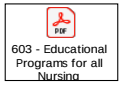
Institution Name:	Roswell Park Comprehensive Cancer Center Elm & Carlton Sts. Buffalo, NY 14203	Attachments
Hospital Contact Names	**Andrew Storer PhD, DNP, FNP-C, ACNP-BC, FAANP** Senior *Vice President & Chief Nursing Officer* andrew.storer@roswellpark.org **Roxanne Dudish, MS, BS, AAS** *Executive Director, Case Management* roxanne.dudish@roswellpark.org **Maegan Chmura, MSN, RN, CMSRN** *Executive Director, Patient Care Services (Inpatient)* maegan.chmura@roswellpark.org **Claudia Diamonte, BSN, RN** *Executive Director, Patient Care Services (Clinical Research & Hematologic Nursing)* claudia.diamonte@roswellpark.org	
Patient Population	Roswell Park Comprehensive Cancer Center is one of four comprehensive cancer centers in NYS. The primary service area is comprised of the eight counties of Western New York, with secondary service areas including the Finger Lakes Region, Central New York, and Northeast New York. The majority of the population in Erie County is white (79.3%)with nearly 20% being over age 65. A significant percentage live below the federal poverty level (13.3%) and over the last five years the number of patients with advanced stage cancers has increased 46%. Recent findings by the NYS DOH have shown regions in Erie County to have higher rates of six cancer types (oral, esophageal, lung, colorectal, prostate, and kidney) than the remainder of NYS.	
Measurable Nursing Outcomes and Quality Metrics	Measurable outcomes are tracked by the Quality and Patient Safety Department. Data is collected as per the attached document. Data is presented electronically through a report posted on the Nursing Quality Microsoft Teams. Safe staffing will promote attentive patient care and mitigates risks to providing quality patient care.	
Skill Mix	All competencies are required by clinical area for licensed personnel are outlined in Nursing SOP 603: Educational Programs for All Nursing Personnel. The attached document outlines the competencies required per each clinical area as defined by the Clinical Nurse Manager and the Nursing Professional Development Department.	
Scheduling	Shift hours vary per operational need. All staff are guaranteed a minimum of a 30 minute break and additional breaks are permitted if available. Vacations are planned and scheduled during February/March of each year by seniority. The schedule is posted per CBA in advance for staff to request days off.	
Safety	Staff safety includes following hospital policies and procedures for infection prevention, occupational and environmental safety to promote a safe work environment. Patient safety includes following policies and procedures for safe patient care (assessing for fall risk, wound prevention, etc.) and infection control measures. adequate staffing levels for quality care. ensure all paperwork and charting is adequately performed. Ensure compliance to orders per MD.	
Emergency Circumstances	Staffing requirements are waived in emergency circumstances in which patient becomes unstable, or patient harm or death is imminent.	
Equipment	Equipment is available to meet minimum patient care needs in all clinical areas.	
Complaints	Staffing Protest of Assignment will be collected and reviewed per PEF standards and by the Nurse Staffing Committee to address issues that arise. An email group was created for staff to submit complaints so that the NYS Nurse Staffing Committee can address them in a timely fashion.	

Ambulatory and Chemo Infusion		
Item Area	**Text**	**Additional Links**
Average Daily Census/Length of Stay	Fiscal Year 2024 saw a total daily average volume of 837 patients per day throughout all service lines/clinics with an anticipated increase of 12% based on the FY 2025 budget. **Average daily census in the ambulatory centers can vary widely based on the day of the week/service/center. Some centers will see as few as 18 patients a day, and some as many as 100 (based on averages) with the infusion center administering an average of 104 therapetics a day. Patients average length of stay in an ambulatory center can also range from a routine follow up visit that is 30-45 minutes in length to multiple hours if they are in need of treatments or other nursing interventions while they are in clinic.	
Admission/ Transfer/ Discharge	Unplanned admissions from the clinics can occur, in which cases the patient may need to stay in the clinic location until an inpatient bed can be obtained. In that situation nurses may be asked to stay with the patient for overtime, or schedule adjustments later in the week to reduce OT.	
Acuity	The attached acuity tool is utilized to help indicate the number of nurses required per day in the clinic and assists with ensuring that the assigned nurse has time to provide safe care to the patient.	
Staff Requirements	"Minimum staffing would require one licensed provider (RN minimum) and an additional person to monitor one patient, additional staffing based on acuity metrics. In office procedures MOHS- requires 3 nurses per MD IVCS- one RN Biopsies, cystoscopies and other procedures- one PCT, LPN or RN (staffing is procudure based and will determine the number of adequately trained personnel needed.) One to one observation in the ambulatory setting would be temporary until the patient is eiter assessed and determined to be safe, or admitted to the inpatient unit. Infusion services will require a minimum of 2 RN's if one patient is receiving treatment."	Staff requirements are variable per clinical location, patient acuity, and procedure as defined by Roswell Park policy and procedures.

Clinical Research+A1:C6		
Item Area	**Text**	**Additional Links**
Average Daily Census/Length of Stay	Patients receiving treatment on clinical research studies in the outpatient setting. Not only do research nurses need to maintain the integrity of the research study by ensuring timely collections, accurate documentation, and strict observations/assessments, they need to be able to simultaneously manage the medical/clinical needs that comes with direct patient care.	
Admission/ Transfer/ Discharge	Ambulatory clinic.	
Acuity	Acuity is measured by tasks that need to be completed per clinical research study. Nursing care needs are not only for medical/clinical need but also for research requirements which contribute to nursing workload. The acuity tool only covers the research requirement component, however. Census, appointment timing, patient specific medical requirements are also taken into consideration. "Accurately measuring research participants' clinical and research intensity is an important feature in ensuring patient safety and that high quality clinical and research care are provided....integrity of the science demands attention to detail and that research activities be completed as written in the protocol...accurately capturing research intensity with reliable and valid tool will potentially allow for more efficient staffing decisions and balanced workforce allocation" (WNY Journal of Nursing Research)	 CRSAcuityTool.pdf
Staff Requirements	When census or acuity scores, are above the CRN staffing standards: patient rescheduling is attempted first to level load off of higher census/acuity days to lower census/acuity days, CRN is brought in for OT, or charge nurse is to take a light assignment to assist the team.	
Environment	Recliners can be used but beds are also needed in order to administer some treatments that may require patient to lay flat. Beds are also used when treatments are the entire day, or for sick patients, for comfort. Bathroom and call bell in close proximity to limit fall risk.	
Staffing Matrices	Articles referenced to justify TASK acuity tool use for Clinical Research Nurse settings:Duquesne University "A Measure to Determine Acceptable Workload for Increasing Operational Efficiencies for the Conduct of Clinical research study's"	

