New York State NURSES ASSOCIATION

PROTECTING OUR PATIENTS:

Staffing in Health Care Settings

Current RN Staffing Regulations, Guidelines and Standards to Support our Campaigns for Safe Staffing

New York State NURSES ASSOCIATION

Staffing in Healthcare Settings

Updated December 2013

Regulations, Guidelines and Standards related to RN staffing

This booklet is designed to provide the practicing RN with information related to staffing in healthcare settings.

The association has compiled this material to make it easier for nurses to be informed about current staffing-related laws, regulations, guidelines, and standards.

The information contained within this booklet is current as of the publication date and is subject to change at any time by the issuing agencies. It should not be considered exhaustive.

NYSNA believes current regulations are inadequate for safe staffing and supports legislation that would establish minimum upwardly adjustable RN-to-patient ratios in all healthcare settings.

How to Use this Book

This book is divided into two sections, Acute Care Settings and Non-Acute Care Settings. Pages 7 through 20 provide brief summaries of current staffing regulations, standards, and guidelines that apply to each setting. For detailed information and citations, refer to the Appendix pages noted in each section.

Due to their length, the full text of some regulations, statutes and standards are not included in this publication. Citations are provided to make it possible for nurses to access the detailed regulatory language pertaining to their practice area.

Full text for many, but not all, of these references is available on the Internet and in local libraries. Please see the Resources section on pages for contact information.

Proposed New York Ratios:

Acute Care Nurse to Patient Ratios in the 2013 Safe Staffing for Quality Care Act	
Trauma emergency	1:1
Operating room	1:1
All Intensive care	1:2
Emergency critical care	1:2
Post anesthesia care	1:2
Labor – 1st stage	1:2
Labor – 2nd & 3rd stage	1:1
Antepartum	1:3
Non-critical antepartum	1:4
Newborn nursery	1:3
Intermediate care nursery	1:3
Post-partum couplets	1:3
Post-partum mother-only	1:4
Well-baby nursery	1:6
Emergency department	1:3
Step-down & telemetry	1:3
Pediatrics	1:3
Medical-surgical	1:4
Acute care psychiatric	1:4
Rehabilitation & sub acute	1:5

The Department of Health will establish ratios for any units not listed. All ratios are minimums to be adjusted based upon patient needs.

Table of Contents

Professional Standards and Guidelines

Organizations cited in this book

American Academy of Emergency Medicine (AAEM)
www.aaem.org

American Association of Critical Care Nurses (AACN)
www.aacn.org

Association of periOperative Registered Nurses (AORN)
www.aorn.org

American Psychiatric Nurses Association
www.apna.org

American Society of PeriAnesthesia Nurses (ASPAN)
www.aspan.org

Association of Rehabilitation Nurses
www.rehabnurse.org

Association of Women's Health, Obstetric and Neonatal Nurses
www.awhonn.org

Centers for Medicare and Medicaid Services
www.cms.gov

Emergency Room Nurses (ENA)
www.ena.org

Joint Commission
www.jointcommission.org

National Association of School Nurses
www.nasn.org

Resources

Laws and Regulations

Access to New York State Laws is available at

http://public.leginfor.state.ny.us

Access to New York State Regulations is available at

http://www.dos.ny.gov/info/nycrr.html

State laws and regulations related to nursing are available at

http://www.op.nysed.gov/prof/nurse/

Federal regulations and statutes are available at

http://www.ecfr.gov/cgi-bin/text-idx?tpl=%2Findex.tpl

Safe Staffing Resource Center

Online version of the Safe Staffing Toolkit; link to the law; Download Resources; Staffing Research; Get involved; Tell your story

www.nysna.org/safestaffing

Olson, L. L. (2010). Provision six. In Fowler, M. D. M. (Ed.). *Guide to the code of ethics for nurses: Interpretation and application,* (pp. 42-54).

Twomey, J. G. (2010). Provision three. In Fowler, M. D. M. (Ed.). *Guide to the code of ethics for nurses: Interpretation and application,* (pp. 42-54).

Appendix A

ANA Principles of Nurse Staffing (2005a):

http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Work-Environment/Staffing

Utilization Guide to the ANA Principles of Nurse Staffing (2005b):

http://www.safestaffingsaveslives.org/WhatisSafeStaffing/Solutions/UtilizationGuide.aspx

Drought, T. S. & Epstein, E. G. (2010). Provision seven. In Fowler, M. D. M. (Ed.). *Guide to the code of ethics for nurses: Interpretation and application,* (pp. 42-54).

Fowler, M. D. M. (2010). Provision five. In Fowler, M. D. M. (Ed.). *Guide to the code of ethics for nurses: Interpretation and application,* (pp. 42-54).

Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health*. [Report Recommendations]. Retrieved from http://www.iom.edu/~/media/Files/Report%20Files/2010/The-Future-of-Nursing/Future%20of%20Nursing%202010%20Recommendations.pdf

Joint Commission. (2007). *Staffing effectiveness in hospitals*. Oakbrook Terrace, IL: Joint Commission Resources.

Joint Commission. (2010). Management of human resources. In *CAMH: Comprehensive accreditation manual for hospitals* (pp. HR-1 - HR-10). Oakbrook Terrace, IL: Joint Commission Resources.

Needleman, J., Buerhaus,P., Pankratz, V. S., Leibson, C. L., Stevens, S. R., & Harris, M. (2011).

Nurse staffing and inpatient hospital mortality. The New England Journal of Medicine, 364, 1037-1045.

New York State Nurses Association (2010) Memorandum of support of an act to amend the public health law, in relation to enacting the "safe staffing for quality care act" Retrieved from http://www.nysna.org/images/pdfs/advocacy/A2264_mos.pdf

What is safe staffing?

Safe staffing is more than numbers. Safe staffing is a crucial component in patient safety and better patient outcomes.

More than a decade of research provides the evidence for nurse to patient ratios indicating that higher numbers of RNs at the bedside save lives by allowing nurses the time to spend with patients; reducing medication errors; helping to recruit and retain nurses and ultimately saving hospitals money by avoiding unreimbursed expenses.

The Safe Staffing for Quality Care Act is legislation proposed by NYSNA which would establish safe nurse to patient ratios.

As advocates for our patients and profession, nurses must work together to pass this legislation.

Safe Staffing Toolkit

NYSNA has created a manual to provide all nurses the tools to win this campaign called the safe staffing toolkit. It provides an outline of what is needed to build a strong movement within each facility. This campaign must be led by the nurses at the bedside. The nursing profession is respected and when RNs speak- community leaders, the press, and lawmakers, listen.

The toolkit provides the evidenced based research behind safe staffing; tips for telling stories; how to build a safe staffing task force and getting members involved; organizing and documenting staffing problems; ways to build alliances within your community; and using the power of the vote to get the law passed.

Staffing in Acute Care Settings

NYS regulations include general statements about nurse staffing that apply to all acute care settings. The regulatory language and citations are provided below:

Care of Patients: Every patient of the hospital, whether an inpatient, emergency service patient, or outpatient, shall be provided care that meets generally acceptable standards of professional practice. *10NYCRR 405.2 (f) (1)*

Hospitals shall have available at all times, personnel sufficient to meet patient care needs. *10NYCRR 405.2 (f) (7)*

Nursing Services: The Director of Nursing shall be responsible for the operation of the service including developing a plan to be approved by the hospital for determining the types and numbers of nursing personnel and staff necessary to provide nursing care to all areas of the hospital. *10NYCRR 405.5 (a) (1)*

The hospital shall provide supervisory and staff personnel for each department or nursing unit to ensure, when needed in accordance with generally accepted standards of nursing practice, the immediate availability of a registered professional nurse (RN) for bedside care of any patient. *10NYCRR 405.5(a) (2)*

In addition, all facilities that accept Medicare patients are subject to the following:

Federal regulations

The nursing service must have adequate numbers of RNs, LPNs and other personnel to provide nursing care to all patients as needed. There must be supervisory and staff personnel for each department or nursing unit to ensure, when needed, the immediate availability of an RN for bedside care of any patient.

References

Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout and job dissatisfaction. *Journal of the American Medical Association, 288*(16), pp. 1987- 1993.

Aiken, L. H., Sloane, D. M., Cimiotti, J. P, Clarke, S. P., Flynn, L., Seago, J. A., Spetz, J., & Smith, H. L. (2010) Implications of the California nurse staffing mandate for other states. *Health Research and Educational Trust*. DOI: 10.1111/j.1475-6773.2010.01114.x

American Nurses Association. (1992). *Position statements: Joint statement on maintaining professional and legal standards during a shortage of nursing personnel*. (Archived in members only section of ANA) Retrieved from http://www.nursingworld.org/MainMenuCategories/HealthcareandPolicyIssues/ANAPositionStatements/Archives/jtshort14469.aspx

American Nurses Association. (2001). *Code of ethics for nurses with interpretive statements*. Washington, DC: Author.

American Nurses Association (2005a) *Principles for nurse staffing*. Washington, DC: Author.

American Nurses Association (2005b) *Utilization guide for the ANA principles for nurse staffing*. Washington, DC: Author.

Badzek, L. A. (2010). Provision four. In Fowler, M. D. M. (Ed.). *Guide to the code of ethics for nurses: Interpretation and application,* (pp. 42-54).

Dall, T. M., Chen, Y. J., Seifert, R. F., Maddox, P. J., & Hogan, P. F. (2009). The economic value of professional nursing. *Medical Care, 47*(1), 97-104.

Coordinate efforts to promote the role of the registered nurse and to ensure an adequate supply of nurses in the future through the following recommendations:

- Seeking opportunities to educate the public on the relationship between registered nurse staffing and patient outcomes (Twomey, 2010).
- Supporting legislation that establishes a maximum number of patients that can be safely assigned to a registered nurse (ANA, 2005b).
- Focusing on improving workplace conditions to increase nurse recruitment and retention by involving the registered nurse in identifying, implementing, and evaluating staffing requirements (IOM, 2010).
- Supporting efforts to recruit and retain entry-level and experienced nurses through faculty and nursing education funding, mentoring, coaching, and career development in the workplace (IOM, 2010).
- Supporting efforts to promote a positive public image of nursing (Drought & Epstein, 2010; Fowler, 2010)

Note: The use of the term "patient" anywhere in this document is intended to be generic and refers to the recipient of nursing care.

Approved by the Board of Directors, May 18, 1978, September 17, 1987, March 9, 2005, August 25, 2011, and November 16, 2011.

Reviewed and revised by the Council on Nursing Practice August 19, 2011.

This position statement replaces *Use of Supplemental or Temporary Nursing Services*

42 CFR 482.23(b) A registered nurse must supervise and evaluate the nursing care for each patient. *42 CFR 482.23(b) (3)*

Ambulatory Surgery Center

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State Regulations

Sufficient nursing personnel are present to meet the needs of patients. An RN qualified by the hospital and by training and experience in operating room nursing shall be present as the circulating nurse. LPNs and surgical technologists may perform scrub functions if they are supervised by an RN and may assist in circulatory duties under the supervision of an RN who is immediately available.

Federal Regulations

The nursing services of the ambulatory surgery center (ASC) must be directed and staffed to assure that the nursing needs of all patients are met. Patient care responsibilities must be delineated for all nursing service personnel. Nursing services must be provided in accordance with recognized standards of practice. There must be an RN available for emergency treatment whenever there is a patient in the ASC.

Behavioral Health (Inpatient Psychiatric Units)

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State Regulations

Nursing service is under the direction of an NP or an RN.

Standards/Guidelines

Staffing plans should be created in consultation with expert nurses and adequate nursing resources must be available to patients.

Federal Regulations

There must be an RN 24 hours each day. In addition to the DON, there must be adequate numbers of RNs, LPNs, and mental health workers to provide nursing care necessary under each patient's active treatment program and to maintain progress notes on each patient. The director of psychiatric nursing services must be an RN who has a master's degree in psychiatric or mental health nursing, or its equivalent from a school of nursing accredited by the NLN, or is qualified by education and experience in the care of the mentally ill.

Cardiac Surgical Centers

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State Regulations

An RN, with 24-hour accountability, in charge of coordinating the care of post cardiac surgery patients and in charge of staffing levels for the unit; RNs, LPNs and nursing assistants in such ratios that are commensurate with the type and amount of nursing needs of the patients.

Standards/Guidelines: **See Surgical Services**

Cardiac Catheterization Laboratory Center

(Adult and Pediatric)

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with the workforce shortage. Registered nurses are entitled to a supportive work environment and dedicated measures to alleviate overload and stress. The Code of Ethics for Nurses with Interpretative Statements declares that, "The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth" (ANA, 2002, p.18).

In conclusion, coordinated efforts in the healthcare arena to provide quality nursing care and to ensure an ample supply of nurses in the future will serve both the public and nursing's best interests. It is of utmost importance that professional and regulatory bodies uphold existing professional and legal standards regardless of supply and demand issues and seek ways to improve the work environment to increase registered nurse retention.

RECOMMENDATIONS

Uphold existing professional and legal standards of practice through the following recommendations:

- Maintaining standards for best practice within the profession (Olson, 2010).
- Monitoring staffing models for appropriate utilization of registered nurses and maintenance of standards of care (ANA, 2005a).
- Facilitating organizations and educating consumers regarding the appropriate utilization of registered nurses, licensed practical nurses and unlicensed assistive personnel in their respective roles (Badzek, 2010).
- Evaluating regulatory proposals to determine their effect on access to safe, quality nursing care (ANA, 2005b).
- Reporting violations of legal and practice standards to the appropriate state agency or accrediting body without fear of reprisal (ANA, 2005b).

individual needs of the patient population; integration of resources which support the scope and standards of nursing practice; involvement of the nurse in decisions regarding the tools and evaluation of products which may be used to assist in staffing decisions is imperative (ANA, 2005b). Link to these documents are provided in Appendix A.

Staffing Ratios

The New York State Nurses Association (NYSNA) has advocated for the passage of the Safe Staffing for Quality Care Act in New York State for over eight years. The Act would ensure that an adequate number of nurses are present at the bedside. NYSNA's memorandum of support reviews a number of studies, which indicate that increasing the numbers and hours of registered nurse care per patients, prevents patient deaths, decreased medication errors and incidence rates of bedsores (decubiti) and decreases hospital days. Registered nurses are clearly more effective when not overburdened by unmanageable patient assignments (NYSNA memo of support, 2010, online).

Research by Aiken et al., (2010) continues to support that staffing ratios are associated with lower mortality, better nursing outcomes and increased nurse retention in states where they exist.

Initiatives

To ensure the delivery of safe quality care, healthcare organizations and the nursing profession must collaborate to evaluate and monitor the best possible staffing models and ensure methods to maintain the nurse's competence. Patients are entitled to safe quality care even during a shortage. The profession has historically accepted and will continue to accept this responsibility (ANA, 1992). The Joint Commission (2007) notes the importance of recruitment and retention in dealing

State Regulations

Staff must be available on a 24 hour/day basis. Nurses with appropriate education and training shall be regularly assigned to the center.

Cardiac Electrophysiology Laboratory Programs

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State Regulations

In addition to the standards for a catheterization laboratory, EP labs must be adequately staffed and equipped for providing intracardiac electrophysiology procedures.

