

White Plains Hospital 2024 Nursing Staffing Plan

Developed and approved by the WPH Clinical Staffing Committee

Inpatient Department	Patient : RN Ratio Goal	Unit Description
2I	4:1	<ul style="list-style-type: none"> • Overflow unit, Adult Medical Surgical • Telemetry cardiac monitoring
4F	4:1	<ul style="list-style-type: none"> • Adult Cardiac, ICU Step Down • Central and telemetry cardiac monitoring, Ventilatory respiratory support
4E	4:1	<ul style="list-style-type: none"> • Adult Complex Medical and Surgical Stepdown, ICU Step Down • Central and telemetry cardiac monitoring, Ventilatory respiratory support • Stroke recovery
4I	5:1	<ul style="list-style-type: none"> • Adult Medical Surgical • Telemetry cardiac monitoring • Specialized orthopedic recovery
5F	5:1	<ul style="list-style-type: none"> • Adult Medical Surgical • Telemetry cardiac monitoring • Oncology care, including end-of-life and hospice care
5E	4:1	<ul style="list-style-type: none"> • Adult Medical Surgical • Telemetry cardiac monitoring • Specialized postoperative recovery
5I	5:1	<ul style="list-style-type: none"> • Adult Medical Surgical • Telemetry cardiac monitoring • Epilepsy care
5I Peds	3:1	<ul style="list-style-type: none"> • Pediatric Medical Surgical • Telemetry cardiac monitoring • Epilepsy care
6F	6:1	<ul style="list-style-type: none"> • Antepartum, Postpartum, and gynecological care • Care of the well newborn and couplet care • Additional nursing support in Well Baby Nursery
NICU	2:1	<ul style="list-style-type: none"> • Level III Neonate Intensive Care • Central Cardiac monitoring, Ventilatory respiratory support • Clinical assignments vary based on patient acuity
ICU/CCU	2:1	<ul style="list-style-type: none"> • Adult Medical and Surgical Intensive Care • Central cardiac monitoring, Ventilatory respiratory support • Clinical assignments vary based on patient acuity
L&D	0.7:1	<ul style="list-style-type: none"> • Labor and delivery in and out of the Operating Room • Clinical assignments vary based on stage of labor and patient acuity

Outpatient Department	Staffing Plan	Department Description
Emergency Room	2:1 Critical Care 10:4 Midtrack 15:3 Acute Care 5:1 Behavior Health	<ul style="list-style-type: none"> • Emergency care to patients of all ages • Mixed acuity from non-urgent to life threatening • Clinical assignments vary based on patient acuity
Observation Unit	4:1	<ul style="list-style-type: none"> • Care for adult patients who do not meet inpatient criteria but require and expected 4 to 24 hours of additional care beyond what is rendered in the ED
Cardiac Catheterization Lab	1:1 during procedure 2:1 during recovery	<ul style="list-style-type: none"> • Cardiac intervention for invasive interventions, cardiac testing, and electrophysiology interventions • Clinical assignments vary based on patient acuity, case complexity, and stage of recovery
Radiology Nursing	1:1 for procedures that require an RN	<ul style="list-style-type: none"> • Nursing care to patients of all ages undergoing radiology studies and interventions • Based on Association for Radiologic & Imaging Nursing recommendations
Hemodialysis - Acute	2:1 in dialysis suite 1:1 in inpatient room	<ul style="list-style-type: none"> • Hemodialysis for adult inpatients in the dialysis suite or in an inpatient room • Clinical assignments vary based on patient acuity
Operating Room – Main Hospital	1.5:1	<ul style="list-style-type: none"> • Surgical care for patients of all ages • Clinical assignments vary based on patient acuity and case complexity • Based on Association of PeriOperative Registered Nurses practice recommendations
Ambulatory Surgery Department – Main Hospital	3:1	<ul style="list-style-type: none"> • Preoperative preparation for patients of all ages undergoing surgical procedures • Clinical assignments vary based on patient acuity • Based on American Society of PeriAnesthesia Nurses practice recommendations
Post Anesthesia Care Unit - Main Hospital	2:1 during Phase I 3:1 during Phase II	<ul style="list-style-type: none"> • Postoperative recovery of patients after surgical or cardiac interventions • Clinical assignments vary based on stage of recovery and patient acuity • Based on American Society of PeriAnesthesia Nurses practice recommendations
Infusion Chairs	4:1	<ul style="list-style-type: none"> • Intravenous treatments for adult outpatients with a wide range of diseases and conditions • Clinical assignments vary based on treatment type and patient acuity
Endoscopy	1:1 during procedure 2:1 during recovery	<ul style="list-style-type: none"> • Endoscopic interventions for adult patients • Clinical assignments vary based on patient acuity, case complexity, and stage of recovery
Ambulatory Operating Room	1.5:1	<ul style="list-style-type: none"> • Surgical care for patients of all ages • Clinical assignments vary based on patient acuity and case complexity • Based on Association of PeriOperative Registered Nurses practice recommendations
Ambulatory Surgery Preparation and Recovery	3 :1 during Preanesthesia 2:1 during Phase I 3:1 during Phase II	<ul style="list-style-type: none"> • Preoperative preparation for patients of all ages undergoing surgical procedure • Postoperative recovery of patients after surgical procedures • Clinical assignments vary based on patient acuity, case complexity, and stage of recovery • Based on American Society of PeriAnesthesia Nurses practice recommendations for postoperative care
Wound Care Center	3:1	<ul style="list-style-type: none"> • Care for outpatients of all ages with chronic and acute wounds • Clinical assignments vary based on patient acuity
Surgical Navigation Center	1:1	<ul style="list-style-type: none"> • Assessment, optimization, and coordination for adult patients preparing for scheduled surgery

Factors are considered and included, but not limited to, the following in the development of staffing plan by the clinical staffing committee:

- o Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions and transfers
- o Level of acuity and intensity of all patients and nature of the care to be delivered on each shift
- o Skill mix of the staff
- o Level of experience and specialty certification or training of nursing personnel providing care
- o The need for specialized or intensive equipment
- o The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas and equipment
- o Mechanisms and procedures to provide for one-to-one patient observations, when needed
- o Other special characteristics of the unit or community patient population
- o Measures to increase worker and patient safety, which could include measures to include measures to improve patient throughput
- o Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations and other health professional organizations
- o Availability of other personnel supporting nursing services on the unit
- o Coverage to enable registered nurses, licensed practical nurses and ancillary staff to take meal and rest breaks, planned time off, and unplanned absences that are reasonably foreseeable
- o The predetermined NDNQI nurse sensitive metrics
- o Hospital finances and resources as well as defined budget cycle must be considered in the development of the staffing plan
- o Waiver of plan requirements in the case of an unforeseeable emergency where the hospital disaster plan is activated, or an unforeseen disaster or catastrophic event immediately affects or increases the need for healthcare services