Endoscopy		
Item Area	**Text**	**Additional Links**
Average Daily Census/Length of Stay	The endoscopy unit offers general and advanced services from specialty areas including upper endoscopy (EGD), lower endoscopy (colonoscopy), advanced endoscopic procedures (ERCP, EUS) and thoracic and pulmonary endoscopic procedures. Average case length varies. Endoscopy is staffed according to length of block time. Hours of operation are from 0700-1800.	
Admission/ Transfer/ Discharge	Depending on the patients' clinical condition and proceduralist judgement, edoscopy will use procedural space as it becomes available. An on-call team is available for urgent cases outside of department operational hours.	
Acuity	See attached acuity score.	 Endo Acuity Tool.pdf
Staff Requirements	Minimum staffing coverage is one circulating registered nurse and one surgical technologist for the duration of the procedure. If an emergency should arise, all avaiable additional staff will be utilized.	
Environment, Available Technology & Equipment	Necessary equipment required for every endoscopy case includes: patient gurney/OR table and armboards, ERBE, suction, anesthesia machine. Endoscopy rooms are based on scheduled surgery and equipment requested.	
Staffing Matrices	Two staff members-at least one circulating registered nurse.	
Specific Safety Measures	Equipment in need of repair is removed from ciculation and given to biomedical engineer. Patient transfer divices are used during every patient transfer. Appropriate training and in-servicing for new equipment and products. Cord covers/strips are used for exposed cords. Overhead booms are utilized for cords. Liquids are always on the sterile field for fire risk mitigation. When handing off sharps, the tip(s) will be protected, a no touch technique will be used, and handed off in a safe manner. Proper PPE is utilized to create a safe and sterile environment. Fire risk is asessed and verbalized udring time out and proper surgical skin prep dry time is adherd to if applicable. Surgical safety checklist is verbalized and discussed with each case. Surgical counts are completed before and at the conclusion of cases for retained forign item prevntion, and relief counts are completed as needed. For patients having a CT scan or MRI the Registered Nurse inserts the peripheral IV line and ensures the patient is ready for the procedure (renal clearance, education, and allergy verification).	

Intensive Care Unit		
Item Area	**Text**	**Additional Links**
Average Daily Census/Length of Stay	As of March 2024 Fiscal Year-to-Date Data includes: average daily census of 8 patients and average length of stay of 4.06 days.	
Admission/ Transfer/ Discharge	As of March 2024 Fiscal Year-to-Date Data includes: an average admission and transfers per days of 2.01, and an average discharge per day of 0.42	
Acuity	An acuity tool was created to assess patient status in a uniform fashion. The Acuity Scale is to be completed once per shift by the bedside nurse caring for the patient. These scores will then be used to advocate for safe patient assignments to be made.	
Evnironment	There are 14 ICU beds available.	
Staff Requirements	The minimum staffing requirements dependent upon the daily census. The staffing requirements include one clinical nurse manager, one charge nurse, RNs, PCTs, and CSAs.	
Staffing Matrices	Per NYS DOH, staffing levels must ensure 12 hours of patient care per patient day is maintained. Therefore there is a maximum ratio of 2 patients: 1 nurse however assigned is based on acuity and is frequently 1-1.	

Inpatient Medical/Surgical		
Item Area	**Text**	**Additional Links**
Average Daily Census/Length of Stay	As of March 2024 Fiscal Year-to-Date Data includes: average daily census of 113 patients and average length of stay of 7.98 days.	
Admission/ Transfer/ Discharge	As of March 2024 Fiscal Year-to-Date Data includes: an average admission and transfers per days of 22.72, and an average discharge per day of 14.85.	
Acuity	Acuity is to be measured utilizing the acuity scale housed within the EMR system. According to SOP 305: Nursing Documentation, the acuity scoring tool is to be filled out electronically once per shift by the bedside RN. An acuity score will be generated which can be used by charge RNs to create fair nursing assignments for the oncoming shift. The goal will be for each RN's assignment to be close in total acuity, which will ensure the RN has adequate time to provide safe and quality care to the entire patient load. Acuity will be reassesed throughout shift to ensure	 305 - Nursing Documentation.pdf
Staff Requirements	The staffing requirements on the different inpatient units varies based on available beds and admitting services. All units require one Clinical Nurse Manager, one charge nurse, RNs, Patient Care Techs, and CSAs.	
Environment	There is a total of 152 inpatient beds (not including ICU beds)	
Staffing Matrices	Staffing matrices will be defined by patient care hours per patient day as outlined: Medical surgical floors should be staffed to provide a minimum 6 hours of patient care hours per day, variable dependent on patient acuity. The intermediate care unit(IMCU) must be staffed to ensure 8 patient care hours per patient day.	

Operating Room		
Item Area	**Text**	**Additional Links**
Average Daily Census/Length of Stay	The operating rooms (surgical suite) consist of nine operating rooms and a cystoscopy suite. Average case length varies. The OR is staffed according to length of designated service block time. Hours of operation are from 0600-2300. Nine OR rooms are staffed from 0700-1700. From 1700-2300, the OR is staffed per operational need with no more than three rooms staffed until 2000 and two rooms until 2300.	
Admission/ Transfer/ Discharge	Depending on the patients' clinical condition and surgeon judgement, the OR will use surgical space as it becomes available. An on-call team is available for urgent cases outside of department operational hours.	
Acuity	See attached acuity score.	 OR Acuity Scale.pdf
Staff Requirements	Minimum staffing coverage is one OR circulating registered nurse and one surgical technologist for the duration of the procedure, with the exception of free flap cases - these cases require a minimum of two surgical technologists. Laser cases will require an additional laser operator. If an emergency should arise, all available additional staff will be utilized. Registered nurses may scrub into surgery and perform surgical technologist duties based on competence and surgical technologist staffing shortages (due to call in's, emergencies, etc.).	
Environment	There are 9 operating rooms available.	
Staffing Matrices	Two staff members required per OR-at least one of which is a circulating registered nurse.	
Specific Safety Measures	Safety zone is established during the time out and utilized during the case. Equipment in need of repair is removed from circulation and given to biomedical engineer. Patient transfer devices are used during every patient transfer. Appropriate training and in-servicing for new equipment and products. Smoke evacuation policies in place. Cord covers/strips are used for exposed cords. Overhead booms are utilized for cords. Liquids are always on the sterile field for fire risk mitigation. When handing off sharps, the tip(s) will be protected, a no touch technique will be used, and handed off in a safe manner. Proper PPE is utilized to create a safe and sterile environment. Fire risk is assessed and verbalized during time out and proper surgical skin prep dry time is adhered to. Surgical safety checklist is verbalized and discussed with each case. Surgical counts are completed before and at the conclusion of cases for retained foreign item prevention, and relief counts are completed as needed.	

