

JACKSON HEALTH SYSTEM  
DIVISION OF NURSING SERVICES

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TITLE: NURSING STAFFING RATIO POLICY

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**Purpose:** To describe the nursing care delivery system and nurse staffing plan for the Jackson Health System.

**Policy:** The Nursing Division of the Public Health Trust / Jackson Health System believes that every patient who comes to us for nursing care shall have their care provided in a manner recognizing their unique personal and health care needs. To provide this care in an effective, efficient, consistent and cost effective manner the Division of Nursing has embraced the concept of Relationship Based Care (RBC). The three key elements of RBC are the caregiver's relationship with their patient and their family, the relationship with their colleagues, and the relationship with self. We further believe that sufficient nurse staffing contributes to the development of a healthy practice work environment, characterized by the following: a collaborative practice culture; expert, competent, credible, and visible leadership; shared decision-making; and, recognition by nurses for their meaningful contribution to practice.

Jackson Health System operationalizes RBC into a care delivery system called "Group Practice." Group Practice allows us to organize our patient care around a professional practice model that supports a culture of nursing excellence based on the Mission and Values of Jackson Health System, the vision for nursing services, the philosophy of nursing, Jackson Health System Nursing Theory, and The Florida Nurse Practice Act. Groups are fluid, based upon patient characteristics and may consist of two or three caregivers at the same level of practice, different levels of practice and/or different levels of experience under the direction of licensed nursing personnel. Groups are formed to include sufficient numbers of ancillary/support staff such as but not limited to: unit secretaries, patient care technicians/mental health technicians, transporters, licensed practical nurses, and environmental support staff. While possible combinations are numerous, the goals remain the same; to provide appropriate, safe, high quality, fiscally responsible, family centered care to all our patients.

**Nurse Staffing Ratio Guidelines:**

The Jackson Health System endorses and adheres to all recommended staffing guidelines published by national professional nursing organizations (i.e., AWHONN [Association of Women's Health, Obstetric and Neonatal Nurses]; RPICC [Regional Perinatal Intensive Care Center]; AORN [Association of Peri-Operative Registered Nurses]; ASPAN [American Society of Peri-Anesthesia Nurses], etc) and external regulatory agencies (i.e., DCF, AHCA, and the Florida Department of Health, Office of Trauma.

No single method or approach in determining nurse staffing needs, including use of strict nurse-to-patient ratios, has provided sufficient evidence to be considered optimal in all patient care settings and all situations (ANA Principles of Nurse Staffing, 2012).

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Thus, nothing here negates management's right to determine the methods, means and number of personnel needed to carry out the employers' responsibilities. Rather, this policy provides a guideline for registered nurse staffing based on recent published empirical evidence that emphasizes flexible staffing that matches patient needs for nursing care (Needleman et al, 2011). Nurse staffing is variable and influenced by the care environment, patient characteristics (needs & acuity), care team characteristics (competencies), and intended outcomes. As such, staffing practices/patterns are often blended within the same environment.

In general, when planning staffing for the next shift, we strive for staffing patterns on adult medical, surgical, rehabilitation and palliative care units of one (1) registered nurse for up to seven (7) patients which may include discharges and admissions throughout the shift. On Pediatric Medical/Surgical units, at least one (1) registered nurse is assigned for up to five (5) patients. On the general pediatric unit at Jackson North Medical Center, at least one (1) registered nurse is assigned for up to six (6) patients. On both adult and pediatric Medical/Surgical specialty units (i.e. Oncology, Transplant, and Intermediate Care), at least one (1) registered nurse is assigned for up to five (5) patients in Medical Oncology and Gyn/Gyo and one (1) registered nurse for up to four (4) patients in Transplant and Intermediate Care. In acute and emergency mental health settings, at least one (1) registered nurse is assigned for up to nine (9) patients with direct support from a number of care providers who are specially-trained in the management of the psychiatric milieu. Depending on the acuity, complexity and mix of psychiatric patients being cared for within a clinical service, the number of patients assigned to each Mental Health RN can be adjusted to promote concurrent safe staffing. In Emergency Services, staffing patterns provide for one (1) registered nurse for up to five (5) patients. Finally in Critical Care units, staffing patterns provide for one (1) registered nurse for up to two (2) patients. Occasions when lower acuity patients are boarded in the ICU &/or ER, staffing will be adjusted accordingly.

Unforeseen emergencies and rapid swings in volume may at times preclude compliance with this policy. When a unit is not in compliance with this policy, the Department Manager or his/her designee will make reasonable efforts to return the unit to compliance as soon as is reasonably possible which may include the Associate Nurse Manager, Nurse Educator or Charge Nurse assuming a patient assignment. It is not a violation of this policy for a registered nurse to step away temporarily to meet their personal needs as consistent with professional judgment.

### **Relationship Based Care Model**

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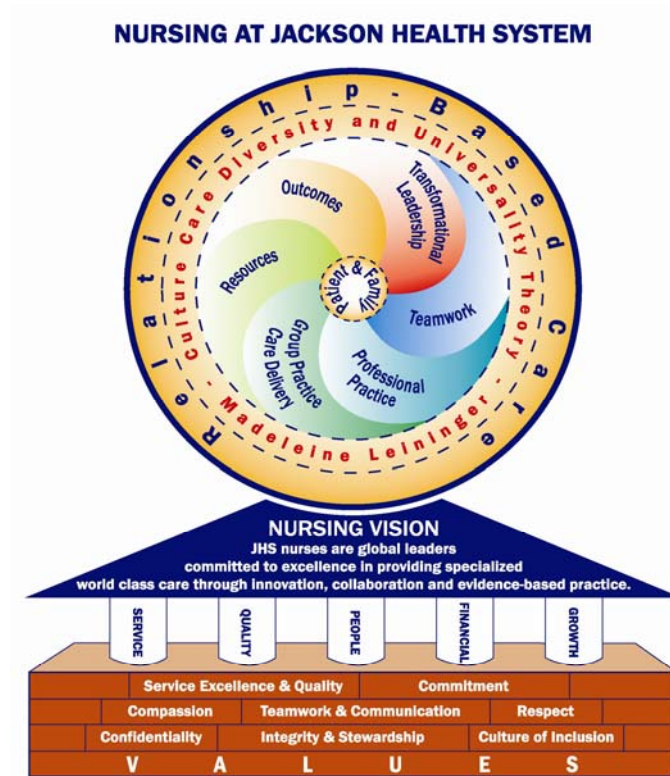
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