Chemical Dependence Crisis Service

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State Regulations

There shall be RNs immediately available to all patients at all times. Nursing services shall be under the direction to an RN who has at least one year of experience in the nursing care and treatment of chemical dependence and related illnesses.

Comprehensive Psychiatric Emergency Program (CPEP)

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State Regulations

At least one full-time equivalent RN on duty at all times who shall be responsible for the supervision of the nursing care and

treatment provided in the extended observation beds of the CPEP.

Critical Care/Special Care Units

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Burn Units/Centers

State Regulations

A head nurse who is an RN with two years' intensive care experience or equivalent training and minimum of six months' burn experience.

1:2 RNs to intensive care patients at all times

1:3 RNs to non-intensive care patients at all times

Organ Transplant Units

State Regulations

The transplant center must have a clinical transplant coordinator to ensure the continuity of care of patients and living donors during the pre-transplant, transplant, and discharge phases of transplantation and the donor evaluation, donation, and discharge phases of donation. The clinical transplant coordinator must be a registered nurse or clinician licensed by the State in which the clinical transplant coordinator practices, who has experience and knowledge of transplantation and living donation issues. The hospital shall provide a clinical transplant coordinator and sufficient staff to coordinate the activities of the transplant program, including patient follow-up after discharge

Live Adult Liver Transplantation Services

State Regulations

effectively to a dynamic healthcare system, the IOM's Future of Nursing (2010) indicated the need for nurses to practice to the fullest extent of their education; achieve higher levels of education; and become full partners in the redesign of healthcare (p. 1). The report also calls for a reexamination of the effectiveness of the current healthcare workforce with methodology to determine areas requiring improvements (IOM, 2010).

Staffing and Quality of Care

Needleman et al. (2010) found an inverse relationship between the number of registered nurses and patient mortality in their retrospective observation study. Dall, Chen, Seifert, Maddox and Hogan (2009) found economic advantages for increasing nurse staffing levels including decreased length of stay; hospital acquired conditions and reduced mortality. Aiken, Clarke, Sloane, Sochalski, and Silber (2002) reported in a cross sectional analysis of data from a survey of nurses and surgical patient's discharged from hospitals that each patient added to nurses' workloads was associated with increase in mortality following common surgeries. The nurse's surveys also indicated evidence of nurse burnout and job dissatisfaction, which are precursors of voluntary turnover, increased as nurses' workloads increased (Aiken et al., 2002). The ANA has resources to support adequate staffing which include the "Principles for Nurse Staffing" (2005a) and the "Utilization Guide for the ANA Principles for Nurse Staffing" (2005b).

The Utilization Guide for the ANA Principles for Nurse Staffing (2005b) offers evidence for application of the nine principles ANA suggests to ensure appropriate staffing. The Guide reaffirms the difficulties in staffing decisions and the need to identify tools and process for better staffing. The guidelines suggest the use of patient classification systems; nursing judgment in regards to the

provide a safe, accessible, supportive environment in which quality care can be delivered; and

- the employer has a responsibility to establish an internal pool of competent personnel whose credentials have been reviewed, and who have been oriented to current policies and procedures (ANA, 2005b).

BACKGROUND

Staffing Shortage

Staffing effectiveness is described by the Joint Commission (2007) as ensuring appropriate skill mix and numbers of competent staff to meet patient's needs. Research continues to support that while staffing costs are a significant portion of facilities revenue, adequate staffing has a direct impact on quality and safety of care (Joint Commission, 2010, Preface v.).

The continuing staffing shortages impacts many areas in facilities. These shortages contribute to concerns regarding patient safety and issues related to quality care. Factors identified through root cause analysis of sentinel events include competency, staffing numbers, skill mix, supervision, leadership, orientation, and training (Joint Commission, 2007).

In examining trends in the labor shortage the American Hospital Association Strategic Policy Planning Committee, cite increased competition, changes in the attractiveness of healthcare careers, stressful work environments and associated emotional risks/physical risks as altering an individual's decision about a career in health care (Joint Commission, 2007).

Nursing Shortage

Nursing remains at the front line of patient care, satisfaction and safety by identifying and addressing patient problems in a timely fashion. To maintain the ability of the profession to respond

1:2 in the ICU/PACU level setting increased as appropriate for the acuity level of the patients. After the donor is transferred from the ICU/PACU at least 1:4 on all shifts, increased as appropriate for the acuity level of the patients. The same registered professional nurse shall not take care of both the donor and the recipient.

Federal Regulations

The transplant center must have a clinical transplant coordinator to ensure the continuity of care of patients and living donors during the pre-transplant, transplant, and discharge phases of transplantation and the donor evaluation, donation, and discharge phases of donation. The clinical transplant coordinator must be a registered nurse or clinician licensed by the State in which the clinical transplant coordinator practices, who has experience and knowledge of transplantation and living donation issues.

TB Units or Treatment Centers

State Regulations

Maintain staff that are adequate in number and trained including continuing education and in-service training to perform all necessary activities related to the treatment and care of such patients with tuberculosis

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Emergency Services

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State Regulations

At least one supervising RN is present and available to provide patient care services 24 hours a day, seven days a week.

Additional RNs and nursing staff shall be assigned to the ED in accordance with patient needs.

Medical-Surgical

See page 2 of this booklet.

Obstetrics

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Antepartum Triage & Antepartum
Standards/Guidelines

1:1 Initial triage; 1: 2-3 women during non-stress testing

1:2-3 after initial assessment in triage and in stable condition; 1:3 women if in stable condition.; 1:1 unstable antepartum; 1:1 for IV magnesium sulfate in labor; 1:2 for IV magnesium sulfate who are not in labor ; 1:2 receiving cervical ripening agents with electronic fetal monitoring and assessment q 30 minutes

Labor & Delivery (Intrapartum)
State Regulations

Each maternity patient, when present in a labor, delivery, birthing room or birth center shall be under the care of a registered professional nurse available in accordance with the patient's needs

Standards/Guidelines

1:1- Women in with medical or obstetric complications; 2nd stage of labor; receiving oxytocin; Women choosing no pain relief or medical interventions; Women whose fetus is being monitored via intermittent auscultation; Women using birthing balls or

Position Statement

Role of the Registered Professional Nurse in Staffing Effectiveness

The intent of this position statement is to reaffirm the nursing profession's responsibility to monitor staffing effectiveness for protection of the public from unsafe and ineffective nursing practice.

DEFINITIONS

Competency: "An individual's capability to perform up to defined expectations" (American Nurses Association (ANA), 2005b, p.35).

Ratio: "The relationship between two counted sets of data, which may have a value of zero or greater" (ANA, 2005b, p.36).

Staffing: "The analysis and identification of a health care organization's human resource requirements, recruitment of persons to meet those requirements and initial placement of those persons to ensure adequate numbers, knowledge and skills to perform the organization's work" (ANA, 2005b, p.36).

POSITION

It is the position of the New York State Nurses Association that

- patients are entitled to safe, quality health care at all times;
- the nursing profession has an obligation to evaluate and monitor staffing models to ensure the delivery of safe, quality care;
- the state has a responsibility to hold healthcare employers accountable for the provision of effective nurse staffing;
- the employer has a responsibility to develop recruitment and retention strategies that are comprehensive, and

	Competency and expectations are defined, assessed, and allocated "necessary for resident safety and improved resident outcomes" (The Joint Commission, 2011, ACC-38). **Reference** Joint Commission (2011) The Accreditation Process, *CAMLTC: Comprehensive accreditation manual for long term care, Update 2, September 2011*(ACC-31- ACC-38) Oakbrook Terrace, IL: Joint Commission Resources.

hydrotherapy; receiving IV magnesium; Coverage for initiating epidural anesthesia

1:2 Women in labor without complications

2:1 - Caesarean delivery (1 for mother; 1 or more for infant/s) & for vaginal births (1 for mother; 1 or more for infant/s)

Postpartum/Newborn Nursery

State Regulations

Appropriate nursing care shall be available to the mother during the period of recovery after delivery. At all times, the newborn shall be under the care of an RN.

Standards/Guidelines

2:1 Postpartum vaginal or caesarean birth (1 RN for mother and 1 or more for infant/s)

1:2 on the immediate postop day the woman is recovering from cesarean birth as part of the nurse to patient ratio of I nurse to 3 mother-baby couplets

1:5-6 - Postpartum patients without complications with no more than 2 to 3 women on the immediate postoperative day who are recovering from cesarean birth; 1:3 - postpartum patients with complications but in stable condition

1:6-8-Newborns requiring only routine care

Pediatrics

See page 2 of this booklet.

Post-Anesthesia Care Unit (PACU)

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Standards/Guidelines

Phase I

1:2 (One RN to two pts.) For one unconscious patient, stable with stable airway and over 8 yrs. old & one conscious patient, stable, and free of complications; Two conscious patients, stable & free of complication; Two conscious patients, stable, 8 yrs. old or younger, with family or competent support staff present.

1:1 At the time of admission, until the critical elements are met; Requiring mechanical life support and/or artificial airway; Any unconscious patient 8 years of age and under; A second nurse must be available to assist as necessary

2:1 One critically ill, unstable, complicated patient

Phase II

1:3 Over 8 yrs. old; 8 yrs. old and with family present

1:2 8 yrs. old and under without family or support staff present; Initial admission of patient post procedure

1:1 Unstable patient of any age requiring transfer.

Phase III

1:3/5: Patients awaiting transportation home; with no caregiver; procedures requiring extended observation or interventions; being held for an inpatient bed

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Rehabilitation Services (Inpatient)

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	organization (The Joint Commission, CAMLTC, Update 2, September 2011, PI-1-PI-2). **PI.04.01.01** "The organization uses data from clinical/service indicators and human resource indicators to assess the effectiveness of staff in meeting resident needs. Note: This standard is not in effect at this time" (The Joint Commission, CAMLTC, Update 2, September 2011, PI-7) **Reference** Joint Commission (2011) Performance Improvement, *CAMLTC: Comprehensive accreditation manual for long term care, Update 2, September 2011*(PI-1-PI-7) Oakbrook Terrace, IL: Joint Commission Resources. **The Accreditation Process** To ensure eligibility for initial and ongoing accreditation, the Joint Commission has "categorized the different processes, systems, and structures that lead to improved health care into 14 priority focus areas (PFAs)" which includes staffing. (The Joint Commission, CAMLTC, Update 2, September 2011, ACC-38). "Effective staffing entails providing the optimal number of competent personnel with the appropriate skill mix to meet the needs of a health care organization's patients based on that organization's mission, values, and vision" (The Joint Commission, CAMLTC, Update 2, September 2011, ACC-38).

	communicating, changing performance, and staffing" (The Joint Commission, CAMLTC, Update 2, September 2011, LD-11). "The five key systems serve as pillars that are based on the foundation set by leadership and, in turn, support the many organization-wide processes (such as medication management) that are important to individual care, treatment, and services (The Joint Commission, 2011, LD-12) **LD.03.06.01** "Those who work in the organization are focused on improving safety and quality" (The Joint Commission, 2011, LD-17). Elements of performance include the functions of leaders in designing work processes; providing for a sufficient number and mix of individuals who are competent to provide the care and evaluate the effectiveness of those individuals (The Joint Commission, 2011, LD-17). **Reference** Joint Commission (2011) Leadership, *CAMLTC: Comprehensive accreditation manual for long term care, Update 2, September 2011*(LD- 11-LD-17) Oakbrook Terrace, IL: Joint Commission Resources. **Performance Improvement** The Joint Commission ascertains that "leaders have the ultimate responsibility for performance improvement" through data collection, analysis of that data and implementing change based on improving the

State Regulations

Services shall be under the direction of a RN with appropriate training and experience in rehabilitation nursing.

Standards/Guidelines

The recommended hours should be determined from census, admission, discharges, transfers, number of contacts a nurse has in a shift to meet the intensity of nursing care.

Federal Regulations

The services must be furnished by personnel that meet the qualifications (includes RN) and the number of qualified personnel must be adequate for the volume and diversity of services offered.

Spinal Cord Injury

State Regulations

Under the direction of an RN with appropriate training and experience in rehabilitation nursing & RNs and trained personnel capable of providing intermittent catheterizations and respiratory therapy services available 24 hours a day, 7 days a week

Traumatic Head Injury

State Regulations

Under the direction of an RN who is eligible for certification in rehab nursing or has demonstrated clinical competency. There shall be at least one RN with experience in rehabilitation nursing assigned to each shift

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Surgical Services

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State Regulations

Nursing personnel shall be on duty in sufficient number in accordance with the needs of patients and the complexity of services they are to receive. An RN qualified by the hospital and by training and experience in operating room nursing shall be present as the circulating nurse in any and each separate operating room.

Standards/Guidelines

Intraoperative: 1 RN per patient per OR in the role of circulator. Additional RN staffing for complex surgical procedures and patients; technological demands and first assist requirements.

Telemetry and Progressive Care Units

See page 2 of this booklet.

Upgraded Diagnostic & Treatment Centers (Emergency Services)

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State Regulations

In addition to the regulations for a diagnostic & treatment center, the emergency service will be staffed by a PA, NP or RN who has ACLS or equivalent; preferably is certified in advanced trauma life support (ATLS) and/or pediatric advanced life support (PALS) or equivalent; and are staffed by experienced RNs &/or LPNs so the nursing needs of all emergency patients are met; an RN with training and current certification in trauma nurse care coordination (TNCC) is in charge of nursing services in the emergency care services unit.

	and services….the standards describe the overall responsibility of governance for the safety and quality of care, treatment and services provided by [staff] (The Joint Commission, CAMLTC, 2011, LD-5). **LD.01.04.01** "An administrator manages the organization" (The Joint Commission, 2011, LD-6). Elements of performance include that the administrator provides for the following: "A 2. "Recruitment and retention of staff; A 6. The administrator identifies a registered nurse, qualified by education and experience, to direct nursing services; A 7. When the director of nursing is responsible for more than one organization of specialty program, an appropriately qualified registered nurse is assigned responsibility for the nursing staff activities in each setting; A. 8 When the director of nursing is absent; responsibility for continuity and supervision of nursing care is delegated to a registered nurse" (The Joint Commission, 2011, LD-7). **Organization Culture and System Performance** The Joint Commission has indicated that expectations of an organization include that the culture of safety and quality is created by leadership. "Leaders plan, support, and implement key systems critical to this effort… [which include] using data, planning,

	increase competency; whenever staff responsibilities change; education that is specific to the needs of the population served and the need to report unanticipated adverse events and how to report these events. (The Joint Commission, 2011, HR -7). **HR.01.06.01** "Staff are competent to perform their responsibilities" (The Joint Commission, 2011, HR -9). Elements of performance include that the organization defines the competencies; reviews those competencies initially in orientation and once every three years or more and takes action when competency does not meet expectations. (The Joint Commission, 2011, HR -9). **HR.01.07.01** "The organization evaluates staff performance" (The Joint Commission, 2012, HR -10). Elements of performance include evaluation based on job responsibilities; and every three or more years. (The Joint Commission, 2011, HR -10). **Reference** Joint Commission (2012-2013) Human Resources, *CAMLTC: Comprehensive accreditation manual for long term care, Update 2, September 2011* (HR-1 - HR-9) Oakbrook Terrace, IL: Joint Commission Resources. **Leadership Structure** The Joint Commission recognizes that "leadership responsibilities directly affect the provision of care, treatment

Staffing in Non-Acute Care Settings

There are no staffing regulations or standards that apply to all non-acute care settings. The summary below includes settings for which there are some applicable standards. If your setting is not included, you may assume that there are no relevant staffing requirements in your area.

