

SURGICAL SERVICES – OPERATING ROOM

Charge Nurse Assignment of Care guidelines

The purpose of this guideline is to provide expectations in team effort for appropriate staffing to meet patient needs and safety in a cost effective manner.

SCOPE: This guideline applies to all member of the Operating Room.

The guideline will ensure we have

- Qualified, competent staff
- Provide adequate staffing
- A fair & consistent practice
- Accountability

ASSIGNMENT OF CARE

- A REGISTERED NURSE (Charge Nurse) will assign the nursing care of each patient to other nursing/technician personnel in accordance with the patient's needs and the specialized qualifications and competence of the nursing/technician staff available.
- All O.R. charge nurses or resource nurses are Porter associates.
- A Registered Nurse must supervise the nursing care for each patient. A Registered Nurse will evaluate the care for each patient upon transfer to the O.R.
- Assignments are made based on patient care needs. The charge nurse provides additional support as needed for specialized patient care needs.

STAFFING CONSIDERATIONS

The Operating Room will use a staffing matrix/staffing plan as a guide for unit staffing based on AORN Standards and Recommendations. The matrix will be a guideline to determine the number and type of staff to provide care for surgeon/patient specific needs and qualification and competence of the nursing/technician staff available.

- The O.R. Staffing Matrix is a guideline that can be adjusted by unit charge nurses, clinical coordinators or directors based on recommendations and input from direct care nurses/technicians and ancillary staff.
- The following should be considered when making staff assignments and adjustments to the matrix
 - Patient Acuity
 - Surgical procedure (i.e. heart, transplant, DaVinci)
 - Staff competence/knowledge
 - Anesthetic modality (i.e. local, moderate sedation, non-anesthetist provider)
- Daily allocation of staff is determined by the Charge Nurse, Clinical Coordinators, Managers. The primary purpose is to provide quality patient care.
- AORN guidance statements will guide intra-operative staffing –minimum of 1 RN/patient as circulating nurse. 1 scrub (RN/Technologist)/patient as scrub.

- Open heart procedures – 2 circulator and 2 scrub
- DaVinci procedures – 2 circulator and 1 scrub
- Liver Transplant – 2 circulator and 1 scrub
- Non-anesthetic provider procedure – 2 circulator and 1 scrub
- O.R staffing plan includes provisions for unplanned, urgent or emergent procedures and procedures which run over scheduled time. Off-hour call requirements are dependent on staff numbers.

References

1. AORN official statement on Operating Room Staffing Skill Mix for Direct Caregivers in *Standards, Recommended Practices, and Guidelines* (Denver: AORN, Inc. 2010)
2. AORN official statement on nurse-to-patient ratios in *Standards, Recommended Practices, and Guidelines* (Denver: AORN, Inc. 2004)
3. AORN guidance statement on Safe on-call practices in perioperative practice settings in *Standards, Recommended Practices and Guidelines* (Denver: AORN, Inc 2010)

1 North Oncology Unit

Charge / Resource Nurse Assignment of Care Guidelines

The purpose of this guideline is to provide expectations in a team effort for appropriate staffing to meet patient needs & safety in a cost effective manner.

SCOPE: This guideline applies to all members of 1 North
The guideline will ensure we have:

- Qualified, competent staff
- Provide adequate staffing
- A fair & consistent practice
- Accountability

ASSIGNMENT OF CARE

- The Charge RN, from the previous shift, will assign the nursing care of each patient to the oncoming nursing personnel in accordance with the patient's needs and the specialized qualifications and competence of the nursing staff available.
- All 1 North charge / resource nurses are Porter associates.
- The 1 North matrix involves the charge / resource nurse in direct patient care.
- An RN must supervise the nursing care for each patient. The RN will evaluate the care for each of his / her patients upon admission and on an ongoing basis.
- Assignments are made based on patient care needs. The charge / resource RN is available to provide additional support as needed for specialized patient care needs.

STAFFING CONSIDERATIONS

1 North will use a staffing matrix / staffing plan as a guide for unit staffing. The 1 North staffing matrix will be a guideline to determine the number and type of staff needed to provide care for patient specific needs, 1 North specific needs and qualification and competence of the nursing staff available.

- The 1 North Staffing Matrix is a guideline that can be adjusted by 1 North charge nurses, the manager or director based on recommendations and input from direct care nurses and ancillary staff.
- The following should be considered when making staff assignments and adjustments to the matrix.
 - Isolation Patient
 - Total Care Patient
 - Confused Patient
 - Chemotherapy Patient
 - End of life issues
 - Patient's Fall Risk
 - Patients requiring increased surveillance
 - Number of Admissions/Discharge/ Transfer
- Daily allocation of staff is determined by the Staffing Office, Charge Nurses, Manager, and Administrative Coordinators (on nights, weekends, and holidays). The primary purpose is to provide quality patient care.