Perioperative Care Unit (PCU)		
Item Area	**Text**	**Additional Links**
Average Daily Census/Length of Stay	The Perioperative Care Unit (PCU) supports pre and post-op care for all OR and Endoscopy procedures. PCU hours of operation are from 0530 - 2300. Average daily census 38 cases.	
Admission/ Transfer/ Discharge	Depending on the patients' clinical condition and attending physician judgement, PCU space will be utilized as it becomes available. Nursing staff have a flexible ratio depending on patient condition in which staff may flex nurse to patient ratios to meet admissions, discharges, and transfers.	
Acuity	Per ASPAN stadards, see attached acuity based staffing scale.	 PCU Acuity Tool.pdf
Staff Requirements	Any available quailified staff member including leadership can preform patient care to adjust to workloads. Nursing staff have a flexible ratio depending on patient condition in which staff may flex nurse to patient ratios to meet requirements.	
Environment		
Staffing Matrices	For the pre-op areas 1:3-5 nurse to patient ratio. In the recovery area varies from 1:1-3 based on patient condition. 3.5 liasions and 5 CA's are needed to support nursing care.	
Specific Measurable Outcomes	Having appropriate staffing levels prevents, staff doesn't feel burned out, prevents mistakes, staff will have more time to be at the bedside with the patient, answering patient questions, making patients feel valued/heard, and reviewing orders for appropriateness. such as VTE, SSI, CLABSI, specimen labeling errors, and wrong site surgery.	

Radiology		
Item Area	**Text**	**Additional Links**
Average Daily Census/Length of Stay	The Department of Diagnostic Imaging (Radiology and Nuclear Medicine), is a subspecialty-oriented imaging group composed of radiology physician subspecialists, advanced practice providers, radiologic technologists, registered nurses, and ancillary healthcare staff. The area includes 2 West which is a pre and post-procedural area for patients having interventional radiologic procedures. Nurses provide patient care in other areas including MRI, CT Scan, interventional radiology, and other areas as needed based on patient acuity. Diagnostic radiology is open Monday-Friday (Put hours) and cares for variable number of patients.	
Admission/ Transfer/ Discharge	Unplanned studies and procedures frequently occur but schedules are limited to exam time and block procedure time. In that situation nurses may be asked to stay with the patient for overtime, or schedule adjustments later in the week to reduce OT.	
Acuity	Patient acuity is variable.	
Staff Requirements	A minimum of 1 nurse, 1 radiology techologist (RT), and 1 proceduralist (provider) are required for each interventional radiology case. The IR RN unsures the patient is cleared for the procedure, appropriate documentation is complete prior to start, and manages the patient throughout the case. The proceduralist performs the procedure and is assited by the RT. 2 West serves as a pre and post procedural area. Ambulatory and occasionally inpatients arrive to 2 West pre-procedure and ambulatory patients recover in 2West post-procedure. The ratio of nurses to patients should follow the Society for Radiology Nursing Guidelines with 1 nurse to 3 patients. Nursing care is provided to patients undergoing CT Scans and MRI. The RN inserts the peripheral intravenous line and ensures that consent is obtained, and all applicable labs are within acceptable limits prior to patient scanning. In addition two floating nurses are required. One dedicated to the IR suite and the other is a charge nurse who floats to all areas to ensure patient safety and patient flow are cared for.	
Environment		
Staffing Matrices		

ROSWELL PARK COMPREHENSIVE CANCER CENTER	**Roswell Park Comprehensive Cancer Center** Policy and Procedure	**Date Issued:** 7/2/2024	**Number:** 620
Nursing Staffing Plan		**Revision:** 1	**Effective Date:** 12/20/2023
Andrew Storer PHD, RN, FNPC, ACNP-BC, FAANP Senior Vice President & Chief Nursing Officer			

A. GENERAL STATEMENT OF POLICY

Safe nurse staffing is an essential component to safe, quality patient care. All nursing assignments should allow the nurse to provide quality care to every patient. To ensure that patient needs are met, staffing models are utilized to create nurse assignments. This policy outlines the nursing staffing plan for Roswell Park Comprehensive Cancer Center. The Staffing Plan reflects specific service needs to meet patient care and organizational needs that was developed and approved by the Roswell Park New York State Staffing committee. Requirements, yet no research has demonstrated improvements in outcomes based on staffing. Given the paucity of evidence, minimum staffing standards to count as "safe staffing" are outlined in this policy. During the calendar year 2023 the unit-based acuity tools will be used to collect data on staffing and relate it to staff and patient outcomes (falls, pressure injury, patient satisfaction, retention, etc.).

This policy has been approved by the NYS Staffing Committee which is in compliance in terms of makeup, process, and voting procedures outlined in New York State S.1168A.

An addendum of members of the staffing committee along with status as a frontline team member. Members who are represented by a labor organization Public Employees Federation (PEF) and Civil Service Employees Association (CSEA) are recognized.

B. SCOPE

This Policy applies throughout Roswell Park.

C. ADMINISTRATION

This policy will be administered by Senior Nursing leadership in collaboration with the Roswell Park New York State Staffing committee.

D. POLICY / PROCEDURE

a. Definition:

i. Nursing Staff: Nursing staff is composed of both licensed and unlicensed personnel including Registered Nurses (RN), Licensed Practical Nurses (LPN), Surgical Technologists (ST), Patient Care Technicians (PCTs), and other ancillary personnel.

ii. Safe Staffing: The number of nursing staff (both licensed and unlicensed) that is required for each patient care area to provide measurable, efficient, and safe patient care.

iii. Roswell Park New York State Staffing Committee: The staffing committee initiated and in compliance with New York State S.1168A.

b. General Outlines

i. The Nursing Staffing Plan has been developed to identify staffing needs based on the following criteria:

1. Patient Population
2. Average daily census
3. Length of Stay
4. Specialty needs of patient population served

5. Patient Acuity
6. Skill mix
7. Type of patient care model in place
8. Competencies required
9. Measurable outcomes of nursing care
10. Nationally recognized evidence-based standards of nursing practice.
11. Existing legislation where applicable.

c. Patient Population

i. Roswell Park Comprehensive Cancer Center is one of four comprehensive cancer centers in NYS. The primary service area is comprised of the eight counties of Western New York, with secondary service areas including the Finger Lakes Region, Central New York, and Northeast New York. A significant percentage live below the federal poverty level (13.3%) and over the last five years the number of patients with advanced stage cancers has increased 46%. Recent findings by the NYS DOH have shown regions in Erie County to have higher rates of six cancer types (oral, esophageal, lung, colorectal, prostate, and kidney) than the remainder of NYS.