Adult Day Care

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State Regulations

Nursing services to evaluate the need of each registrant are on a periodic and continuing basis, but not less often than quarterly, and, when appropriate, provide for such care. An RN is on-site and performs a nursing evaluation of each registrant at the time of admission to the program. Nursing services are provided to registrants under the direction of an RN who is on-site during all hours of the program operation.

Adult Homes

Appendix pg. 43

State Regulations

The operator must have sufficient staff to render services, immediately accessible at all times while on duty. The minimum number of staff shall be determined by the census.

Assisted Living Residencies

(Enhanced or special needs)

Appendix pg. 45

State Regulations

Nursing coverage requirements, at a minimum, include: an RN on duty and on-site at the residence, for eight hours per day, five days a week, and an LPN shall be on duty and onsite at the residence for eight hours per day for the remainder of such week; an RN on call and available for consultation 24 hours a day, seven days a week, if not available onsite; and additional nursing coverage, as determined necessary.

Certified Home Health Agencies, Long Term Home Health Care Programs and AIDS Home Care Programs

Appendix pg. 46

State Regulations

An agency must ensure the availability 24/ 7 of professional telephone consultation for patients and caregivers; and part-time, intermittent nursing and home health aide visits in the home as the needs of the patient dictate. All personnel are supervised by a community health RN.

Federal Regulations

The RN makes the initial evaluation visit, regularly reevaluates nursing needs, initiates the plan of care and revisions, furnishes services requiring substantial and specialized nursing skill, initiates appropriate preventive and rehabilitative procedures, prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in condition and needs, counsels the patient and family, participates in in-service programs, and supervises and teaches other nursing personnel. An RN must conduct an initial assessment visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine

	or registered per State law; credentials are verified; education and experience is verified; a criminal background check and applicable health screening are completed. (The Joint Commission, 2011, HR -4- HR-5). **HR.01.02.07** "The organization determines how staff functions within the organization" (The Joint Commission, 2011, HR -6). Elements of performance include possessing the license, certification or registration in accordance with law and regulation; staff practice within the scope of their license; and that "staff oversee the supervision of students when they provide patient care, treatment or services as part of their training" (The Joint Commission, 2012, HR -5). **HR.01.04.01** "The organization provides orientation to staff" (The Joint Commission, 2011, HR -6). Elements of performance include key safety content determined by the organization to be included. Orientation must include and be documented- relevant policies and procedures; specific job duties, cultural diversity and patient rights. **HR.01.05.03** "Staff participate in ongoing education and training" (The Joint Commission, 2011, HR -7). Elements of performance include participation and documentation of that participation by staff in ongoing education and training to maintain or

Joint Commission Setting	Standards & Elements of Performance
Long Term Care	**Human Resources** **HR.01.01.01** "The organization has the necessary staff to support the care, treatment, or services it provides" (The Joint Commission, CAMLTC, Update 2, September 2011, HR -4). Elements of performance A. 21. "The organization provides licensed nurse and other nursing personnel 24 hours a day, 7 days a week, in accordance with law and regulation; A 22. The organization provide the services of a registered nurse at least 8 consecutive hours a day, 7 days a week, in accordance with law and regulation; A 23. If any resident(s) requires the services of a registered nurse, the organization has at least one registered nurse on duty" (The Joint Commission, 2011, HR -4). **HR. 01.02.01** "The organization defines staff qualifications" (The Joint Commission, 2011, HR -4). Elements of performance include defining staff qualifications specific to job duties. Includes infection prevention and control management. **HR.01.02.05** "The organization verifies staff qualifications" (The Joint Commission, 2011, HR -4). Elements of performance include ensuing that staff are licensed, certified

eligibility for the Medicare home health benefit, including homebound status.

Chemical Dependence Services

(Residential Services)

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State Regulations

At least 25 percent of all clinical staff members shall be qualified health professionals.

Children's Camps

Appendix pg. 50

State Regulations

A designated camp health director to supervise health and sanitation shall be named. Such director may be a registered nurse, or other licensed healthcare professional or other person acceptable to the permit-issuing official. At a children's overnight camp, the camp health director shall be on-site. Staff must be screened prior to hire and mandated reporters must be trained.

Correctional Services

(State)

Appendix pg. 52

State Regulations

RNs, LPNs, and NAs in sufficient number to provide a combined average of direct nursing care of not less than one hour for each self- care patient, two hours for each partial care patient and four hours for each total care patient.

Hospice

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State Regulations

Hospice staff shall include a hospice nurse coordinator who is an RN with a BSN; a minimum of four years of experience in nursing with at least two years in a supervisory or administrative position; or a minimum of six years in nursing with at least two years in a supervisory or administrative position. Nursing services in the home shall be provided by or under the direction of hospice personnel who meet the requirements of a community health nurse.

Licensed Home Care Agencies

Appendix pg. 57

State Regulations

All patients are accepted for health care services only after a determination has been made by an RN or by an individual directly supervised by an RN that the patient's needs can be safely and adequately met by the agency; aides or personal care aides are supervised, as appropriate, by an RN or LPN, or a therapist if the aide carries out simple procedures.

Nursing Homes

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	the optimal number of competent personnel with the appropriate skill mix to meet the needs of a health care organization's patients based on that organization's mission, values, and vision" (The Joint Commission, CAMH, Update 2, October 2013, ACC-41). Competency and expectations are defined, assessed, and allocated "necessary for patient safety and improved patient outcomes" (The Joint Commission, 2013, ACC-41). **Reference** Joint Commission (2012-2013) The Accreditation Process, *CAMH: Comprehensive accreditation manual for hospitals, Update 2, October 2013*(ACC-34- ACC-41) Oakbrook Terrace, IL: Joint Commission Resources.

	the safety program, of the results of this analysis and actions taken to resolve the identified problems(s); A.14. At least once a year, the leaders responsible for the hospital wide patient safety program review a written report on the results of any analysis related to the adequacy of staffing and any actions taken to resolve identified problems" (The Joint Commission, 2013, PI-7). **PI.04.01.01** "The hospital uses data from clinical/service screening indicators and human resource screening indicators to assess and continuously improve staffing effectiveness. Note: This standard is not in effect at this time" **Reference** Joint Commission (2012-2013) Performance Improvement, *CAMH: Comprehensive accreditation manual for hospitals, Update 2, October 2013*(PI-6-PI-7) Oakbrook Terrace, IL: Joint Commission Resources. **The Accreditation Process** To ensure eligibility for initial and ongoing accreditation, the Joint Commission has "categorized the different processes, systems, and structures that lead to improved health care into 14 priority focus areas (PFAs)" which includes effective staffing. (The Joint Commission, CAMH, Update 2, October 2013, ACC-34). "Effective staffing entails providing

State Regulations

The facility shall use the services of an RN at least eight consecutive hours a day, seven days a week.

Sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: RNs, LPNs, certified nurse aides and other nursing personnel.

An RN or LPN to serve as a charge nurse on each tour of duty who is responsible for the supervision of total nursing activities; one charge nurse for each tour of duty on each resident care unit or on proximate nursing care units in the facility provided that each nursing care unit in the facility is under the supervision of a charge nurse. *10 NYCRR 415.13(2)*

An RN serves as the DON on a full-time basis and may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. *10 NYCRR 415.13(b) (1-3)*

Feeding assistants shall be under the supervision of a nurse.

Federal Regulations

Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.

Inpatient Rehabilitation for Head Injuries

State Regulations

Nursing services for the head injury unit shall be under the direction of an RN with experience in the provision of rehab nursing for head injured patients or residents. There shall be at

least one RN with experience in rehab nursing assigned to each shift on the head injury unit.

Extended care of residents with traumatic brain injury
State Regulations

There shall be sufficient nursing and social work staff to work with both the extended care resident with TBI and the resident's family.

Long-Term Ventilator-Dependent Patients
State Regulations

One or more RNs on each shift shall be assigned to provide care to ventilator-dependent residents.

Residents with AIDS
State Regulations

Nursing services for the AIDS program are under the supervision of an RN with experience in the care and management of persons with AIDS.

Residents requiring Behavioral Interventions
State Regulations

Managed by a program coordinator who is a licensed or certified health care professional with previous formal education. Other than the program coordinator, there shall be at least one RN

	CAMH, Update 2, September 2012, PC-42) **Reference** Joint Commission (2012-2013) Provision of Care, Treatment, and Services, *CAMH: Comprehensive accreditation manual for hospitals, Update 2, October 2013*(PC-42) Oakbrook Terrace, IL: Joint Commission Resources. **Performance Improvement** The Joint Commission ascertains that "leaders have the ultimate responsibility for performance improvement" through data collection, analysis of that data and implementing change based on improving the organization (The Joint Commission, CAMH, Update 2, October 2013, PI-1-PI-2). **PI.02.01.01** "The hospital compiles and analyzes data" (The Joint Commission, CAMH, Update 2, October 2013, PI-6). A 12. "When the hospital identifies undesirable patterns, trends, or variations, in its performance related to the safety or quality of care (for example, as identified in the analysis of data or a single undesirable event_, it includes the adequacy of staffing, including nurse staffing, in its analysis of possible causes; A13. When analysis reveals a problem with the adequacy of staffing, the leaders responsible for the hospital wide patient safety program (as addressed at LD.04.04.05, EP 1) are informed, in a manner determined by

	nursing staff and is “responsible for the provision of nursing services 24 hours a day, 7 days a week” (The Joint Commission, 2013, NR-6). A7. “A registered nurse provides or supervises the nursing services 24 hours a day, 7 days a week” (The Joint Commission, 2013, NR-6). **Reference** Joint Commission (2012-2013) Nursing, *CAMH: Comprehensive accreditation manual for hospitals, Update 2, October 2013*(NR-1-NR-6) Oakbrook Terrace, IL: Joint Commission Resources. **Provision of Care, Treatment, and Services** The standard cited only applies to hospitals that **do not use** Joint Commission accreditation for deemed status purposes. **PC.03.03.05** Staffing levels and assignments are designed to minimize the use and maximize the safety of restraint or seclusion for behavioral health purposes (The Joint Commission, CAMH, Update 2, September 2012, PC-42) Elements of performance include that when the hospitals uses restraint or seclusion for behavioral health purposes, they “bases staffing levels and assignments on staffing qualifications, the physical design of the environment, patient diagnosis, co-occurring conditions, acuity levels and patients ages and developmental functioning” (The Joint Commission,

deployed on each shift in this unit who has training and experience in caring for individuals with severe behaviors.

Treatment & Diagnostic Centers

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Chronic (End Stage) Renal Dialysis

State Regulations

A physician or a RN with at least three months of training and experience in hemodialysis under the close supervision of a qualified physician, shall be in attendance at all times; upon the certification that the patient's condition is sufficiently stable, a licensed practical nurse with equivalent training and experience may attend a patient during dialysis treatment at home.

Federal Regulations

An adequate number of qualified personnel so that the patient/staff ratio is appropriate to the level of dialysis care given and meets the needs of patients. An RN, who is responsible for the nursing care provided, is present in the facility at all times. The RN has at least 12 months of experience in clinical nursing, and an additional 6 months of experience in nursing care of the patient with permanent kidney failure or undergoing kidney transplantation, including training in and experience with the dialysis process; or has 18 months of experience on maintenance dialysis, or with patient with a kidney transplant, including training in and experience with the dialysis process; If the nurse responsible for nursing service is in charge of self-care dialysis training, at least 3 months of the total required ESRD experience is in training patients in self-care.

Free-Standing and Off-Site Hospital Based Ambulatory Surgery Services

State Regulations

Nursing services are staffed to assure that the nursing needs of all patients are met; an RN is in charge of the nursing services in the operating room; and only RNs function as circulating nurses in the operating room.

Federal Regulations

Nursing services must be provided in accordance with recognized standards of practice. There must be a registered nurse available for emergency treatment whenever there is a patient in the ASC.

School Nursing

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State Education Law

Any such board or trustees may employ one or more school nurses, who shall be RNs, as well as other health professionals, as may be required.

	Update 2, October 2013, NR-3). Elements of performance include that the nurse executive is at the senior leadership level with an active leadership role with the hospitals decision making structure and processes. (The Joint Commission, October 2013, NR-3). **NR.02.02.01** "The nurse executive establishes guidelines for the delivery of nursing care, treatment and services. (The Joint Commission, 2013, NR-5). Elements of performance include that the "nurse executive along with registered nurses and other designated nursing staff write-Standards of nursing practice for the hospital; nursing standards of patient care, treatment, and services; nursing policies and procedures; nurse staffing plan(s) and standards to measure, assess and improve patient outcomes" (The Joint Commission, 2013, NR-5-NR-6). **NR.02.03.01** "The nurse executive directs the implementation of nursing policies and procedures, nursing standards, and a nurse staffing plan(s)" (The Joint Commission, 2013, NR-6). Elements of performance include that the nurse executive approves all policies and procedures and standards prior to implementation; provides access to the policies, procedures and standards to the

	by leadership and, in turn, support the many hospital-wide processes (such as medication management) that are important to individual care, treatment or services" (The Joint Commission, CAMH Update 2, October 2013, LD-15). **LD.03.06.01** "Those who work in the hospital are focused on improving safety and quality" (The Joint Commission, 2013, LD-19). Elements of performance include the functions of leaders in designing work processes; providing for a sufficient number and mix of individuals who are competent to provide the care and evaluate the effectiveness of those individuals (The Joint Commission, 2013, LD-19). **Reference** Joint Commission (2012-2013) Leadership, *CAMH: Comprehensive accreditation manual for hospitals, Update 2, September 2012-October 2013*(LD- 5-LD-19) Oakbrook Terrace, IL: Joint Commission Resources. **Nursing** "The quality of a hospital's nursing service is built upon the leadership of a nurse executive and the work of a qualified staff" (The Joint Commission, CAMH, Update 2, September 2012, NR-1) **NR.01.01.01** "The nurse executive directs the delivery of nursing care, treatment and services" (The Joint Commission, CAMH,

Reading the Appendix

The following definitions may be helpful in reading the information provided in the Appendix (pp. 24-69).

State Regulations: Rules established to implement state law. Regulations carry the force of law.

New York State regulations are printed in a multi-volume publication, Official Compilation of Codes, Rules and Regulations of New York (NYCRR)

References to this publication are indicated in the Appendix as:

10 NYCRR 405

Title Publication Section

Additional letters or numbers after the section number indicate specific paragraphs or sub-paragraphs.

Federal Regulations: Rules established to implement laws enacted by the United States government. Regulations carry the force of law.

Federal regulations are printed in a multi-volume publication, Code of Federal Regulations (CFR). References to this publication are indicated in the Appendix as:

42 CFR 285

Title Publication Section

Additional letters or numbers after the section number indicate specific paragraphs or sub-paragraphs.

Guidelines: Government agencies sometimes issue guidelines to clarify existing laws or regulations or propose changes to regulations. They do not carry the force of law.

Standards: Some nursing specialty organizations have created professional standards to guide staffing decisions. These standards represent “best practices” based on research and experience in the field but do not carry the force of law.

