Coordinator 7, Day/Evening M-F; 1, Day/Evening Weekend Clinical Pharmacist 7, M-F Day Shift; 1, Weekend Respiratory Therapy 11, 24/7 *Neo Transport and Stabilization Unit without an assignment, assist within unit(s) when not on transport Employee member statement : The frontline members of the CSC are in disagreement with the management submitted staffing plan as it pertains to these job titles. The frontline staff proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified Respiratory Therapists, Social workers and Pharmacists must be included in the staffing plan. These job titles are not adequately reflected with the staffing plan and do not have associated grids, ratios or Matrices.		
Unit	**Lunch/Break Relief**	**Vote**	**Comments**

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Pediatric Intensive Care Unit +	**RN coverage:** Charge nurse from prior shift will pair nurses and label as "A", "B", "C" etc. to designate relief for breaks. This will be based on proximity and acuity of patients. The paired nurses will discuss the time frame they desire that meets their needs and the workflow of their assignment. The time frame goal is for both nurses to break between 12p-3p on dayshift. Nights will vary from 10p-2a. In the event that acuity changes and additional assistance is needed to complete breaks the charge nurse will assist. Nurses will pass off their ASCOM to the nurse relieving them. **MA coverage:** MA will give notice to the charge nurse when they taking their breaks and indicate a duration 15 min, 30 min etc.	☒ Yes ☐ No	Will review no break report on a continuous basis to review trends.
Neonatal Intensive Care Unit +	**RN coverage:** Buddy coverage: RN will ask an RN in proximity to the assignment to cover for lunch/break → If that RN is unavailable, charge team will be notified and asked to cover → If charge is unavailable within a 45-60 minute time period; the educator is asked to cover the assignment for the duration of the break → If the educator is unavailable leadership can be approached to cover the break **MA coverage:** Buddy coverage between MAs **US coverage:** MA will cover US.	☒ Yes ☐ No	Will review no break report on a continuous basis to review trends.
Labor and Delivery +	**RN coverage:** Buddy coverage; RNs will be pair up to relieve each other on the J3. Charge can assist if needed. 2nd charge will be doing breaks for: Triage, and J7. Del's break for each other, float pool may also be assigned. **OB Tech coverage:** Buddy coverage between OB Tech's **MA coverage:** Buddy coverage between MAs **US coverage**: MA will cover US.	☒ Yes ☐ No	Will review no break report on a continuous basis to review trends.
Mother Baby Unit +	**RN coverage:** Buddy coverage; RNs will pair up and relieve each other. Charge can assist if needed. **MA coverage:** Buddy coverage between MAs **US coverage**: MA will cover US	☒ Yes ☐ No	Will review no break report on a continuous basis to review trends.
Operating Rooms +	**RN coverage:** OR has dedicated relief personnel. Lunches and breaks are assigned to staff. Occasionally, the charge RN will cover break/ lunch, if needed. Staff may take lunch or break between patients if OR patient schedule allows. **ST coverage:** OR has dedicated relief personnel. Lunches and breaks are assigned to staff. Staff may take lunch or break between patients if OR patient schedule allows.	☒ Yes ☐ No	Will review no break report on a continuous basis to review trends.

Emergency Department +	**RN coverage:** Assigned meal times for each zone: 7am shift Zone 1-4 12pm Zone 5-8 12:30pm Zone 9-12 1pm Zone 13-17 1:30pm Zone 18- 21 2pm 7pm shift: Zone 1-4 12am Zone 5-8 12:30am Zone 9-12 1am Zone 13-17 1:30am Zone 18-21 2am Nurse without assignment stays in back to cover. A nurse without an assignment is a helper for the department. They are not responsible for overall care/tasks in zones. The nurse without an assignment will cover charge and OV area for lunches/breaks. You can also use secondary triage RN to cover charge RN. RN break coverage: Zone 1-4 RN covers Zone 5-8. Zone 5-8 RN covers Zone 18-21. Zone 18-21 RN covers Zone 1-4. Zone 9-12 RN covers Zone 13-17 Zone 13-17 RN covers Zone 9-12. **NA/MA/Unit Secretary coverage:** No lunches are to be taken past 5pm and 5am. Triage and Kids Express UAP will cover breaks/lunches for each other. RN covering triage will cover for UAP if necessary. The north, south UAP and Unit Secretary are to cover breaks for each other in the back	☒ Yes ☐ No	Will review no break report on a continuous basis to review trends.
Pediatric Hematology/Oncology Unit +	**RN coverage:** Buddy coverage. Charge can assist, if needed. **US coverage:** Self coverage at time that works for unit	☒ Yes ☐ No	Will review no break report on a continuous basis to review trends.
Electronic Monitoring Unit (EMU)?Long Term Monitoring Unit +	**RN coverage:** Buddy coverage. If only 2 RNs break is covered by manager or supervisor **US coverage:** Self coverage at time that works for unit.	☒ Yes ☐ No	Will review no break report on a continuous basis to review trends.
J10 (Pediatric Medical – Surgical) +	**RN coverage:** Buddy coverage; buddy assigned to each nurse and that person(s) covers the breaks. Charge nurse covers, if needed.	☒ Yes ☐ No	Will review no break report on a continuous basis to review trends.

	MA coverage: Buddy coverage, MA on unit cover each other. **US coverage:** MA will cover US.		
J 11 (Pediatric Medical – Surgical) +	**RN coverage:** Buddy coverage; buddy assigned to each nurse and that person(s) covers the breaks. Charge nurse covers, if needed. **MA coverage:** Buddy coverage, MA on unit cover each other **US coverage:** MA will cover US.	☒ Yes ☐ No	Will review no break report on a continuous basis to review trends.
Peri-anesthesia Care unit (PACU) +	**RN coverage:** Buddy coverage and/or RN goes between patients. Breaks are assigned. Charge nurse covers, if needed **MA coverage:** Buddy coverage between MAs, goes when time allows. **US coverage:** MA will cover US.	☒ Yes ☐ No	Will review no break report on a continuous basis to review trends.
Imaging+	**RN coverage:** Buddy coverage and/or RN goes between patients. **MA coverage:** Self coverage at time that works for unit.	☒ Yes ☐ No	Will review no break report on a continuous basis to review trends.
Dialysis+	**RN coverage:** Breaks occur between patient startups (one patient), around 12p-12:30p; Manager covers patients during RN lunch. **MA coverage:** MA will break between first and second shift Dialysis session (during hours of 12p-2p) **US coverage:** US will break between first and second shift Dialysis session (during hours 12p-2p)	☒ Yes ☐ No	Will review no break report on a continuous basis to review trends.
Infusion+	**RN coverage:** 11am start time: buddy coverage with another nurse (sometimes charge nurse i.e.: when only two nurses on) covers the patients while RN @ lunch; as workflow changes/allows on the second shift of patients RN's can step out for afternoon break **MA coverage:** MA will take lunch between 11a-1p; in between morning and afternoon Infusion patients.	☒ Yes ☐ No	Will review no break report on a continuous basis to review trends.