d. Measurable Nursing Outcomes and Quality Metrics

i. Measurable outcomes are tracked by the Quality and Patient Safety Department. Data is collected as per Appendix A. Data is presented electronically through a report posted on the Nursing Quality Microsoft Teams. Safe staffing will promote attentive patient care and mitigates risks to providing quality patient care. Starting January 1, 2023, the Roswell Park New York Staffing committee will trend quality metrics to ensure that the existing staffing mix allows for optimal patient outcomes.

e. Skill Mix

i. Roswell Park uses a modified primary model of nursing. With such a model of modified primary nursing, patient care is the responsibility of a registered nurse. LPN and other ancillary personnel may participate in the care of the patient but most care is provided directly by registered nurses. For example, on inpatient units a traditional model of care would pair a RN and PCT and each patient would then receive less nursing care hours per day. Using the Roswell Park modified model each unit is staffed with RN and one PCT who assists all nurses. This allows for RN to be at the bedside caring for and evaluating patients.

f. Scheduling

i. Shifts, scheduling, and breaks are scheduled in accordance with collective bargaining agreement and NYS law.

g. Safety

i. Infection prevention and control and occupational and environmental safety collaborate with clinical leadership in development and execution of Roswell Park policies and procedures which are designed to ensure patient and staff safety.

h. Emergency Circumstances

i. Staffing requirements are waived in emergency circumstances in which a patient becomes unstable, patient harm or death is imminent, or other circumstances which may emergency adjust staffing. When waived, New York State S.1168A remains in effect and reporting to both NYS and the respective collective bargaining agreement should occur. These instances will be tracked by the Staffing Committee to help mitigate occurrences.

i. Equipment

i. A key component of providing safe and quality care is that equipment is available to meet minimum patient care needs. The necessary equipment required to perform patient care is supplied to every unit. Staff should escalate any potential equipment concerns to management but may also escalate to the Roswell Park New York State Staffing committee if needed.

j. Complaints

i. Staffing Protest of Assignment (POA) will be collected and reviewed per collective bargaining agreement standards to address issues that arise. Nursing administration will track these occurrences and share with the Roswell Park New York State Staffing committee every meeting. In addition, staff may submit the POA

to SafeStaffing@roswellpark.org so that committee members have real time access to actual staffing occurrences.

k. Staffing Outlines per Clinical Area

Ambulatory and Chemotherapy Infusion

Item	Staffing
Average Daily Census/Length of Stay	Fiscal Year 2021 saw a total daily average volume of 894 patients per day throughout all service lines/clinics with an anticipated increase of 12% based on the FY 2022 budget. Average daily census in the ambulatory centers can vary widely based on the day of the week/service/center. The centers on average see 100 patient per day, with various centers averaging 10 to 140 patient per day. Patients' average length of stay in an ambulatory center can also range from a routine follow up visit that is 30-45 minutes in length to multiple hours if they need treatments or other nursing interventions while they are in clinic.
Admission/ Transfer/ Discharge	Unplanned admissions from the clinics can occur, in which cases the patient may need to stay in the clinic location until an inpatient bed can be obtained. In that situation nurses may be asked to stay with the patient for overtime (OT), or schedule adjustments later in the week to reduce OT.
Acuity	The attached acuity tool is utilized to help indicate the number of nurses required per day in the clinics and assist with ensuring that the assigned nurse has time to provide safe care to the patient. (See **Appendix C**)
Staff Requirements	Minimum staffing requirements change daily based on patient volume. The required staff necessary is subject to change based on evidence-based practices for varying procedures and infusions.

Clinical Research Services

Item	Staffing
Average Daily Census/Length of Stay	Patients receiving treatment on clinical research studies in the outpatient setting. Not only do research nurses need to maintain the integrity of the research study by ensuring timely collections, accurate documentation, and strict observations/assessments, they need to be able to simultaneously manage the medical/clinical needs that comes with direct patient care. Average daily census is 19 patients with varied lengths of stay.
Admission/ Transfer/ Discharge	Ambulatory clinic. Patient requiring overnight care to ensure safety will be transferred to an inpatient unit.
Acuity	Acuity is measured by tasks that need to be completed per clinical research study. Nursing care needs are not only for medical/clinical need but also for research requirements which contribute to nursing workload. The acuity tool only covers the research requirement component, however. Census, appointment timing, patient specific medical requirements are also taken into consideration. (See **Appendix C**) "Accurately measuring research participants' clinical and research intensity is an important feature in ensuring patient safety and that high quality clinical and research care are provided....integrity of the science demands attention to detail and that research activities be completed as written in the protocol...accurately capturing research intensity with reliable and valid tool will potentially allow for more efficient staffing decisions and balanced workforce allocation" (WNY Journal of Nursing Research)
Staff Requirements	When census or acuity scores, are above the CRN staffing standards: patient rescheduling is attempted first to level load off higher census/acuity days, to lower census/acuity days. CRNs are brought in for OT upon request, or charge nurse is to take a light assignment to assist the team.
Specific Environment	Recliners can be used, but beds are also needed, to administer some treatments that may require patient to lay flat. Beds are also used when treatments are the entire day, or for sick patients, for comfort. Bathroom and call bell within patient reach to limit fall risk.

Endoscopy

Item	Staffing
Average Daily Census/Length of Stay	The endoscopy unit offers general and advanced services from specialty areas including upper endoscopy (EGD), lower endoscopy (colonoscopy), advanced endoscopic procedures (ERCP, EUS) and thoracic and pulmonary endoscopic procedures. Average case length varies. Endoscopy is staffed according to length of block time. Hours of operation are from 0700-1800.
Admission/ Transfer/ Discharge	Depending on the patients' clinical condition and proceduralist judgement, endoscopy will use procedural space as it becomes available. An on-call team is available for urgent cases outside of department operational hours.
Acuity	(See **Appendix C**)
Staff Requirements	Two staff members, at least one of which is a circulating registered nurse, must be present for the duration of any procedure. Additional staff required includes Clinical Nurse Manager, administrative assistants, RNs, STs, and endoscopic reprocessing technicians.
Specific Safety Measures	Equipment in need of repair is removed from circulation and given to biomedical engineer. Patient transfer devices are used during every patient transfer. Appropriate training and in-servicing for new equipment and products occurs regularly. Cord covers/strips are used for exposed cords. Overhead booms are utilized for cords. Liquids are always on the sterile field for fire risk mitigation. When handing off sharps, the tip(s) will be protected, a no touch technique will be used, and handed off in a safe manner. Proper PPE is utilized to create a safe and sterile environment. Fire risk is assessed and verbalized during time out and proper surgical skin prep dry time is adhered to, if applicable. Surgical safety checklist is verbalized and discussed for each case. Surgical counts are completed pre- and post- procedure for retained foreign item prevention, and relief counts are completed as needed.