Standard of Care: The levels of conduct against which one’s acts are measured to determined liability. A standard of care is applied to the competence of the professionals providing that care. The traditional standard for healthcare providers is that they exercise the same professional practice standard in the same or similar settings in light of the present state of medical science.

Nationally recognized standards of care have been established which are applicable to all nurses and are used in determining accountability, regardless of a nurse’s area or state of practice.

	The Joint Commission recognizes that each hospital leadership structure will vary however the “overall responsibility of the governing body is for the safety and quality of care, treatment, and services provided by all of [the individuals working within] the hospital” (The Joint Commission, Leadership Structure, CAMH, Update 2, September 2012, LD-5). **LD.01.02.01** **C4.** “For hospitals…the chief executive officer, medical staff, and nurse executive make certain that the hospitalwide quality assessment and performance improvement and training programs address problems identified by the individual responsible for infection prevention and control and that corrective action plans are successfully implements” (The Joint Commission, CAMH, Update 2, October 2013, LD-7). **Hospital Culture and System Performance Expectations** The Joint Commission has indicated that expectations of a hospital include that the culture of safety and quality is created by leadership. “Leaders plan, support, and implement key systems critical to this effort… [which include] using data, planning, communicating, changing performance, and staffing” (The Joint Commission, CAMH, Update 1, March 2013, LD-14). “The five key systems serve as pillars that are based on the foundation set

	education and training to maintain or increase competency; whenever staff responsibilities change; education that is specific to the needs of the population served and the need to report unanticipated adverse events and how to report these events. (The Joint Commission, 2013, HR- 8). **HR.01.06.01** "Staff are competent to perform their responsibilities" (The Joint Commission, 2012, HR -9). Elements of performance include that the organization defines the competencies; reviews those competencies initially in orientation and once every three years or more and takes action when competency does not meet expectations. (The Joint Commission, 2012, HR-9). **HR.01.07.01** "The organization evaluates staff performance" (The Joint Commission, 2012, HR -9). Elements of performance include evaluation based on job responsibilities; and every three or more years. **Reference** Joint Commission (2012-2013) Human Resources, *CAMH: Comprehensive accreditation manual for hospitals, Update 2, September 2012* (HR-1 - HR-9) and October 2013 (HR-3-HR4 –HR-7-HR-8) Oakbrook Terrace, IL: Joint Commission Resources. **Leadership** **Leadership Structure**

Appendix

The following pages provide the wording of laws, regulations, and professional standards/guidelines related to nurse staffing.

Staffing in Acute Care Settings

Type of Care Setting/Unit	State or Federal Regulations
Ambulatory Surgery Center Ambulatory surgery is a service organized to provide those surgical procedures which need to be performed for safety reasons in an operating room on anesthetized patients requiring a stay of less than 24 hours. *10 NYCRR 709.5 (b)(1)*	Hospital-based ambulatory surgery services may be located at the same site as the hospital. *10NYCRR 709.5 (b)(2)* The hospital shall ensure that all care provided by its ambulatory services is in accordance with prevailing standards of professional practice. *10NYCRR 405.20 (a)(2)* The hospital shall assign a physician to be responsible for the professional services of the outpatient department. *10NYCRR 405.20(b)* Nursing personnel shall be on duty in sufficient number for the surgical suite in accordance with the needs of patients and the complexity of services they are to receive. A registered professional nurse qualified by the hospital and by training and experience in operating room nursing shall be present as the circulating nurse in any and each separate operating room where surgery is being performed for the duration of the operative procedure. Nothing in this section precludes a circulating nurse from leaving the operating room as part of the operative procedure, leaving the operating room for short periods; or, in accordance with employee rules or

	regulations, being relieved during an operative procedure by another circulating nurse assigned to continue the operative procedure. LPNs and surgical technologists may perform scrub functions and may assist in circulating duties under the supervision of the circulating RN who is present in the operating room for the duration of the procedure, in accordance with policies and procedures established by the medical staff and the nursing service and approved by the governing body. *10NYCRR 405.12 (a) (1) (i-iii)* **Federal Regulations** If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered. The operating rooms must be supervised by an experienced RN or a doctor of medicine or osteopathy. Licensed practical nurses (LPNs) and surgical technologists (operating room technicians) may serve as "scrub nurses" under the supervision of an RN. Qualified RNs may perform circulating duties in the operating room. In accordance with applicable State laws and approved medical staff policies and procedures, LPNs and surgical technologists may assist in circulatory duties under the supervision of a qualified RN who is immediately available to respond to emergencies. *42 CFR §482.51(a)(1-3)* The nursing services of the ASC must

	evaluate the nursing care furnished"(The Joint Commission, CAMH Update 2, September 2012, HR-6) **HR.01.02.07** "The organization determines how staff functions within the organization" (The Joint Commission, 2012, HR -6). Elements of performance include possessing the license, certification or registration in accordance with law and regulation; staff practice within the scope of their license; and that "staff oversee the supervision of students when they provide patient care, treatment or services as part of their training" (The Joint Commission, 2012, HR -5). **HR.01.04.01** "The organization provides orientation to staff" (The Joint Commission, 2012, HR -7). Elements of performance include key safety content determined by the organization to be included. Orientation must include and be documented- relevant policies and procedures; specific job duties, cultural diversity and patient rights. (The Joint Commission, 2013, HR- 7). **HR.01.05.03** "Staff participate in ongoing education and training" (The Joint Commission, CAMH, Update 2, October 2013, HR -7). Elements of performance include participation and documentation of that participation by staff in ongoing

Joint Commission Setting	Standards & Elements of Performance
Hospital	**Human Resources** **HR.01.01.01** "The hospital has the necessary staff to support the care, treatment, or services it provides" (The Joint Commission, 2012, HR -3). **HR. 01.02.01** "The organization defines staff qualifications" (The Joint Commission, 2012, HR -3). Elements of performance include defining staff qualifications specific to job duties. Includes infection prevention and control management. **HR.01.02.05** "The organization verifies staff qualifications" (The Joint Commission, 2012, HR -3). Elements of performance include ensuing that staff are licensed, certified or registered per State law; credentials are verified; education and experience is verified; a criminal background check and applicable health screening are completed. A 16. "For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The director of psychiatric nursing is a registered nurse who has a master's degree in psychiatric or mental health nursing…;demonstrates competence to participate in interdisciplinary formulation of individual treatment plans; to give skilled nursing care and therapy; and to direct, monitor, and

	be directed and staffed to assure that the nursing needs of all patients are met. Patient care responsibilities must be delineated for all nursing service personnel. Nursing services must be provided in accordance with recognized standards of practice. There must be an RN available for emergency treatment whenever there is a patient in the ASC. *42CFR §416.46(a)*

Type of Care Setting/Unit	State or Federal Regulations	Standards/Guidelines
Behavioral Health Inpatient Psychiatric Units of General Hospitals	Nursing service is under the nurse practitioner or registered nurse experienced in the care of patients with mental illness and in the administration of a psychiatric nursing service. *14NYCRR 580.7(c)* **Federal Regulations** In addition to the DON, there must be adequate numbers of RNs, LPNs, and mental health workers to provide nursing care necessary under each patient's active treatment program and to maintain progress notes on each patient. The	APNA recommends the following for psychiatric inpatient units in determining staffing needs: A committee that includes direct-care RNs and nursing administrators should develop, implement, and evaluate the staffing plan. The staffing plan should consider the multiple variables that affect staffing needs. Evaluation of the staffing plan should be ongoing with the use of identified quality and safety measures. As leaders and direct care providers, psychiatric RNs should be acknowledged as essential and integral partners within the

	director of psychiatric nursing services must be an RN who has a master's degree in psychiatric or mental health nursing, or its equivalent from a school of nursing accredited by the NLN, or is qualified by education and experience in the care of the mentally ill. There must be an RN 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.*42CFR§482.62 (d) (1-2)*	institution and be authorized to develop policies on quality and safety of patient care. *American Psychiatric Nurses Association (APNA) Position Statement (2011)*

Type of Care Setting/ Unit	State or Federal Regulations	Standards/ Guidelines
Cardiac Surgical Centers Cardiac surgical center shall mean an inpatient care	Nursing personnel shall be certified in ACLS or meet acceptable equivalent training and experience and shall	**Preoperative**-The number of RNs & skill mix should be based on the # of patients, # of operating rooms, # of procedures, patient

	different processes, systems, and structures that lead to improved health care into 14 priority focus areas (PFAs)" which includes effective staffing. (The Joint Commission, CAMHC, Update 2, October 2013, ACC-37). "Effective staffing entails providing the optimal number of competent personnel with the appropriate skill mix to meet the needs of a health care organization's patients based on that organization's mission, values, and vision" (The Joint Commission, 2013, ACC-44). **Reference** Joint Commission (2013) The Accreditation Process, *CAMHC: Comprehensive accreditation manual for home care, Update 2, October 2013* (ACC-37- ACC-44) Oakbrook Terrace, IL: Joint Commission Resources.

	C7. For home health agencies…a licensed practical nurse(s) assists the patient in learning self-care techniques" (The Joint Commission, 2012, PC-38). **PC.03.05.11** "The organization evaluates and reevaluates the patient who is restrained or secluded" (The Joint Commission, CAMHC Update 2 September 2012, PC-44). A1. "For hospices providing inpatient care in their own facilities…a physician or registered nurse who has been trained in the use of restraint and seclusion evaluates the patient face-to-face within one hour of the initiation of restraint or seclusion; A2. For hospices providing inpatient care in their own facilities…when the face-to-face evaluation is done by a registered nurse, he or she consults with the medical director or physician designee as soon as possible after the evaluation" (The Joint Commission, 2012, PC-44). **Reference** Joint Commission (2013), Provision of Care, Treatment, and Services, *CAMHC: Comprehensive accreditation manual for home care, Update 2, October 2013* (PC-1-PC-44) Oakbrook Terrace, IL: Joint Commission Resources. **The Accreditation Process** To ensure eligibility for initial and ongoing accreditation, the Joint Commission has "categorized the

unit of a hospital which shall be approved as such by the department and shall be appropriately staffed and equipped to provide both diagnostic and surgical services 10NYCRR700.2 (19)	include: An RN, with 24-hour accountability, in charge of coordinating the care of post cardiac surgery patients and in charge of staffing levels for the unit; RNs, LPNs and nursing assistants in such ratios that are commensurate with the type and amount of nursing needs of the patients. *10NYCRR405.29(d)(3)(ii)(a-b)*	acuity, complexity of procedures, time required to perform tasks, age-specific needs, and average time for prep. **Intraoperative** 1:1 RN in the role of circulator. 1 scrub person per patient. Additional staff members with appropriate competencies for the following: Moderate sedation 1 RN dedicated to monitoring and separate from circulator. Local anesthesia 1 RN in addition to circulator depending upon nursing assessment Additional RN staffing for complex surgical procedures and patients; technological demands and first assist requirements- *Association of periOperative Registered Nurses. (2012)*
Cardiac Catheterization Laboratory Center Criteria (Adult and Pediatric)	Staff must be available on a 24 hour/day basis *10NYCRR405.29(e)(1)(iv)(c)* Nurses with appropriate education and training shall be regularly assigned to the center *10NYCRR405.29(e)(1)(v)(b)*	
Cardiac EP Laboratory Programs	In addition to the standards at paragraph 405.29(e)(1), labs must be adequately staffed and equipped for providing intracardiac electrophysiology	

	procedures *10NYCRR405.29(e)(5)(i)*(a)	

Type of Care Setting/Unit	State or Federal Regulations
Chemical Dependence Crisis Service **Standards applicable to all settings** Standards applicable to medically managed detoxification services Medically managed detoxification services shall be provided in facilities certified by the Office to provide a chemical dependence crisis service and certified by the Department of Health as a general hospital pursuant to Article 28 of the Public Health Law. Such services shall not be provided on an ambulatory basis. *14NYCRR816.6 (a-b)*	Clinical protocols must include appropriate staffing. *14 NYCRR 816.5(c)(2)(ii)* Medical care policies and procedures must include a schedule for monitoring and observing *any* changes in the patient's condition during withdrawal. Such schedule shall include the staff positions responsible for observing the patient, frequency of observation, and documentation required. (B) All changes in patient condition and appropriate actions taken shall be noted in the patient's record. *14 NYCRR 816.5(c)(3)(iii)(A-B)* At least fifty percent of the clinical staff shall be qualified health professionals. *14NYCRR816.6 (e)(5)* There shall be registered nursing personnel immediately available to all patients at all times. Nursing services shall be under the direction of a registered professional nurse who has at least one year of experience in the nursing care and treatment of chemical dependence and related illnesses. *14NYCRR816.6 (e)(3)*

	"The organization provides interdisciplinary, collaborative care, treatment, or services" (The Joint Commission, CAMHC, 2012, Update 2, September 2012, PC-26). A5. "The interdisciplinary care, treatment, or services team includes a licensed physician, a registered nurse, a social worker, and a pastoral or other counselor; A6. For hospices…a interdisciplinary group that includes at least the following: a doctor of medicine or osteopathy who is an employee of or under contract with the hospice; a registered nurse; a social worker and a pastoral or other counselor A15. For home health agencies…the nurse informs the physician and other personnel of changes in the patient's condition and needs; A16. For hospices…the hospice designates a registered nurse to coordinate the assessment of each patient's and family's needs and implementation of the patient's plan of care" (The Joint Commission, 2012, PC-28-PC-29). **PC.02.03.01** "The organization provides patient education and training based on each patient's needs and abilities" (The Joint Commission, CAMHC Update 2 September 2012, PC-37). C6." For home health agencies…a registered nurse counsels the patient and family in how to meet nursing and related needs;

	prepares written patient care instructions that specify the duties of the home health aide or homemaker; A33. For hospices…a registered nurse who is a member of the interdisciplinary group prepares written patient care instructions for the hospice aide" (The Joint Commission, 2012, PC-21-PC-22). **PC.02.01.01** "The organization provides care, treatment, or services for each patient" (The Joint Commission, 2012, PC-23). A4. "For hospices…the organization provides 24-hours nursing services in accordance with each patient's plan of care; C7. For home health agencies…the registered nurse furnishes the patient with those services requiring substantial and specialized nursing skill; C8. For home health agencies…the registered nurse initiates preventive and rehabilitative nursing procedures as relevant to the patient's needs; C9. For home health agencies…the licensed practical nurse assists the physician and registered nurse in performing specialized procedures; C10. For home health agencies…the licensed practical nurse adheres to aseptic technique when preparing equipment and materials for treatment(s)" (The Joint Commission, 2012, PC-23-PC-24). **PC.02.01.05**

Standards applicable to medically supervised withdrawal services (inpatient, residential or outpatient) Staffing for medically monitored withdrawal services	There shall be RNs, LPNs, NPs or PAs available to all patients during all hours of operation. Clinical staff shall be available to both maintain a ratio of 1 (one) staff for each 10 (ten) patients and be scheduled so as to be available for one and one-half shifts, seven days per week at least fifty percent of the clinical staff shall be qualified health professionals. *14 NYCRR 816.7(e)(3)(4)* Each medically monitored withdrawal service shall employ a sufficient number of staff to adequately serve all patients and to meet the requirements of this Part. On each shift, there shall be coverage by a registered physician's assistant under the supervision of a physician, NP, a RN, or LPN, seven days per week. *14 NYCRR 816.8(e)(3)(4)*

