



Section	Psychiatric Health Facility (PHF)	Effective:	4/6/2011
Sub-section	Nursing	Version:	2.0
Policy	Acuity Staffing	Last Revised:	8/22/2017
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
	Ole Behrendtsen, MD		
Supersedes:	NG-2.0 – Acuity Staffing rev. 4/27/2011	Audit Date:	8/22/2018

1. PURPOSE/SCOPE

- 1.1. To comply with all state and federal laws and regulations regarding minimum staffing requirements to provide necessary care and services to patients admitted to the Santa Barbara County Psychiatric Health Facility (hereafter "PHF").

2. POLICY

- 2.1. The PHF shall ensure adequate staffing is available to provide appropriate levels of care and to meet daily nursing staff requirements based on patient acuity in accordance with Title 22, Section 77061 of the California Code of Regulations (CCR).
- 2.2. The PHF shall meet the full-time equivalent staff-to-census ratio requirements in a 24 hour period [22 CCR 77061(h)(1)]. The required staffing ratio shall be calculated based upon the inpatient census and shall provide services only to PHF patients [22 CCR §77061 (i)].
- 2.3. The staffing pattern must ensure the availability of a registered professional nurse 24 hours each day. There must be adequate numbers of registered nurses, licensed practical nurses, and mental health workers to provide the nursing care necessary under each patient's active treatment program. [42 CFR §482.62].
- 2.4. During the absence of any scheduled staff required, the PHF shall ensure qualified substitute staff are available to provide the number of hours of services required [22 CCR §77061(f)]. PHF Team Leaders, in collaboration with the PHF Scheduler and Nursing Supervisor, will coordinate trained, substitute staff from the available pool of per diem/extra help employees, contracted vendors, and other employees within the Department of Behavioral Wellness.

2.5. PHF Team Leaders shall complete the *Daily Acuity Report* (see Attachment A) twice daily (i.e. once each shift) to identify, justify, and guide the assignment of nursing staff.

3. **ACUITY STAFFING PROCEDURE**

Each shift, the Team Leader will determine staffing necessary to meet patient acuity needs by completing the following steps:

- 3.1. Identify the level of care required for each patient.
- 3.2. Use the *Patient Acuity Tool* (see Attachment B) to determine each patient's acuity rating.
- 3.3. Write the patient's last name with first initial and acuity level on the *Daily Acuity Report* (see Attachment A).
- 3.4. On back of the *Daily Acuity Report*, enter the number of patients in each acuity category (i.e. Levels I-V) into the corresponding box.
- 3.5. Multiply the number of patients in each acuity category by the number of staffing hours listed for that category. This will result in the number of hours for patient care in each category.
- 3.6. Add the number of hours from all categories together for the total hours.
- 3.7. Take the total number of hours and divide by 12 (hours of the shift). This will result in the total staff required based on patient acuity. The exact calculation is:

$$\frac{\text{TOTAL HOURS}}{12} = \text{TOTAL STAFF REQUIRED}$$

- 3.8. Next, complete the section titled "Scheduled Staff" on the *Daily Acuity Report* (see Attachment A). For each Registered Nurse (RN), Licensed Vocational Nurse (LVN) or Psychiatric Technician (PT), and Recovery Assistant (RA) scheduled to work, use the hourly shift values to determine the value to be added.
- 3.9. Add the hourly shift values for each staff position to obtain the total number of staff working.
- 3.10. Compare the staff scheduled with the number staff required based on patient acuity and determine the difference. The exact calculation is:

$$\text{STAFF SCHEDULED} - \text{TOTAL STAFF REQUIRED} = +/- \text{STAFF}$$

4. **ONGOING ACUITY ASSESSMENT AND STAFFING LEVEL MANAGEMENT**

- 4.1. **Acuity reassessment:** The PHF Team Leader is responsible for ongoing reassessment of patient care needs, which may result in an increase or decrease of patient acuity levels. Reassessment will be completed throughout the shift as necessary to reflect a variety of situations, including, but not limited to: patient admissions and discharges; patient observation levels; and changes in health and safety issues.

4.2. **Inadequate staff:** If the number of staff currently scheduled is inadequate to meet patient acuity needs, the PHF Team Leader will take the necessary steps to address staffing levels. The Team Leader will consult the *Staffing Decision Tree* (see Attachment C) and follow the procedural steps to attain the required staffing. All actions taken to address staffing deficiencies will be documented on the *Daily Acuity Report* (see Attachment A).

ASSISTANCE

Marianne Barrinuevo, RN, MSN, PHF Director of Nursing

Alesha Silva, RN, Interim PHF Nursing Supervisor

Gerardo Puga, LMFT, PHF Manager

REFERENCE

California Code of Regulations – Social Security
Title 22, Sections 77061

Code of Federal Regulations – CMS Conditions of Participation
Title 42, Section 482.62

ATTACHMENTS

Attachment A – Daily Acuity Report

Attachment B – Patient Acuity Tool

Attachment C – Staffing Decision Tree

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
8/16/17	2.0	<ul style="list-style-type: none"> In Section 2, included regulatory requirements from the California Code of Regulations, Title 22, and the Code of Federal Regulations, Title 42. In Section 2.5, clarified the Team Leaders' responsibility to complete the Daily Acuity Report twice daily (i.e. once each shift). In Section 3.2, established the use of the Patient Acuity Tool to determine a patient's acuity rating. In Section 4, established ongoing acuity assessment requirements and staffing level management.

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).

DRAFT 8/22/17