Inpatient: Medical Surgical

Item Area	Staffing
Average Daily Census/Length of Stay	As of January 2022, Fiscal Year-to-Date Data includes average daily census of 126 patients and average length of stay of 8.06 days.
Admission/ Transfer/ Discharge	As of January 2022, Fiscal Year-to-Date Data includes: an average combined admission and transfers per days of 14.10, and an average discharge per day of 14.12.
Acuity	According to SOP 305: Nursing Documentation, acuity is to be measured utilizing the scale within the EHR once per shift, or as needed, by the bedside nurse. An acuity score will be generated which can be used by charge nurses to create fair nursing assignments for the oncoming shift. The goal will be for each nurse's assignment to be close in total acuity, to ensure the RN has adequate time to provide safe and quality care to the entire patient load. Acuity can be reassessed throughout the shift to ensure patient assignments remain safe. (See **Appendix C**)
Staff Requirements	The staffing requirements on the different inpatient units varies based on available beds and admitting services. All units require one Clinical Nurse Manager, one charge nurse, RNs, PCTs, and CSAs. The Clinical Nurse Manager in combination with the Nursing Supervisor, are responsible to ensure units are functioning in accordance with the outlined staffing matrices. This may require OT requests, RN floating, or down staffing certain units.
Environment	There is a total of 136 inpatient medical surgical beds.
Staffing Matrices	Staffing matrices will be defined by patient care hours per patient day as outlined: Medical surgical floors should be staffed to provide a minimum 6 hours of patient care hours per day, variable dependent on patient acuity. The intermediate care unit (IMCU) must be staffed to ensure a minimum of 8 patient care hours per patient day.

Inpatient: Critical Care

Item Area	Staffing
Average Daily Census/Length of Stay	As of January 2022, Fiscal Year-to-Date Data includes average daily census of 9 patients and average length of stay of 4.23 days.
Admission/ Transfer/ Discharge	As of January 2022, Fiscal Year-to-Date Data includes: an average admission and transfers per days of 2.08, and an average discharge per day of 0.50
Acuity	According to SOP 305: Nursing Documentation, acuity is to be measured utilizing the scale within the EHR once per shift, or as needed, by the bedside nurse. An acuity score will be generated which can be used by charge nurses to create fair nursing assignments for the oncoming shift. The goal will be for each nurse's assignment to be close in total acuity, to ensure the RN has adequate time to provide safe and quality care to the entire patient load. Acuity can be reassessed throughout shift to ensure patient assignments remain safe. (See **Appendix C**).
Environment	There are 16 critical care beds available.
Staff Requirements	The minimum staffing requirement is dependent upon the daily census. The staffing requirements include one clinical nurse manager, one charge nurse, RNs, PCTs, and CSAs. The Clinical Nurse Manager in combination with the Nursing Supervisor, are responsible to ensure units are functioning in accordance to the outlined staffing matrices. This may require OT requests, RN floating, or down staffing certain units.
Staffing Matrices	Per NYS DOH, staffing levels must ensure 12 hours of patient care per patient day is maintained. Therefore, there is a maximum ratio of 2 patients per one nurse. This is variable upon patient acuity and the final decision rests with the charge nurse during the shift.

Operating Rooms

Item	Staffing
Average Daily Census/Length of Stay	The operating rooms (surgical suite) consist of nine operating rooms and a cystoscopy suite. Average case length varies. The OR is staffed according to length of designated service block time. Hours of operation are from 0600-2300. Nine OR rooms are staffed from 0700-1700. From 1700-2300, the OR is staffed per operational need with no more than three rooms staffed until 2000 and two rooms until 2300.
Admission/ Transfer/ Discharge	Depending on the patients' clinical condition and surgeon judgement, the OR will use surgical space as it becomes available. An on-call team is available for urgent cases outside of department operational hours.
Acuity	See **Appendix C**
Staff Requirements	Two staff members, at least one of which is a circulating registered nurse, must be present for the duration of any surgery; except for free flap cases – which requires a minimum of one circulating RN and two surgical technologists. Laser cases require a laser operator. Additional staff required includes: Clinical Nurse Manager, Administrative assistants, clinical associates, anesthesia technicians, RNs, OR Team Leads, and STs.
Environment	There are 9 operating rooms available.
Specific Safety Measures	Safety zone is established during the time out and utilized during the case. Equipment in need of repair is removed from circulation and given to biomedical engineer. Patient transfer devices are used during every patient transfer. Appropriate training and in-servicing for new equipment and products. Smoke evacuation policies in place. Cord covers/strips are used for exposed cords. Overhead booms are utilized for cords. Liquids are always on the sterile field for fire risk mitigation. When handing off sharps, the tip(s) will be protected, a no touch technique will be used, and handed off in a safe manner. Proper PPE is utilized to create a safe and sterile environment. Fire risk is assessed and verbalized during time out and proper surgical skin prep dry time is adhered to. Surgical safety checklist is verbalized and discussed with each case. Surgical counts are completed before and at the conclusion of cases for retained foreign item prevention, and relief counts are completed as needed.

Perioperative Care Unit

Item Area	Staffing
Average Daily Census/Length of Stay	The Perioperative Care Unit (PCU) supports pre- and post-op care for all OR and Endoscopy procedures. PCU hours of operation are from 0530 - 2300. Average daily census is 38 cases.
Admission/ Transfer/ Discharge	Depending on the patients' clinical condition and attending physician judgement, PCU space will be utilized as it becomes available. Nursing staff have a flexible ratio depending on patient condition, in which staff may flex nurse to patient ratios to meet admissions, discharges, and transfers.
Acuity	Per ASPAN standards an acuity-based staffing scale is utilized. (See **Appendix C**)
Staff Requirements	The minimum staffing requirements are dependent upon the daily census. The staffing requirements include one clinical nurse manager, 2 charge RNs, RNs, and CA's. Any available qualified staff member including leadership can perform patient care to adjust to workloads. Nursing staff have a flexible ratio depending on patient condition in which staff may flex nurse to patient ratios to meet requirements.
Environment	The pre-op area has 24 available patient bays, and the recovery area has 11 available patient bays. All patient bays need the following: vital sign machine, stretcher, oxygen, suction, and a bedside table. In addition, the recovery room bays each needs a centralized monitoring system and sequential compression device machines. Two mechanical ventilators are required to be stored and maintained in the recovery area.
Staffing Matrices	For the pre-op areas 1:3-5 nurse to patient ratio. In the recovery area varies from 1:1-3 based on patient condition. 3.5 liaisons and 5 CAs are needed to support nursing care.
Specific Measurable Outcomes	Having appropriate staffing levels prevents, staff doesn't feel burned out, prevents mistakes. Staff will have more time to be at the bedside with the patient, answering patient questions, making patients feel valued/heard, and reviewing orders for appropriateness. Nursing Sensitive Indictors are tracked, including VTE, SSI, CLABSI, specimen labeling errors, and wrong site surgery.