Type of Care Setting/Unit	State or Federal Regulations
Comprehensive Psychiatric Emergency Program (CPEP)	At least 70 percent of the clinical staff hours shall be provided by full-time employees.*14NYCRR 590.10 (b)* The CPEP shall, at a minimum, employ the following types and numbers of staff: At least one full-time equivalent RN on duty at all times and shall be responsible for the supervision of the nursing care and treatment provided in the extended observation beds of the CPEP. *14NYCRR 590.10 (c)(2)* Sufficient number of security personnel shall be on duty and available at all times. *14NYCRR 590.10 (c)(4)* In order to assure that individuals admitted to the comprehensive psychiatric emergency program are adequately supervised and are cared for in a safe and therapeutic manner, the comprehensive psychiatric emergency program shall meet each of the following requirements: (1) appropriate professional staff shall be available to assist in emergencies on at least an on-call basis at all times; and (2) a psychiatrist shall be available at least on an on-call basis at all times. *14NYCRR 590.10 (h) (1-2)*

Type of Care Setting/ Unit	State or Federal Regulations
Critical Care/Special Care Units	**State Regulations** Critical care and special care services are those which are organized and provided for patients requiring care on a concentrated or continuous basis to meet special health care needs. Each service shall be provided with a

	registered nurse completes the initial assessment of the patient within 48 hours of the election of hospice care….” (The Joint Commission, 2012, PC-1) **PC.01.02.05** “Qualified staff or licensed independent practitioners assess and reassess the patient” (The Joint Commission, 2012, PC-14) A2. “For home health agencies…a registered nurse makes the initial assessment visit, unless physical therapy, occupational therapy, or speech-language pathology are the only services ordered; A4. For home health agencies…a registered nurse completes the comprehensive assessment and determines eligibility for the Medicare home health benefit, including homebound status, unless physical therapy, occupational therapy, or speech-language pathology are the only services ordered” (The Joint Commission, 2012, PC-15). **PC.01.03.01** “The organization plans the patient’s care” (The Joint Commission, CAMHC, Update 2, September 2012, PC-18). C21. For home health agencies…the registered nurse initiates the plan of care and makes necessary revisions; A30. For home health agencies…the registered nurse, or other professional who is responsible for supervision of the home health aide,

	(The Joint Commission, 2012, LD-21). **LD.03.06.01** "Those who work in the organization are focused on improving safety and quality" (The Joint Commission, 2013, LD-20). Elements of performance include the functions of leaders in designing work processes; providing for a sufficient number and mix of individuals who are competent to provide the care and evaluate the effectiveness of those individuals (The Joint Commission, 2013, LD-21). Reference Joint Commission (2012-2013) Leadership, *CAMHC: Comprehensive accreditation manual for home care, Update 2, October 2013*(LD-5-LD-21) Oakbrook Terrace, IL: Joint Commission Resources. **Provision of Care, Treatment, and Services** The standards in this section ensure that care provided is centered around patient needs focused on assessment, planning, providing and coordinating care through an interdisciplinary team approach. (The Joint Commission, CAMHC, Update 2, September 2012, PC-1) **PC.01.02.03** "The organization assess and reassesses the patient and his or her condition according to defined time frames" (The Joint Commission, CAMHC, Update 2, September 2012, PC-1) A25. "For hospices…The hospice

	concentration of professional staff and supportive services that are appropriate to the scope of services provided. *10 NYCRR 405.22(a)*
Burn Units/Centers	**State Regulations** A head nurse who is an RN with two years' intensive care experience or equivalent training and minimum of six months' burn experience. 1:2 RNs to intensive care patients at all times 1:3 RNs to non-intensive care patients at all times. *10 NYCRR 405.22(c)(1)(ii)(a-c)*
Live Adult Liver Transplantation Services	**State Regulations** Nursing staff shall have ongoing education and training in live donor liver transplantation nursing care (donor and recipient). This shall include education on the pain management issues particular to the donor. The RN ratio shall be at least one registered professional nurse for every two patients (1:2) in the ICU/PACU level setting, increased as appropriate for the acuity level of the patients. After the donor is transferred from the ICU/PACU, the registered professional nursing ratio shall be at least 1:4 on all shifts, increased as appropriate for the acuity level of the patients. The same registered professional nurse shall not take care of both the donor and the recipient. *10NYCRR 405.22(j)(9)(i-iii)* **Federal Regulations** The transplant center must have a clinical transplant coordinator to ensure the continuity of care of patients and living donors during the pre-transplant, transplant, and discharge phases of transplantation and the donor evaluation, donation, and

Organ Transplants	discharge phases of donation. The clinical transplant coordinator must be a registered nurse or clinician licensed by the State in which the clinical transplant coordinator practices, who has experience and knowledge of transplantation and living donation issues. *42CFR §482.98 (c)* **State Regulations** The hospital shall provide a clinical transplant coordinator and sufficient staff to coordinate the activities of the transplant program, including patient follow-up after discharge. The hospital shall ensure that all staff providing care to transplant patients are prepared for their responsibilities through education, experience, demonstrated competence and completion of in- service education programs as needed. *10 NYCRR 405.22(b)(3)(iii-iv)* **Federal Regulations** The clinical transplant coordinator must be a registered nurse or clinician licensed by the State in which the clinical transplant coordinator practices, who has experience and knowledge of transplantation and living donation issues. *42CFR §482.98 (c)*
TB Units or Treatment Centers	**State Regulations** Maintain staff that are adequate in number and trained including continuing education and in-service training to perform all necessary activities related to the treatment and care of such patients with tuberculosis. *10NYCRR 405.22 (h)(2)(i) & (i)(3)(i)*

	that expectations of an organization include that the culture of safety and quality is created by leadership. "Leaders plan, support, and implement key systems critical to this effort… [which include] using data, planning, communicating, changing performance, and staffing" (The Joint Commission, CAMHC, Update 2 October 2013, LD-13). "The five key systems serve as pillars that are based on the foundation set by leadership and, in turn, support the many organizationwide processes (such as medication management) that are important to individual care, treatment or services" (The Joint Commission, 2013, LD-13). **LD.03.06.01** "Those who work in the organization are focused on improving safety and quality" (The Joint Commission, 2012, LD-20). Elements of performance include the functions of leaders in designing work processes; providing for a sufficient number and mix of individuals who are competent to provide the care and evaluate the effectiveness of those individuals. A3. "Note: for hospices providing inpatient care in their own facilities: Staffing for all services should reflect the volume of patients, patient acuity and the intensity of services needed to achieve the outcomes describe in patients' plans of care and to avoid negative outcomes"

	The Joint Commission recognizes that in each organization leadership structure will vary however the "overall responsibility of the governing body is for the safety and quality of care, treatment, and services provided by all of [the individuals working within] the hospital" (The Joint Commission, Leadership Structure, CAMHC, Update 2, September 2012, LD-5). **LD.01.03.01** "Governance is ultimately accountable for the safety and quality of care, treatment, or services" (The Joint Commission, 2012, LD-6). Elements of performance include A 13. For home health agencies that elect to use The Joint Commission deemed status option: The home health agency has a group of professional personnel to advise it. The group includes at least one physician and one registered nurse (preferably a public health nurse…" (The Joint Commission, 2012, LD-6). **LD.01.04.01** "A chief executive manages the organization" (The Joint Commission, 2012, LD-6). Elements of performance include that the chief executive provides for the following: A 2. "Recruitment and retention of staff" (The Joint Commission, 2012, LD-6). **Organization Culture and System Performance Expectations** The Joint Commission has indicated

Type of Care Setting/Unit	State or Federal Regulations	Standards/ Guidelines
Emergency Services	At least one supervising RN present and available to provide patient care services 24 hours a day, seven days a week. *10NYCRR405.19(d)(2)(i)* The RN shall have at least one year of clinical experience, successfully completed an emergency nursing orientation program and demonstrate skills and knowledge necessary to perform basic life support. *10NYCRR405.19(d)(2)(iii)* Additional RNs and nursing staff shall be assigned to the ED in accordance with patient needs. If, on average: (a) the volume of patients per eight-hour shift is under 25, an additional registered professional nurse shall be available as needed to assist the supervising registered professional nurse with delivery of direct patient care; or (b) the volume of patients per eight-hour shift is over 25, there shall be a minimum of two registered professional nurses per shift assigned to provide direct patient care. As patient volume and intensity increases, the total number of available registered professional nurses shall also be increased to meet patient care needs. *10NYCRR 405.19(d)(2)(iv)(a-b)*	Minimum nurse-to-patient staffing ratio should be 1:3 or based on the rate of patient influx such that the rate of 1.25 patients per nurse per hour is not exceeded. In addition, dedicated triage and charge nurses are necessary in higher volume departments. *American Academy of Emergency Medicine (2001)* Skill mix of 86% RN; 14% non-RN; two nurses 24 hours/day, 7 days/week for low volume EDs *Emergency Nurses Association Guidelines for ED Nurse Staffing(2003)*

Type of Care Setting/Unit	State or Federal Regulations	Standards/Guidelines
Obstetrics Triage "Obstetrics triage is a process that occurs in the ED and/or on the perinatal unit…. OB triage and ED triage differ in that in OB triage refers to an initial interview and assessment as well as care in the triage unit for several hours prior to disposition" *(AWHONN Guidelines for Professional RN Staffing for Perinatal Units , 2010, p 7)*	**State Regulations** Each maternity patient, when present in a labor, delivery, birthing room or birth center shall be under the care of a registered professional nurse available in accordance with the patient's needs *10NYCRR 405.21(e)(3)(iv)* Level II, Level III and RPC perinatal care services shall maintain a nursing staff that is appropriately trained and adequate in size to provide specialized care to distressed mothers and infants. *10NYCRR 405.21(d)(2)(iv*) **Federal Regulations** EMTALA imposes specific obligations on healthcare providers who offer triage care to perform a medical	**Triage** 1:1 Initial triage Fetal status assessment should be included in the initial triage assessment before determining the level and immediacy of care" *(AWHONN Guidelines for Professional RN Staffing for Perinatal Units, 2010, p 8).* **Antepartum** 1: 2-3 women during non-stress testing 1:2-3 after initial assessment in triage and in stable condition 1:3 women if in stable condition. 1:1 unstable antepartum 1:1 for IV magnesium sulfate in labor 1:2 Cervical ripening agents with electronic fetal monitoring and assessment every 30 minutes *(AWHONN Guidelines for Professional RN Staffing for Perinatal Units , 2010, p. 37)* 1:2 for IV magnesium sulfate who are not in labor

	C 10. "For home health agencies…a registered nurse participates in and/or instructs the ongoing education and training for nurses; A 11. For hospices…in-service training for hospice aides is supervised by a registered nurse" (The Joint Commission, 2012, HR -18). **HR.01.06.01** "Staff are competent to perform their responsibilities" (The Joint Commission, 2012, HR -19). Elements of performance A4. For home health agencies and hospices…a registered nurse performs the competency evaluation of a home health aide or hospice aide" (The Joint Commission, 2012, HR -20). **HR.01.07.01** "The organization evaluates staff performance" (The Joint Commission, 2012, HR -9). Elements of performance include evaluation based on job responsibilities; and every three or more years; and performance review of home health aides every 12 months". **Reference** Joint Commission (2012-2013) Human Resources, *CAMHC: Comprehensive accreditation manual for home care, Update 2, September 2012* (HR-1 - HR-20) Oakbrook Terrace, IL: Joint Commission Resources **Leadership** **Leadership Structure**

	"Medicare certified hospices and home health agencies provide initial training to home health and hospice aides" (The Joint Commission, 2012, HR -14). Elements of performance include that "supervised practical training refers to training in a laboratory or setting in which, under the direct supervision of a registered nurse or licensed practical nurse, the trainee demonstrates knowledge while performing tasks on an individual: C6. For home health agencies and hospices…a registered nurse supervises the classroom and practical training portion of aide training; this registered nurse possesses a minimum of two years of nursing experience, at least one year of which must be in the provision of home health care" (The Joint Commission, 2012, HR-16-HR -17). **HR.01.05.03** "Staff participate in ongoing education and training" (The Joint Commission, 2012, HR -17). Elements of performance include participation and documentation of that participation by staff in ongoing education and training to maintain or increase competency; whenever staff responsibilities change; education that is specific to the needs of the population served and the need to report unanticipated adverse events and how to report these events. (The Joint Commission, 2012, HR -18).

Intrapartum	screening examination to determine whether an emergency medical condition exists (including both the mother and the fetus), to provide necessary stabilizing treatment when an emergency medical condition exists, and to stabilize the patient, or, if the healthcare provider certifies that the benefits of transfer outweigh the risks, arrange for proper transfer to another hospital	**Intrapartum** 1:1- Women in with medical or obstetric complications 1:1 - 2nd stage of labor 1:1- Women receiving oxytocin 1:1 Women choosing no pain relief or medical interventions 1:1 Women whose fetus is being monitored via intermittent auscultation 1:1 Women using birthing balls or hydrotherapy 1:1 – IV magnesium 1:1 - Coverage for initiating epidural anesthesia 1:2 Women in labor without complications 2:1 - Caesarean delivery (1 for mother; 1 or more for infant/s) 2:1 for vaginal births (1 for mother; 1 or more for infant/s) *(AWHONN Guidelines for Professional RN Staffing for Perinatal Units , 2010, p. 38)*

Postpartum Mother/ Baby Care **Newborn Nursery**	Appropriate nursing care shall be available to the mother during the period of recovery after delivery. *10NYCRR 405.21(d) (4)(v)(a)(8)(f)(2)* Nursing personnel qualified to recognize postpartum emergencies and problems shall be immediately available.*10NYCRR 405.21(d)(4)(v)(a)(8)(f)(2)(iv)* Immediate care of the newborn. At all times, the newborn shall be under the care of an RN. *10NYCRR 405.21(d) (4)(v)*	2:1 Postpartum vaginal or caesarean birth (1 RN for mother and 1 or more for infant/s) 1:2 on the immediate postop day the woman is recovering from cesarean birth as part of the nurse to patient ratio of I nurse to 3 mother-baby couplets 1:5-6 - postpartum patients without complications with no more than 2 to 3 women on the immediate postoperative day who are recovering from cesarean birth 1:3 - postpartum patients with complications but in stable condition 1:6-8-Newborns requiring only routine care *(AWHONN Guidelines for Professional RN Staffing for Perinatal Units, 2010, p 28-29).*

	less frequently than every 60 days; C 18. For home health services…a registered nurse supervises nursing personnel; A 25. For hospices…a registered nurse makes an annual on-site visit to the location where the patient is receiving care in order to observe and assess each aide while he or she is providing care; A 26. For hospices…the supervision nurse assesses the aides ability to demonstrate initial and continued satisfactory performance in completing task in the plan of care assigned to the hospice aide by the registered nurse; creating successful interpersonal relationships with the patient and family; demonstrated competence with assigned tasks; complying with infection control policies and procedures; and reporting changes in the patient's condition" (The Joint Commission, 2012, HR-11-HR -12). **HR.01.04.01** "The organization provides orientation to staff" (The Joint Commission, CAMHC, Update 2 September 2012, HR -13). Elements of performance include key safety content determined by the organization to be included. Orientation must include and be documented- relevant policies and procedures; specific job duties, cultural diversity and patient rights (The Joint Commission, 2012, HR -13). **HR.01.05.01**

	health agencies and hospices… a registered nurse assigns patient to the home health aide or hospice aide", "staff oversee the supervision of students when they provide patient care, treatment or services as part of their training" and "for hospices…registered nurses see, treat, and write orders for patients only if permitted to do so by state law (The Joint Commission, 2012, HR -10). **HR.01.03.01** Staff are supervised effectively Elements of performance include A 10. "For home health agencies that elect to use The Joint Commission deemed status options: A physician or registered nurse supervises skilled nursing and other therapeutic services. Note: the registered nurse preferably has at least one year of nursing experience and is a public health nurse; C 14.For home health agencies and hospices that elect to use The Joint Commission deemed status option: The registered nurse supervises the home health aide or hospice aide during an on-site visit to the patient's home no less frequently than every two weeks for a home health aide or every 14 days for a hospice aide; C 15.For home health agencies…when home health aide services are provided to a patient who is not receiving skilled care, the registered nurse makes a supervisory visit to the patient's home while the aide is providing care. This visit occurs no

Type of Care Setting/ Unit	Standards/Guidelines
Post Anesthesia Care Unit (PACU)	***Phase I {Immediate Post-Anesthesia Period)*** Two RNs, one of whom is competent in Phase I postanesthesia nursing, are present whenever a patient is recovering in Phase I **1:2 (One RN to two pts.)** For one unconscious, stable with stable airway and over 8 yrs. old & one conscious, stable, and free of complications Two conscious, stable & free of com plication Two conscious, stable, 8 yrs. old or younger, with family or competent support staff present **1:1** At the time of admission, until the critical elements are met Requiring mechanical life support and/or artificial airway Any unconscious patient 8 years of age and under A second nurse must be available to assist as necessary **2:1** One critically ill, unstable, complicated patient. ***Phase II (Preparing Patient for Self or Family Care)*** Two competent personnel; one of whom is an RN competent in postanesthesia nursing, are present whenever a patient is recovering in Phase II. An RN must be present at all times in Phase II. **1:3** Over 8 yrs. old 8 yrs. old and with family present **1:2** 8 yrs. old and under without family or support staff present. Initial admission of patient post procedure **1:1** Unstable patient of any age requiring transfer.

	Phase III (Providing ongoing care for patients requiring extended observation or intervention after discharge/transfer from Phases I & II} Two competent personnel, one of whom is an RN possessing competence appropriate to the patient population, are present whenever a patient is receiving extended care. The need for additional staff is dependent upon acuity, complexity of care, census, and the physical facility. **1:3/5** Patients awaiting transportation home Patients with no caregiver Patients who have had procedures requiring extended observation or interventions Patients being held for an inpatient bed *American Society of PeriAnesthesia Nurses (2010-2012)*

Type of Care Setting/ Unit	State or Federal Regulations	Standards/Guidelines
Rehabilitation Services	**State Regulations** Nursing care shall be provided under the direction of an RN with appropriate training and experience in rehabilitation nursing.*10 NYCRR 405.18(c)(5)* **Federal Regulations** Services must be furnished by personnel that meet the qualifications of §485.70 (which includes an RN) and the number of qualified personnel	Staffing decisions involve a process of determining patient care needs and providing the staff skill mix that offers an effective number of nursing hours per patient day to deliver care. The recommended hours should be determined from census, admission, discharges, transfers, number of contacts a nurse has in a shift to meet the intensity of nursing care required by the patients who are served. This written system should consider the following critical

	qualifications" (The Joint Commission, CAMHC, Update 2, September 2012, HR -4). Elements of performance vary in settings but include defining staff qualifications specific to job duties; having policy and procedure that specify those requirements. "For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization defines personnel qualifications as required by CMS regulations (at 42 CFR 484.4 for home health agencies and at 42 CFR 418.114 and 42 CFR 418.76 (a) for hospices" (The Joint Commission, CAMHC, Update 2, 2012, HR -4). **HR.01.02.05** "The organization verifies staff qualifications" (The Joint Commission, 2012, HR -8). Elements of performance include ensuing that staff are licensed, certified or registered per State law; credentials are verified; education and experience is verified; a criminal background check and applicable health screening are completed. **HR.01.02.07** "The organization determines how staff functions within the organization" (The Joint Commission, 2012, HR -9). Elements of performance include possessing the license, certification or registration in accordance with law and regulation; staff practice within the scope of their license; "for home

Joint Commission Setting	Standards & Elements of Performance
Home Care	**Human Resources** **HR.01.01.01** "The organization has the necessary staff to support he care, treatment, or services it provides" (The Joint Commission, CAMHC, Update 2, September 2012, HR-3) Elements of performance include: A8. "For home health agencies that elect to use The Joint commission deemed status option: The organization provides skilled nursing services by or under the supervision of a registered nurse; A9. For hospices providing inpatient care in their own facilities that elect to use the Joint Commission deemed status option: A registered nurse provides direct patient care, treatment or services on each shift; A 18. For home health agencies that elect to use The Joint Commission deemed status option: Supervisory staff participate in activities relevant to the professional services provided such as being available at all times during operating hours, developing qualifications, and assigning personnel" (The Joint Commission, CAMHC, Update 2, September 2012, HR-3) Additional status options for DMEPOS suppliers may be found under HR.01.01.01 (HR-3) **HR. 01.02.01** "The organization defines staff

	must be adequate for the volume and diversity of services offered *42CFR§485.58 (d)(4)*	factors: number of patients; levels of intensity of the patients for whom care is being provided; contextual issues including architecture and geography of the environment and available technology; and level of preparation and experience of those providing care. *Association of Rehabilitation Nurses (2006)*
Spinal Cord Injury	**State Regulations** Nursing services for spinal cord injury program shall be provided under the direction of an RN who has appropriate training and experience in rehabilitation nursing.*10 NYCRR 405.18(d)(3)* RNs and trained personnel capable of providing intermittent catheterizations and respiratory therapy service must be available 24 hours a day, 7 days a week, *10 NYCRR405.18(d)(4)*	
Traumatic Head Injury	Nursing services, under the direction of an RN who is eligible for certification in rehab nursing or who has demonstrated clinical competency. *10NYCRR 405.18(e)(2)(v)* **State Regulations** There shall be at	

	least one registered professional nurse with experience in rehabilitation nursing assigned to each shift on the head injury unit. *10NYCRR 405.18(e)(2)(vi)*	

Type of Care Setting/ Unit	State or Federal Regulations	Standards/Guidelines
Surgical Services	**State Regulations** The operating room shall be supervised by an RN or MD who the hospital finds qualified by training and experience for this role- *10 NYCRR 405.12(a)(1*) Nursing personnel shall be on duty in sufficient number in accordance with the needs of patients and the complexity of services they are to receive*. 10NYCRR 405.12(a)(1*)(i) An RN qualified by the hospital and by training and experience in operating room nursing shall be present as the circulating nurse in any and each separate operating room where surgery is being performed for the duration of the operative procedure. *10NYCRR 405.12(a)(1*)(ii)	**Preoperative**-The number of RNs & skill mix should be based on the # of patients, # of operating rooms, # of procedures, patient acuity, complexity of procedures, time required to perform tasks, age-specific needs, and average time for prep. Intraoperative 1 RN per patient per OR in the role of circulator. 1 scrub person per patient. Additional staff members with appropriate competencies for the following: **Moderate sedation** 1 RN dedicated to

	the optimal number of competent personnel with the appropriate skill mix to meet the needs of a health care organization's patients based on that organization's mission, values, and vision" (The Joint Commission, 2013, ACC-38). Competency and expectations are defined, assessed, and allocated "necessary for patient safety and improved patient outcomes" (The Joint Commission, 2013, ACC-38-ACC-39). **Reference** Joint Commission (2013) The Accreditation Process, *CAMBHC: Comprehensive accreditation manual for behavioral health care, Update 2, October 2013* (ACC-32- ACC-39) Oakbrook Terrace, IL: Joint Commission Resources.

	the many organizationwide processes (such as screening or assessment) that are important to individual care, treatment or services" (The Joint Commission, CAMBHC Update 2, September 2012, LD-10). **LD.03.06.01** "Those who work in the organization are focused on improving safety and quality" (The Joint Commission, 2012, LD-16). Elements of performance include the functions of leaders in designing work processes; providing for a sufficient number and mix of individuals who are competent to provide the care and evaluate the effectiveness of those individuals (The Joint Commission, 2012, LD-16). **Reference** Joint Commission (2012-2013) Leadership, *CAMBHC: Comprehensive accreditation manual for behavioral health care, Update 2, September 2012*(LD- 10-LD-16) Oakbrook Terrace, IL: Joint Commission Resources. **The Accreditation Process** To ensure eligibility for initial and ongoing accreditation, the Joint Commission has "categorized the different processes, systems, and structures that lead to improved health care into 13 priority focus areas (PFAs)" which includes effective staffing. (The Joint Commission, CAMBHC, Update 2, October 2013, ACC-32). "Effective staffing entails providing

	LPNs and surgical technologists may perform scrub functions and may assist in circulating duties under the supervision of the circulating RN who is present in the operating room for the duration of the procedure. *10NYCRR 405.12 (a) (1) (iii)* **Federal Regulations** If surgical services are provided, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered. The operating rooms must be supervised by an experienced RN or a doctor of medicine or osteopathy. Licensed practical nurses (LPNs) and surgical technologists (operating room technicians) may serve as "scrub nurses" under the supervision of an RN. Qualified RNs may perform circulating duties in the operating room. In accordance with applicable State laws and approved	monitoring and separate from circulator. **Local anesthesia** 1 RN in addition to circulator depending upon nursing assessment Additional RN staffing for complex surgical procedures and patients; technological demands and first assist requirements- *Association of periOperative Registered Nurses. (2012)*

	medical staff policies and procedures, LPNs and surgical technologists may assist in circulatory duties under the supervision of a qualified RN who is immediately available to respond to emergencies. *42 CFR §482.51(a)(1-3)*	

Type of Care Setting/ Unit	State or Federal Regulations
Upgraded Diagnostic & Treatment Centers (Emergency Services)	**State Regulations** In addition to the regulations for a diagnostic & treatment center, the emergency service will be staffed by a PA, NP or RN who has ACLS or equivalent; preferably is certified in ATLS and/or PALS or equivalent; and are staffed by experienced RNs &/or LPNs so the nursing needs of all emergency patients are met; an RN with training and current certification in trauma nurse care coordination (TNCC) is in charge of nursing services in the emergency care services unit.*10NYCRRSubpart752-2.5*

Staffing in Non-Acute Care Settings

Type of Care Setting/Unit	State or Federal Regulations
Adult Day Care Adult day health care is defined as the health	**State Regulations** The operator must: (a) provide nursing services to evaluate the need of each registrant for nursing

	Leadership **Leadership Structure** The Joint Commission recognizes that in each organization leadership structure will vary however the "overall responsibility of the governing body is for the safety and quality of care, treatment, and services provided by all of [the individuals working within] the hospital" (The Joint Commission, Leadership Structure, CAMBHC, Update 2, September 2012, LD-5). **LD.01.04.01** "A chief executive manages the organization" (The Joint Commission, 2012, LD-6). Elements of performance include that the chief executive provides for the following: A 2. "Recruitment and retention of staff" (The Joint Commission, 2012, LD-6). **Organization Culture and System Performance Expectations** The Joint Commission has indicated that expectations of an organization include that the culture of safety and quality is created by leadership. "Leaders plan, support, and implement key systems critical to this effort… [which include] using data, planning, communicating, changing performance, and staffing" (The Joint Commission, CAMBHC, Update 2 September 2012, LD-10). "The five key systems serve as pillars that are based on the foundation set by leadership and, in turn, support

	September 2102, HR-3). **HR.01.01.03** "For foster care: The agency has a sufficient number of qualified staff" (The Joint Commission, 2012, HR-3). Elements of performance include that the number and competency of the staff support scope and volume of services offered in foster care. (The Joint Commission, 2012, HR-3). **HR.01.01.05** For foster care: Staff caseloads are consistent with the level of care, treatment, or services provided to recipients of foster care. (The Joint Commission, 2012, HR-3). Elements of performance include that the agency changes the staff caseloads dependent on the needs of those receiving the foster care. (The Joint Commission, 2012, HR-4). The organization must ensure that staff qualifications including licensure, certification or registration are in accordance with law and regulation; and that staff are supervised appropriately, oriented and participate in ongoing education and training. (The Joint Commission, 2012, HR-6-HR-8). **Reference** Joint Commission (2012-2013) Human Resources, *CAMBHC: Comprehensive accreditation manual for behavioral health care, Update 2, September 2012* (HR-1 - HR-9) Oakbrook Terrace, IL: Joint Commission Resources.

care services and activities provided to a group of registrants with functional impairments to maintain their health status and enable them to remain in the community *10NYCRR 425.1(a)*	care on a periodic and continuing basis, but not less often than quarterly, and, when appropriate, provide for such care; (b) ensure that a registered professional nurse is on-site and performs a nursing evaluation of each registrant at the time of admission to the program. (c) ensure that for each registrant the findings of the nursing evaluation, the nursing care plan, and recommendations for nursing follow-up are documented, dated and signed in the registrant's clinical record; (d) ensure that nursing services are provided to registrants under the direction of a registered professional nurse who is on-site during all hours of the program operation. Based on the care needs of the registrants, for a program located at the sponsoring licensed residential health care facility, a licensed practical nurse may provide the on-site services when a registered professional nurse is available in the nursing home or on the campus to provide immediate direction or consultation. *10NYCRR 425.10(a-d)*

Type of Care Setting/Unit	State or Federal Regulations
Adult Homes An adult home is an adult care facility with the purpose of providing long-term	**State Regulations** Sufficient staff in number, qualified by training and experience to render, at a minimum, those services mandated by law. *18NYCRR 487.9(a) (1)* A resident census > 200 persons, a significant number of mentally disabled persons or a population with special needs, may need additional

residential care, personal care and supervision to five or more adults - *18 NYCRR 487.2(a)*	staff or specially qualified staff. *18NYCRR 487.9(a)(2) (f)* Sufficient staff to perform supervision during all hours of operation and staff shall be immediately accessible at all times while on duty. *18NYCRR 487.9(f) (1-2))* The minimum number of staff shall be determined by resident census. *18NYCRR 487.9(f)(6)* Supervision services includes, but are not limited to, monitoring residents to identify abrupt or progressive changes in behavior or appearance which may signify the need for assessment and service. *18 NYCRR 487.7(d)(1)(iii)* Self-administration of medications means: (i) correctly read the label (ii) correctly interpret the label; (ii) correctly ingest, inject or apply the medication; (iv) correctly follow the instructions as to the route, time, dosage and frequency; (v) open the container; (vi) measure or prepare medications, including mixing, shaking and filling syringes; and (vii) safely store the medication. *18 NYCRR 487.7(1)(i-ii) & (2)(ii-vii)* Supervision and assistance with meds, are provided with the proper dosage/time of medication; observed and have it recorded that the resident takes the medication. Insulin syringes may be prefilled by a nurse. Staff, except that staff holding a valid license, shall not be permitted to administer injectable meds to a resident. *18 NYCRR 487.7(5)(i-ii) & (6)(7)*

	emergency when the individual is at risk to harm themselves or others. (The Joint Commission, CAMBHC Update 2, October 2013, CTS-94). **CTS.05.06.03** "For organizations that use restraint or seclusion: Staffing and assignments are set to minimize circumstances that give rise to restraint or seclusion use and to maximize safety when restraint or seclusion is used" (The Joint Commission, CAMBHC Update 2, September 2012, CTS-95). Elements of performance include that the organization bases it staffing on factors including but not limited to: "Staff qualifications, the physical design of the environment, diagnosis. Co-occurring conditions, acuity levels and age and developmental functioning of individuals served" (The Joint Commission, 2012, CTS-96). **Reference** The Joint Commission (2012-2013) Care, Treatment, and Services *CAMBHC: Comprehensive accreditation manual for behavioral health care, Update 2, September 2012* and Update 2, October 2013 (CTS-1-CTS-96) Oakbrook Terrace, IL: Joint Commission Resources. **Human Resources** **HR.01.01.01** "The organization has the necessary staff to support the care, treatment, or services it provides" (The Joint Commission, CAMBHC Update 2,