Radiology

Item Area	Staffing
Average Daily Census/Length of Stay	The Department of Diagnostic Imaging and Interventional Radiology is a subspecialty-oriented imaging group composed of radiology physician subspecialists, advanced practice providers, radiologic technologists, registered nurses, and ancillary healthcare staff. This department performs advanced diagnostics utilizing various scanning methods and therapeutic interventions aimed to cure or control the spread of cancer to ultimately preserve or enhance quality of life. • The area includes 2 West which is a pre- and post-procedural area for patients having interventional radiologic procedures. • Nurses provide patient care in MRI, CT scan, Ultrasound, Interventional Radiology, and other areas, as needed based on patient needs and acuity, such as Nuclear Medicine and Diagnostic Radiology. • The hours of operation are Monday-Friday 0630-2200 and Saturdays 0700-1500 with after hour coverage by on-call staff on weekends and holidays. • Length of stay is variable and tailored to the patient and type of procedure. Typically, routine CT patients will be in the department for approximately 30 minutes. Biopsy patients are in the procedure for about 30-45 minutes and have recovery times up to 3 hours. MRI scans are usually 15-60 minutes, but certain scans can take over an hour or require anesthesia services. • Nursing provides support during all anesthesia cases and recovery is performed on 2W.
Admission/ Transfer/ Discharge	Unplanned studies and procedures frequently occur but schedules are limited to exam time and block procedure time. In that situation nurses may be asked to stay with the patient for overtime, or schedule adjustments later in the week to reduce OT.
Acuity	• Patient acuity is variable and difficult to predict. • Radiology tends to be an area that acuity can change rapidly. • Procedures that require contrast carry an inherent risk for contrast reactions • Unstable inpatients may be brought to radiology seeking interventions to stabilize their condition (i.e., identification of bleed and embolization) or identify causes for deterioration (Angiograms or CTs for PE). • Due to the complexity of our patient population, it is required for all nurses in Radiology possess and maintain certification in ACLS. BLS and PALS
Staff Requirements	• A minimum of 1 nurse, 1 radiology technologist (RT), and 1 proceduralist (provider) are required for each interventional radiology case. Occasionally procedures may require additional RN support such as venous sampling. "When the nurse is administering procedural sedation, the nurse can have no other responsibilities apart from monitoring the patient and administering medications per order during the case" ARIN (2018) • The IR RN ensures the patient is cleared for the procedure, predetermined lab values are adequate, appropriate documentation is complete, deviations are reported to proceduralist and then manages the patient throughout the case, which can consist of

	administration of moderate sedation requiring cardiac monitoring of medically complex and sometimes medically fragile patients. • The proceduralist performs the procedure and is assisted by the RT. • 2W nurses assess and prepare patients pre-procedurally and provide post procedure care with careful attention to patient teaching and home care needs in collaboration with clinics and Case Management. • Ambulatory patients recover in 2West post-procedure. The ratio of nurses to patients should follow the Association for Radiologic and Imaging Nursing (ARIN) and American Society of PeriAnesthesia Nurses (ASPAN) guidelines with 1 nurse to 3 patients. • 2W nurses recover inpatients routinely that have had procedures requiring sedation such as drain placements, biopsies, and angiograms. • Nurses are also present in CT scan and MRI to support diagnostic scanning. Nurses place intravenous lines and prepare patients for studies (ensuring necessary labs are within acceptable parameters and assessing medical history, medication history, and allergies). Nurses may need to administer physician ordered medications for claustrophobia. We also give IM Thyrogen for the Nuclear Medicine department. • Nursing also provides support for Nuclear Medicine department which includes assisting anesthesia with pediatric scans and administering medications such as Kinevac or Lasix to enhance or facilitate certain scans. Our diagnostic area utilizes nursing intermittently for input of labs for CSF samples and occasional sedation cases for bone marrow biopsies.
Environment	• The Radiology Department covers a vast area on the 2nd floor of the main hospital which is challenging for nursing coverage. Dedicated Radiologic Technologists work in specific areas, but nursing is more fluid and requires great flexibility as many areas require intermittent nursing attention. • 2 West has 16 bays with stretchers, currently 8 bays allow for advanced cardiac monitoring with a goal of having this available in all bays by 2023. • There are three IR rooms, 4 CT scanners (one dedicated to procedures 0800-1600 M-F), 3 MRIs, and 3 Ultrasound rooms. There are 2 Nursing stations within the CT/MRI areas. The front nurses' station has 4 chairs for patient preassessment and IV insertion/IVAD access for 3 CT scanners and 1 MRI. This area can additionally accommodate an inpatient stretcher. The back nurses' station has 4 chairs for IV insertion/screening and one area for inpatients and currently services 2 MRIs and one CT scanner. • ICU or critically ill patients are prioritized and expedited through the department. • While 2 of the IR suites share a control area, the 3rd suite is situated closer to Nuclear Medicine which requires dedicated staff due to its distance. • Utilization of the EHR Tracking Board has allowed for enhanced communication throughout the department but its application is limited.
Staffing Matrices	1 RN is needed per IR room. 3 + coordinator CT 3 nurses US 3 nurses

	2 W 3-4 nurses Back nurses' station 2 nurses Float 1-2

E. DISTRIBUTION

This Policy will be distributed to all Roswell Park Staff via the Roswell Park internal web page, via the Roswell Park internal email system, and to holders of backup hard copies. Managers are responsible for communicating policy content to pertinent staff.