	47). **Standards regarding physical holding of Children/Youth** The Joint Commission recognizes that the "use of physical holding of children/youth poses an inherent risk to the physical safety and psychological well-being of the individual served and staff" and indicates that as a result this technique is only used in an emergency when the individual is at risk to harm themselves or others. (The Joint Commission, 2013, CTS-84). CTS.05.05.21 **"For organizations that use physical holding on a child or youth:** The organization's policies and procedures address the prevention of the use of physical holding that include details about the following: Staffing, staff competence and training, initial assessment of the child or youth" as well as limitations, notifications, monitoring, documentation/data collection and reporting of injuries (The Joint Commission, 2013, CTS-92). **Standards regarding Restraint and Seclusion** The Joint Commission recognizes that the "use of restraint and seclusion poses an inherent risk to the physical safety and psychological well-being of the individual served and staff" and indicates that as a result restraint and seclusion is only used in an

Type of Care Setting/Unit	State or Federal Regulations
Assisted Living Residencies **Enhanced or special needs** Enhanced assisted living certificate means a certificate issued by the department which authorizes an assisted living residence to provide aging in place by retaining residents who desire to continue to age in place, including those who: 1) are chronically chair fast and unable to transfer, or chronically require the physical assistance of one or more persons to transfer;2) chronically require the physical assistance of one or more persons in order to walk; 3) chronically require the physical assistance of one or more persons to climb or descend stairs; 4) are dependent on medical equipment and require more than intermittent or occasional assistance from medical personnel; or 5) have chronic unmanaged urinary or bowel incontinence. *10 NYCRR 1001.2(o)(1-5)*	**State Regulations** An enhanced assisted living residence or a special needs assisted living residence shall provide, either directly or through contract, sufficient nursing staff to meet the health care needs of the residents. Nursing coverage requirements, at a minimum, include: a registered professional nurse on duty and on-site at the residence, for eight hours per day, five days a week, and a licensed practical nurse shall be on duty and onsite at the residence for eight hours per day for the remainder of such week; a registered professional nurse on call and available for consultation 24 hours a day, seven days a week, if not available onsite; and additional nursing coverage, as determined necessary and documented by the resident's medical evaluation or otherwise by the resident's attending physician and/or the ISP. *10 NYCRR 1001.11(j)(1-3)* A licensed nurse assuming nursing coverage responsibilities in an enhanced assisted living residence or special needs assisted living residence as specified in subdivision (j) of this section may also provide:(1) case management services as specified in subdivision (c) of this section; or (2) serve as administrator, so long as the nursing care needs and case management

	needs of the residents, and the administration needs of the residence, are adequately met. *10NYCRR 1001.11(m)(1-2)*

Type of Care Setting/ Unit	State or Federal Regulations
Certified Home Health Agencies, Long Term Home Health Care Programs and AIDS Home Care Programs Minimum Standards	**State Regulations** For a certified home health care agency, such services shall include, as a minimum, the following services which are of a preventive, therapeutic, rehabilitative, health guidance and/or supportive nature to persons at home: nursing services; home health aide services; medical supplies, equipment and appliances suitable for use in the home; and at least one additional service which may include, but not be limited to, the provision of physical therapy, occupational therapy, speech/language pathology, nutritional services and social work services *10 NYCRR 763.3(a)(1)* An agency must ensure the availability 24 hours a day, seven days a week of: professional telephone consultation for patients or caregivers; and part-time, intermittent nursing and home health aide visits in the home as the needs of the patient dictate. *10 NYCRR 763.3(d)(1-2)* For a long term home health care program or AIDS home care program, such services shall include as a minimum: nursing services; home health aide services; medical supplies, equipment and appliances; physical therapy; occupational therapy; respiratory therapy; speech- language pathology;
A supervising community health nurse shall mean a licensed and currently registered professional nurse whose primary functions are to supervise, instruct and guide nursing and auxiliary personnel in providing high quality nursing services. Such nurse	

Joint Commission Setting	Standards & Elements of performance
Behavioral Health Care	**Care, Treatment , and Services (CTS)** This applies to the behavioral health care organizations accredited through the Joint Commission to reflect the care, treatment or services as they are provided in these organizations (The Joint Commission, CAMBHC, Update 2, September 2012, CTS-1). Core processes include entry, screening, planning and delivery of care, special procedures, and continuity of care (The Joint Commission, 2012, CTS-1). The core processes also address ensuring that the individuals have access to the "appropriate programs or services with the appropriate staff" (The Joint Commission, 2012, CTS-1). **CTS.04.01.01** "The organization coordinates the care, treatment, or services provided to an individual served as part of the plan for care, treatment, or services and in a manner consistent with the organization's scope of care, treatment or services" (The Joint Commission, CAMBHC, Update 2, October 2013, CTS-47). Elements of Performance include that "for acute 24-hour settings, a registered nurse plans, assigns, supervises, provides and evaluates nursing care to individuals served" **Note:** "Acute 24-hour settings" include inpatient crisis stabilization or medical detoxification" (The Joint Commission, 2013, CTS-

	Joint Commission (2012-2013) Leadership, *CAMAC: Comprehensive accreditation manual for ambulatory care, Update 2, October 2013*(LD- 10-LD-15) Oakbrook Terrace, IL: Joint Commission Resources. **The Accreditation Process** To ensure eligibility for initial and ongoing accreditation, the Joint Commission has "categorized the different processes, systems, and structures that lead to improved health care into 14 priority focus areas (PFAs)" which includes effective staffing. (The Joint Commission, CAMAC, Update 2, October 2013, ACC-35). "Effective staffing entails providing the optimal number of competent personnel with the appropriate skill mix to meet the needs of a health care organization's patients based on that organization's mission, values, and vision" (The Joint Commission, CAMAC, Update 2, October 2013, ACC-42). Competency and expectations are defined, assessed, and allocated "necessary for patient safety and improved patient outcomes" (The Joint Commission, 2013, ACC-42). **Reference** Joint Commission (2012-2013) The Accreditation Process, *CAMAC: Comprehensive accreditation manual for ambulatory care, Update 2, October 2013*(ACC-35- ACC-42) Oakbrook Terrace, IL: Joint Commission Resources.

shall have the following qualifications: (i) a baccalaureate degree in nursing or a health or human services field and two years' experience in home care; or (ii) the following combination of education, experience and/or training: (a) four years' experience in home care; and (b) six credit hours, or the equivalent, of education/training in public health and principles of management 10 NYCRR 700.2(b)(19)	audiology; medical social work; nutritional services; personal care; homemaker and housekeeper services. *10 NYCRR 763.3(a)(2)* All personnel delivering care in patient homes are adequately supervised by a community health nurse. *10 NYCRR 763.4(h)(1)* Supervision of a home health aide or personal care aide is conducted by an RN or LPN or by a therapist if the aide carries out simple procedures as an extension of physical therapy, occupational therapy or speech/language pathology. *10 NYCRR 763.4(h)(6) (b)* A patient shall be admitted to the agency after an assessment conducted by an RN, except in those instances where physical therapy or speech/language pathology is the sole service prescribed by the patient's physician and the agency elects to have the therapist conduct the assessment. *10 NYCRR763.5(b)(3)* **Federal Regulations** The RN makes the initial evaluation visit, regularly reevaluates nursing needs, initiates the plan of care and revisions, furnishes services requiring substantial and specialized nursing skill, initiates appropriate preventive and rehabilitative procedures, prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in condition and needs, counsels the patient and family, participates in in-service programs, and supervises and teaches other nursing personnel.*42 CFR 484.30(a)* Home health aides and the supervision of

	home health aides during the supervised practical portion of the training must be performed by or under the general supervision of an RN with a minimum of 2 years of nursing experience, at least 1 year of which must be in home health care. *42CFR484.36 (a)(2)(ii)* If the patient receives skilled nursing care, the RN must perform the supervisory visit. The RN(or another professional) must make an on-site visit to the patient's home no less frequently than every 2 weeks *42CFR484.36 (d)(1-2)* An RN must conduct an initial assessment visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status. *42CFR484.55 (a)(1)*

	LD.01.04.01 "A chief executive manages the organization" (The Joint Commission, 2013, LD-7). Elements of performance include that the chief executive provides for the following: A 2. "Recruitment and retention of staff" (The Joint Commission, 2013, LD-7). **Organizational Culture and System performance expectations** The Joint Commission has indicated that expectations of an organization include that the culture of safety and quality is created by leadership. "Leaders plan, support, and implement key systems critical to this effort… [which include] using data, planning, communicating, changing performance, and staffing" (The Joint Commission, 2013, LD-10). "The five key systems serve as pillars that are based on the foundation set by leadership and, in turn, support the many organizationwide processes (such as medication management) that are important to individual care, treatment or services" (The Joint Commission, 2013, LD-10). **LD.03.06.01** "Those who work in the organization are focused on improving safety and quality" (The Joint Commission, 2013, LD-15). Elements of performance include the functions of leaders in designing work processes; providing for a sufficient number and mix of individuals who are competent to provide the care and evaluate the effectiveness of those individuals (The Joint Commission, 2013, LD-15). **Reference**

	2012, HR -7). **HR.01.06.01** "Staff are competent to perform their responsibilities" (The Joint Commission, 2012, HR -8). Elements of performance include that the organization defines the competencies; reviews those competencies initially in orientation and once every three years or more and takes action when competency does not meet expectations (The Joint Commission, 2012, HR -8). **HR.01.07.01** "The organization evaluates staff performance" (The Joint Commission, 2012, HR -9). Elements of performance include evaluation based on job responsibilities; and every three or more years (The Joint Commission, 2012, HR -9). **Reference** Joint Commission (2012-2013) Human Resources, *CAMAC: Comprehensive accreditation manual for ambulatory care, Update 2, September 2012* (HR-1 - HR-9) Oakbrook Terrace, IL: Joint Commission Resources. **Leadership** **Leadership Structure** The Joint Commission recognizes that in each organization leadership structure will vary however the "overall responsibility of the governing body is for the safety and quality of care, treatment, and services provided by all of [the individuals working within] the hospital" (The Joint Commission, Leadership Structure, CAMAC, Update 2, October 2013, LD-5).

Type of Care Setting/ Unit	State or Federal Regulations
Chemical Dependence Residential Services	**State Regulations** Each residential program must provide clinical supervision and ensure and document that all clinical staff have a training plan based on individual employee needs. *14NYCRR 819.7 (b)* At least 25 percent of all clinical staff members shall be qualified health professionals. Each residential service shall have sufficient qualified health professional staffing levels to meet the requirements of this Part which mandate that certain duties be performed by, under the supervision of, or at the direction of, a qualified health professional. *14NYCRR 819.7 (e)* There shall be sufficient staff available to ensure that the space and equipment of the service is clean and maintained in working order to minimize the need for treatment staff to perform non-treatment functions and to optimize operational efficiency. *14NYCRR 819.7 (g)*

Type of Care Setting/ Unit	State or Federal Regulations
Children's Camps	The name of the designated camp health director to supervise health and sanitation shall be submitted. Such director may be a provider (MD; NP) PA, RN, LPN, EMT or other acceptable to the permit-issuing official. At an overnight camp, the camp health director shall be on-site. *10NYCRR 7-2.8 (a)* The camp health director or designee(s) shall possess: a current certificate in an acceptable first aid and cardiopulmonary resuscitation (CPR) training program. *10NYCRR 7-2.8 (a)(1)(i-ii)* Overnight camps require additional staff with first aid and CPR certification *10NYCRR 7-2.8 (a)(2)(i)(a-b)* Overnight camps require an infirmary. *10NYCRR 7-2.8 (b)* **7-2.25 Additional requirements for camps with camper enrollments of 20 percent or more developmentally disabled campers.** The camp health director must be a physician, PA, RN or LPN and must be on-site for the period the camp is in operation. *10NYCRR 7-2.25 (b)(1)* Prior to hiring anyone, the operator shall verify that such person is not on the Justice Center's staff exclusion list; consult the OCF Services State Central Registry of Child Abuse and Maltreatment. Such screening is in addition to the requirement that the operator similarly verify that a prospective camp staff is not on the sexual abuse registry. A camp operator must ensure that camp staff, and others falling within the definition of mandated reporter under Section 488 of the Social Services Law who will or may have direct contact with campers having a developmental disability, receive training regarding mandated reporting and their obligations as mandated reporters. *10NYCRR7-2.25 (j) (1-2)* No person shall use an epinephrine auto-injector

	applicable health screening are completed (The Joint Commission, 2012, HR -3). **HR.01.02.07** "The organization determines how staff functions within the organization" (The Joint Commission, 2012, HR -5). Elements of performance include possessing the license, certification or registration in accordance with law and regulation; staff practice within the scope of their license; and that "staff oversee the supervision of students when they provide patient care, treatment or services as part of their training" (The Joint Commission, 2012, HR -5). **HR.01.04.01** "The organization provides orientation to staff" (The Joint Commission, 2012, HR -6). Elements of performance include key safety content determined by the organization to be included. Orientation must include and be documented- relevant policies and procedures; specific job duties, cultural diversity and patient rights (The Joint Commission, 2012, HR -6). **HR.01.05.03** "Staff participate in ongoing education and training" (The Joint Commission, 2012, HR -7). Elements of performance include participation and documentation of that participation by staff in ongoing education and training to maintain or increase competency; whenever staff responsibilities change; education that is specific to the needs of the population served and the need to report unanticipated adverse events and how to report these events (The Joint Commission,

Joint Commission Setting and Standards & Elements of performance	
Joint Commission Setting	**Standards & Elements of performance**
Ambulatory Care	**Human Resources** **HR.01.01.01** "The organization has the necessary staff to support the care, treatment, or services it provides" (The Joint Commission, 2012, HR -3). Elements of performance vary according to the deemed status option that the ambulatory surgical center elects to use but may include directing and staffing nursing services to meet patient needs; nursing services following recognized standards of practice; an RN is available (sufficiently free of other duties) to provide emergency treatment when a patient is present in the organization (The Joint Commission, 2012, HR -3). **HR. 01.02.01** "The organization defines staff qualifications" (The Joint Commission, 2012, HR -3). Elements of performance include defining staff qualifications specific to job duties. Includes infection prevention and control management (The Joint Commission, 2012, HR -3). **HR.01.02.05** "The organization verifies staff qualifications" (The Joint Commission, 2012, HR -3). Elements of performance include ensuing that staff are licensed, certified or registered per State law; credentials are verified; education and experience is verified; a criminal background check and

	device unless such person shall have successfully completed a training course in the use of epinephrine auto-injector devices approved by the commissioner pursuant to the rules of the department. This section does not prohibit the use of an epinephrine auto-injector device by a health care practitioner licensed or certified under title eight of the education law acting within the scope of his or her practice, or (ii) by a person acting pursuant to a lawful prescription. *NYSPHL §3000-c (3)(a)*

Type of Care Setting/ Unit	State or Federal Regulations
Correctional Services (State)	**State Regulations** Skilled nursing service shall mean an organized nursing care unit in which there are employed and on duty throughout each 24-hour period: a director, assistant director or charge nurse who is a licensed registered professional nurse; and registered professional nurses, licensed practical nurses and nurses' aides in sufficient number to provide a combined average of direct nursing care of not less than one hour for each self- care patient, two hours for each partial care patient and four hours for each total care patient *9NYCRR 7651.3(w)(1-2)* In determining the adequacy of each health care staff, the department shall take into account factors including, but not limited to: the annual average size of the inmate population under the care of the clinical health services authority; the level(s) of care to be delivered by the clinical health services authority as defined by the department consistent with the requirements of this Part; and impediments to or limitations upon inmate access to health services associated with security imperatives and/or physical plant location or configuration. *9NYCRR 7651.6(g) (1-3)* At a minimum, the following health care staffing requirements shall be met: each clinical health services authority shall be staffed with one registered professional nurse on a 24-hour basis each day and shall provide for the continuous access, without undue delay, to such nurse by all inmates for whom the clinical health services authority is responsible. Reasonably proximate clinical health services authorities may share nursing

Type of Care Setting/ Unit	State or Federal Regulations	Standards/Guidelines
School Nurses	**Education Law** Any such board or trustees may employ one or more school nurses, who shall be registered professional nurses, as well as other health professionals, as may be required. *Title I (Education Law), Article 19, §902(2)(b)*	1:750 for students in the general population 1:225 in the student populations requiring daily professional school nursing services or interventions 1:125 in student populations with complex health care needs, and 1:1 may be necessary for individual students who require daily and continuous professional nursing services. *National Association of School Nurses Position Statement, Caseload Assignments, 2010*

Free-Standing and Off-Site Hospital Based Ambulatory Surgery Services An ambulatory surgery service is a service organized to provide those surgical procedures which need to be performed for safety reasons in an operating room on anesthetized patients requiring a stay of less than 24 hours' duration *10NYCRR 755.*	care given and meets the needs of patients; and the RN and other members of the interdisciplinary team are available to meet patient needs. An RN, who is responsible for the nursing care, is present in the facility at all times that patients are being treated. *42 CFR § 494.180(b)(1-2)* **Free Standing and Off-Site Ambulatory State Regulations** The operator shall ensure that: nursing services are staffed to assure that the nursing needs of all patients are met; patient care responsibilities are delineated in writing; nursing services are in accordance with current standards; an RN is in charge of the nursing services in the operating room; and only RNs function as circulating nurses in the operating room.*10NYCRR755.5 (a-e)* **Federal Regulations** Patient care responsibilities must be delineated for all nursing service personnel. Nursing services must be provided in accordance with recognized standards of practice. There must be a RN available for emergency treatment whenever there is a patient in the ASC. *42CFR§416.46* The patient's post-surgical condition must be assessed and documented in the medical record by a physician, other qualified practitioner, or a registered nurse with, at a minimum, post-operative care experience in accordance with applicable State health and safety laws, standards of practice, and ASC policy.*42CFR §416.52 (b)*

	staff for purposes of compliance with this paragraph; if a correctional facility operates an infirmary unit, it shall be staffed with registered professional nurses, licensed practical nurses and/or nurses' aides in sufficient number to furnish each infirmary patient direct nursing care and related services including assessments, treatments, medications, diets and other health services in accordance with each inmate treatment and nursing care plan. *9NYCRR 7651.6(h)(1-2)* Within 48 hours of admission to a facility infirmary, a written treatment plan and a written nursing care plan shall be formulated for each inmate. Such written plans shall identify and address the specific medical and direct nursing care needs of each inmate, shall be updated at specified intervals and shall be made a part of each inmate's medical record *9NYCRR 7651.11(e)*

Type of Care Setting/ Unit	State or Federal Regulations
Hospice Hospice shall mean a coordinated program of home and inpatient care which treats the terminally ill patient and family as a unit, employing an interdisciplinary team acting under the direction of an autonomous hospice administration. The program provides palliative and supportive care to meet the special needs arising out of physical,	**State Regulations** As a minimum, the hospice staff shall be composed of: (1) a hospice administrator who is appointed and works a minimum of halftime for the hospice; (2) a hospice medical director; (3) a hospice nurse coordinator; (4) a hospice social worker; (5) a pastoral care coordinator; and (6) a coordinator of volunteer services. As the needs of the patient dictate, and consistent with applicable Federal requirements, the hospice shall provide

psychological, spiritual, social and economic stresses which are experienced during the final stages of illness, and during dying and bereavement. *10 NYCRR 700.2(a)(23)*	directly or through contract arrangement the following services: nursing, physician, social work, nutrition, physical therapy, occupational therapy, speech and language pathology, audiology, respiratory therapy, psychological, pharmaceutical, laboratory, medical supplies, equipment and appliances, home health aide, personal care, housekeeper, homemaker, bereavement, pastoral care and inpatient services. Nursing services in the home shall be provided by or under the direction of hospice personnel who meet the requirements of community health nurse as defined in section 700.2 of this Title or by contractual arrangement with a certified home health agency if such arrangement is approved by the commissioner. Physician, nursing, social work, pastoral care and volunteer services shall be provided by the same health care practitioners to the same patient and family, whenever possible.*10 NYCRR 793.4(a-c)* Hospice nurse coordinator shall mean an RN who possesses a baccalaureate degree in nursing and has a minimum of four years of professional experience in the delivery of nursing services which shall include at least two years in a supervisory or administrative position; or has a minimum of six years of professional experience in the delivery of nursing services which shall include at least two years in a supervisory or administrative position. *10 NYCRR 700.2(b)(49)* **Federal Regulations** The hospice must provide nursing care and

CONDITIONS FOR COVERAGE FOR END-STAGE RENAL DISEASE FACILITIES **Conditions: Care at Home** A dialysis facility that is certified to provide services to home patients must ensure through its interdisciplinary team, that home dialysis services are at least equivalent to those provided to in-facility patients and meet all applicable conditions of this part.	**Federal Regulations** Training of personnel providing dialysis to home patients must be conducted by a registered nurse. *42 CFR § 494.100(a)(2)* The facility must have a nurse manager responsible for nursing services in the facility that must be a full time employee, an RN and have at least 12 months of experience in clinical nursing, and an additional 6 months of experience in providing nursing care to patients on maintenance dialysis. *42CFR§494.140(b)(1)(i-iii)* The nurse responsible for self-care and/or home care training must be an RN and have at least 12 months experience in providing nursing care and an additional 3 months of experience in the specific modality for which the nurse will provide self-care training. The **charge nurse** responsible for each shift must be an RN, an LP (V) N who meets the practice requirements in the State in which he or she is employed, have at least 12 months experience in providing nursing care, including 3 months of experience in providing nursing care to patients on maintenance dialysis; and if an LPN or LVN, work under the supervision of a registered nurse in accordance with state nursing practice act provisions. **Staff nurse**. Each nurse who provides care and treatment to patients must be either an RN or PN who meets the practice requirements in the State in which he or she is employed. *42CFR§ 494.140(2-4)* An adequate number of qualified personnel are present whenever patients are undergoing dialysis so that the patient/staff ratio is appropriate to the level of dialysis

Type of Care Setting/ Unit	State or Federal Regulations
Treatment and Diagnostic Centers **Chronic (End Stage) Renal Dialysis Center**	**State Regulations** A physician or a registered professional nurse who has had at least three months of training and experience in hemodialysis under the close supervision of a qualified physician, shall be in attendance at all times during the provision of hemodialysis services by center or facility staff to patients at home; provided, however, that upon the certification of the medical director that the patient's condition is sufficiently stable, a licensed practical nurse with equivalent training and experience may attend a patient during dialysis treatment at home. *10NYCRR 757.2(a)*
Federal **Subpart U—Conditions for Coverage of Suppliers of End-Stage Renal Disease (ESRD) Services**	**Federal regulations** A person who is licensed as a registered nurse by the State in which practicing, and has at least 12 months of experience in clinical nursing, and an additional 6 months of experience in nursing care of the patient with permanent kidney failure or undergoing kidney transplantation, including training in and experience with the dialysis process; or Has 18 months of experience in nursing care of the patient on maintenance dialysis, or in nursing care of the patient with a kidney transplant, including training in and experience with the dialysis process; If the nurse responsible for nursing service is in charge of self-care dialysis training, at least 3 months of the total required ESRD experience is in training patients in self-care. *42CFR§ 405.2102(d)(2-3)*

	services by or under the supervision of a registered nurse. Nursing services must ensure that the nursing needs of the patient are met as identified in the patient's initial assessment, comprehensive assessment, and updated assessments. *42 CFR§418.64(b)* Hospice aide training must include classroom and supervised practical training in a practicum laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse, or a licensed practical nurse, who is under the supervision of a registered nurse. Classroom and supervised practical training combined must total at least 75 hours. *42CFR §418.76 (b)* The competency evaluation must be performed by a RN in consultation with other skilled professionals. A hospice aide is not considered competent in any task for which he or she is evaluated as unsatisfactory. An aide must not perform that task without direct supervision by a registered nurse until after he or she has received training in the task for which he or she was evaluated as "unsatisfactory," and successfully completes a subsequent evaluation. **Hospice inpatient and residence services** **State Regulations** The hospice may provide short-term inpatient services for pain control and management of symptoms related to the terminal illness or for respite in a free-standing hospice facility, a skilled nursing facility or a general hospital.

	10 NYCRR794.4(b-c) The provision of inpatient services shall be consistent with applicable Federal requirements and with the definition of hospice, and shall include, but not be limited to: the services of an RN(s) who is (are) available to provide direct patient care on a 24-hour-a-day basis. *10 NYCRR794.4(b-c)(d)(1)*

Type of Care Setting/ Unit	State or Federal Regulations
Nursing Home Inpatient Rehabilitation for Head Injuries _____ Extended care of residents with traumatic brain injury _____ Services for residents with acquired immune deficiency syndrome (AIDS) _____ Long-term ventilator dependent residents _____ Specialized programs for residents requiring behavioral interventions	In addition to the State and Federal regulations for nursing home the specialty areas must include: **State Regulations** Nursing services for the head injury unit shall be under the direction of an RN with experience in the provision of rehab nursing for head injured patients or residents. There shall be at least one RN with experience in rehab nursing assigned to each shift on the head injury unit.-*10 NYCRR 415.36(c)(6-7)* _____ There shall be sufficient nursing and social work staff to work with both the extended care resident with TBI and the resident's family 10 NYCRR 415.40(b)(3) _____ Nursing services for the AIDS program are under the supervision of an RN with experience in the care and management of persons with AIDS. *10 NYCRR 415.37(c)(4)* _____ One or more RNs on each shift shall be assigned to provide care to ventilator-dependent residents. *10 NYCRR 415.38(b)(3)* _____ Managed by a program coordinator who is a licensed or certified health care professional with previous formal education. Other than the program coordinator, there shall be at least one RN deployed on each shift in this unit who has training and experience in caring for individuals with severe behaviors. 10 NYCRR 415.37(e)(3) & (8)

	The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: Except when waived under paragraph (c) of this section, licensed nurses; and other nursing personnel. *42CFR483.30(a)(1)(i-ii)* Except when waived under paragraph (c) designate a licensed nurse to serve as a charge nurse on each tour of duty. *42CFR483.30(a)(2)* Except when waived must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. Except when waived must designate a registered nurse to serve as the director of nursing on a full time basis. The DON may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. *42CFR483.30(b)(1-3)* The facility must conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity. *42CFR483.20* An RN must sign and certify that the assessment is completed *42CFR483.20(i)(1)*

Type of Care Setting/ Unit	State or Federal Regulations
Licensed Home Care Agencies **Minimum Standards** Licensed home care services agency means a home care services agency issued a license pursuant to article 36 of the Public Health Law	**State Regulations** For purposes of this Part, health care services shall include nursing, home health aide services, personal care, physical therapy, occupational therapy, speech/language pathology, nutrition services, social work, respiratory therapy, physician services and medical supplies, equipment and appliances.*10 NYCRR 766.2(b)* All patients are accepted for health care services only after a determination has been made by a registered professional nurse or by an individual directly supervised by a registered professional nurse that the patient's needs can be safely and adequately met by the agency. *10 NYCRR 766.3* The governing authority shall ensure for all health care services that: (c) home health aides or personal care aides are supervised, as appropriate, by a registered professional nurse or licensed practical nurse, or a therapist if the aide carries out simple procedures as an extension of physical therapy, occupational therapy or speech/language pathology. *10 NYCRR 766.5(c)*

Type of Care Setting/ Unit	State or Federal Regulations
Nursing Home Nursing home shall mean a facility, institution, or portion thereof, providing therein, by or under the supervision of a physician, nursing care and other health, health-related and social services as specified in this Chapter for 24 or more consecutive hours to three or more nursing home patients who are not related to the operator by marriage or by blood within the third degree of consanguinity, including, but not limited to, an infirmary section which is identifiable as a nursing home unit in a special area, wing or separate building of a public or voluntary home or of a general or special hospital. *10NYCRR 700.2(11)*	**State Regulations** The facility shall have sufficient nursing staff to provide nursing and related services. Sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: RNs, LPNs; certified nurse aides; and other nursing personnel. *10 NYCRR 415.13 (a)(1)(i-iii)* The facility shall designate a registered professional nurse or licensed practical nurse to serve as a charge nurse on each tour of duty who is responsible for the supervision of total nursing activities in the facility. Alternatively, as necessitated by resident care needs, the facility may designate one charge nurse for each tour of duty on each resident care unit or on proximate nursing care units in the facility provided that each nursing care unit in the facility is under the supervision of a charge nurse. *10 NYCRR 415.13(2)* The facility shall use the services of an RN at least eight consecutive hours a day, seven days a week. An RN serves as the director of nursing on a full-time basis. The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of

	60 or fewer residents. *10 NYCRR 415.13(b)(1-3)* Feeding assistants shall be under the supervision of a nurse. *10 NYCRR 415.13(d)(2)(i)* Supervising nurse in a skilled nursing facility shall mean a person who is currently registered as a licensed professional nurse in New York State, and who is responsible for the supervision of more than one nursing unit and is not assigned simultaneously head nurse and/or charge nurse functions; critically observes the courses of actions of nursing personnel and is free to move from place to place in the facility in order to do so; and is responsible for teaching, counseling and developing the skills of nursing personnel in relation to diagnosing the nursing care problems of patients, to treating patients in emergency situations and to providing that care which requires the knowledge and skill of a registered professional nurse as so defined. 10NYCRR700.2(b)(39)(i-iii) **Federal Regulations** The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.