F. ATTACHMENTS

Appendix A: Nursing Measurable Metrics

Metric	Area Reporting	Frequency
Falls: • Any Fall • Falls with Injury (All injury and Moderate+) • Unassisted Fall	All Patient Care Areas	Data is collected monthly; reported quarterly
Hospital Acquired Pressure Injury	Inpatient Nursing	Data is collected monthly; reported quarterly
CLABSI	Inpatient Nursing	Reported quarterly
CAUTI	Inpatient Nursing	Reported quarterly
Alaris Guardrail usage	Inpatient and Ambulatory Nursing	Reported quarterly
Labelling Events	Inpatient and Ambulatory Nursing	Reported quarterly
Transfusion documentation compliance audit	Inpatient and Ambulatory Nursing; Perioperative	Reported quarterly
Transfusion Observation audit	Inpatient and Ambulatory Nursing	Reported quarterly
KBMA	Inpatient and Ambulatory Nursing	Data is collected monthly; reported quarterly
Vent associated pneumonia; Vent associated events	Critical Care	Reported quarterly
Extravasation/Infiltration	Inpatient and Ambulatory Nursing; Interventional Radiology	Reported quarterly
Nurse Satisfaction	All patient care areas	Annually *(future state is biannual)*

Patient Satisfaction – HCAHPS Nursing-based domains include: • Communication with Nurse • Communication about medications • Hospital environment (quietness and cleanliness) • Response of hospital staff • Discharge information	Inpatient Nursing	Reported quarterly
Patient Satisfaction – Medical Practice Scorecard Domains include: • Overall Assessment • Access • Care provider • Nurse/Assistant • Personal issues • Moving through visit	Ambulatory Nursing	Reported quarterly

a. Appendix B: Nursing SOP 603: Educational Programs for All Nursing Personnel

b.

c. Appendix C: Acuity Tools by Clinical Area.

Ambulatory & Chemo Infusion

Level	Time	Non-Chemotherapy Activities	IV and subcutaneous Treatments	Special Needs
1	Total time <30 minutes Nursing Time 20 minutes	Follow up patient. Labs, nursing assessment, PIV insertion/removal, dressing change, coordination of care, blood draw in an accessed port.	B12, enoxaparin, filgrastim, pegfilgrastim, vaccines (flu, pneumovac), l-asparginase, leuprolide, octreotide, mozobil	Interpreter services, oxygen dependency, Tracheostomy tube, mobility issues, assistive devices, falls risk, history of difficult stick, age >85, disability requiring assistance, enrolled in a clinical trial.

2	Total time 30-90 minutes Nursing time 45 minutes	New patient. Port, line, tube (PEG etc.) troubleshooting or placement, hydration, IV medications. Procedures/ biopsies. Pediatric phlebotomy, and IV insertion. Complex wound care.	Sub Q cytarabine, altemtuzumab, interferon alfa-2b, azacitidine. Subsequent infusion of 5FU, albumin bound paclitaxel, bevacizumab, bleomycin, botezamib, cetuximab, cyclophasphamide, decitabine, oxaliplatin, epirubicin, etopiside, fludarabine, gemcitabine, topotecan, interferon alpha IV, interleukin, iron sucrose injection, methotrexate, vincristine, panitumumab, carboplatin, premetrexed, sodium ferric gluconate, temsirolimus, trastuzumab, vinblastine, zoledronic acid.	
3	Total time 1-2 hours Nursing time 60 minutes	Patient and family education, chemotherapy teaching. IVCS. Platelet transfusions, PRBC	One or two drugs in one treatment. Subsequent infusion of Iron dextran, or pamidronate. First infusion of bevacizumab, cetuximab, trastuzumab. Weekly paclitaxel, VP-16. carmustine, cladribine, dacarbazine, daunorubicin, docetaxol, doxorubicin, epirubicin hydrochloride,	

			ironotecan, mitomycin, vinorelbine AC, CMF, FAC, FEC, TAC	
4	Total Time 2-4 hours Nursing time 90 minutes		Three-hour paclitaxel Second+ infusion of rituximab or platinol Three to Four drugs in one treatment IVIG ABVD, FOLFOX, FOLFIRI, BEP, RCHOP, PAC	
5	Total time more than 4 hours Nursing time 180 minutes +		First infusion of Paclitaxel, rituximab, alemtuzumab, gemtuzumab, ipritumomab, ifosfamide or mesna, iron dextran Intraperitoneal/ Intravesical/ intrathecal chemo	

Clinical Research Scorecard

Author Details

Name: Roswell ID #:

Study Details

Campaign Name: Remote ID (Optional):

Stack Details

Cycle: Time Unit:

Time: Arm:

Points

Title	Points		Score
Nurse Assessment Includes initial VS check and gathering of supplies.. Score **3** point(s) to include this task.	3	=	_____
Nurse Assessment Following primary clinic visit or second treatment in week. Score **2** point(s) to include this task.	2	=	_____
Lab Result Time. Score **2** point(s) to include this task.	2	=	_____
Vital Sign Evaluation add 1 for each added interval. Add observed value to ___	1 x ___	=	_____
Additional VS recordings (not full set) add for each time point that requires individual VS recordings . Add observed value to ___	0.5 x ___	=	_____
PK draw Via port or PIV already placed. Add observed value to ___	1 x ___	=	_____

Port Access/IV insertion	3		
IV Pre Medications add 1 for each additional medication. Add observed value to ___	1 x ___	=	_____
Oral Pre-medications Add 1 point for each timepoint that oral pre-meds are given. Add observed value to ___	1 x ___	=	_____
ECG, single	2 x ___	=	_____
ECG, triplicate	3 x ___	=	_____
Use of Study ECG machine (to be added to the total, not for each reading). Score **2** point(s) to include this task.	2	=	_____
CRC communication. Score **1** point(s) to include this task.	1	=	_____
Clinician (NP/MD) communication (this should also be scored each time the NP/MD needs to be notified to review ECG results). Add observed value to ___	1 x ___	=	_____
New Patient Education/Discharge Instructions. Score **3** point(s) to include this task.	3	=	_____
Patient Teaching Returning patients. Score **1** point(s) to include this task.	1	=	_____
SQ/IM Injections/Growth Factor. Score **1** point(s) to include this task.	1	=	_____
SQ or IM Injections/Chemotherapies	2 x ___	=	_____
IV push chemo 4min or less. Add observed value to ___	1 x ___	=	_____
IV push chemo (>5min) 5min or more. Add observed value to ___	2 x ___	=	_____
Oral Dose of Chemotherapy Agent . Add observed value to ___	1 x ___	=	_____
Observation 30minutes or more . Score **1** point(s) to include this task.	1	=	_____

Drug titration (if NO VS required) for every 2 titration changes WITHOUT VS, add 1 point to score. Add observed value to ___	1		
Infusion less than or equal to 30 minutes . Score **2** point(s) to include this task.	2	=	_____
Short Infusion 31-90 minutes. Score **4** point(s) to include this task.	4	=	_____
Medium Infusion 2-4 hours. Score **6** point(s) to include this task.	6	=	_____
Long Infusion > 4 hours. Score **8** point(s) to include this task.	8	=	_____
Additional Infusions to the above	1 x ___	=	_____
Syringe Pump. Score **1** point(s) to include this task.	1	=	_____
Home-care Infusion Disconnect. Score **1** point(s) to include this task.	1	=	_____
Urinary Catheter Insertion . Score **2** point(s) to include this task.	2	=	_____
Rotation with IP chemo for every 2 rotations, add 1 point to score. Add observed value to ___	1 x ___	=	_____
Lab Sample Blood if collected by RN. NOT to be added unless directed by protocol. Add observed value to ___	1 x ___	=	_____
Lab Sample Hair Follicles if collected by RN. NOT to be added unless directed by protocol. Add observed value to ___	1 x ___	=	_____
Lab Sample Saliva if collected by RN. NOT to be added unless directed by protocol. Add observed value to ___	1 x ___	=	_____
Lab Sample Stool if collected by RN. NOT to be added unless directed by protocol. Add observed value to ___	1 x ___	=	_____
Lab Sample Urine if collected by RN. NOT to be added unless directed by protocol. Add observed value to ___	1 x ___	=	_____

Lab sample 24 Hour Urine if collected by RN. NOT to be added unless directed by protocol. Add observed value to ___	1		
Buccal swab	1 x ___	=	_____
Dressing Swab	1 x ___	=	_____
Skin swab	1 x ___	=	_____
Nasal Brushing	1 x ___	=	_____
Vision Check	1 x ___	=	_____
Consult Request includes communication time. NOT to be added unless directed by protocol. Score **1** point(s) to include this task.	1	=	_____
Transfer of Patient NOT to be added unless directed by protocol. Score **3** point(s) to include this task.	3	=	_____
Central Line/PICC dressing change NOT to be added unless directed by protocol. Score **2** point(s) to include this task.	2	=	_____
Packed Red Blood Cell Transfusion Add 5 for each subsequent unit. NOT to be added unless directed by protocol. Add observed value to ___	5 x ___	=	_____
Platelet Transfusion Add 4 for each subsequent unit. NOT to be added unless directed by protocol. Add observed value to ___	4 x ___	=	_____

Endoscopy

Endoscopy Acuity Scale	
Procedure complexity 1	- 1 proceduralist - less than 4 pieces of equipment
Procedure complexity 2	- 1 proceduralist - 4 or more pieces of equipment
Procedure complexity 3	- 2 proceduralists - less than 4 pieces of equipment
Procedure complexity 4	- 2 proceduralists - 4 or more pieces of equipment

Inpatient Medical Surgical & Critical Care

Roswell Park Inpatient Acuity Tool	
ACTIVITY LEVEL/ ADLs	Score
Independent	0
1 Assist	1
2 Assist	2
3+ Assist, use of mobility aide (Hoyer, Apex)	3
OXYGENATION REQUIREMENTS	Score
Room air, stable oxygenation on 2-4L nasal cannula	0
>4L Nasal Cannula, asymptomatic OR >40% Trach Collar	1
>5L Nasal Cannula/Simple Face Mask/Stable Hi-Flow	2
High Flow, BiPAP, Fresh Trach, or acute increase in oxygen demands	3
Unstable high flow >80%, Intubation watch	4
Requiring mechanical ventilation	5
Unstable vent-FIO2 > 60%/ PEEP >8 / Flolan Inhalation	6
TUBES AND DRAINS	Score
No tubes or drains	0
1-2 tubes or drains	1
3-4 tubes or drains, q4h nursing intervention required	2
> 5 tubes or drains, q2h nursing interventions required	3
Lumbar or EVD-requiring intervention	4
MENTAL STATUS	Score
Alert and oriented x3	0
ICE/ICANS scoring, impulsive, bed alarm	1
mental status change requiring sitter order-follows commands	2
active neuro toxicity, mental status change-combative	3
Critical Care Sitter Order (must have order)	4
TEACHING	Score
Standard teaching or reteaching	0
Admission, pre procedure, or post-operative	1
Discharge-simple (expected post op outcomes, basic teaching needs)	2
Discharge-complex (interdisciplinary coordination of care, home care involvement, complex/return demonstration teaching)	3
PSYCOSOCIAL	Score
Not applicable	0

Impaired coping (patient or family) OR transition to end of life care	2
End of Life Care	3
End of Life Care requiring withdrawal of life sustaining measures	4

MEDICATIONS	Score
Routine medication pass	0
PCA/Epidural OR IV drip w/o interventions	2
Complex Chemotherapy, IV drips w/ interventions, Initiating Chemotherapy/Systemic Therapies, continually hooked up to 4 or more lumens	3
Moderate continuous medication infusions- sedation, Narcan, diuretics	4
Complex continuous medication infusion with frequent intervention (vasoactive medications)	5
>5 continuous drips	6
NURSING INTERVENTION (CANNOT BE DELEGATED)	**Score**
>Q4H	0
Q4H	1
Q2H	2
Q1h	3
ICU only: Q2H	4
ICU only: Q1H	5
BLOOD PRODUCTS PER SHIFT (RBCs, PLATLET, FFP)	**Score**
No blood products needed	0
1-2 units	1
3-5 units	2
>6 units	3
Mass Transfusion	5
CRITICAL CARE SPECIFIC ORDER SETS	**Score**
Not applicable	0
Cardiac Interventions (Swann, Transvenous Pacing, Cardioversion	4
Procedures off unit with RN-MRI/CT, IR, Radiation	4
Postoperative Recovery	4
Rapid Response/Code Blue within last 24 hours/ Status Upgrade within the last 24 hours)	5
TOTAL	

Operating Room

Operating Room	
Procedure complexity 1	- 1 surgeon - less than 4 pieces of equipment
Procedure complexity 2	- 1 surgeon - 4 or more pieces of equipment
Procedure complexity 3	- 2 surgeons - less than 4 pieces of equipment
Procedure complexity 4	- 2 surgeons - 4 or more pieces of equipment

Perioperative Care Unit

Perioperative Care Unit		
Level of care	**Nurse: Patient ratio**	**Example (but not limited to)**
Pre-op	1:3-5	Stable, pre-op patients
Post op phase 1	2:1	One critically ill, unstable patient
	1:1	- At the time of admission, until critical elements*** are met
		- Airway and/or hemodynamic instability
	1:2	- 2 conscious patients, stable and free of complications
		- 1 unconscious patient that is hemodynamically stable & 1 conscious patient stable and free of complications
Post op phase 2	1:3	3 conscious patients, stable and free of complications for outpatient procedures
	1:2	2 conscious patients, stable and free of complications for inpatient admissions
	1:1	Unstable patient awaiting transfer to higher level of care
Holding	1:3-5	- Patients awaiting transportation home or to an inpatient floor
		- Patients requiring extended observation

***** Critical Elements Include:**

- Report has been received from anesthesia, questions have been answered, and the transfer of care has taken place
- The patient has a secure airway
- The C15 initial assessment has been completed
- The patient is hemodynamically stable