

Inpatient COVID Unit Revisions – 9.9.20

1. Develop a facility COVID staffing plan that is managed by the house supervisor at our COVID facilities. This will allow appropriate and fair rotation of team members through the COVID unit based on needs and taking continuity into consideration.
 - a. After approval, will create with house supervisors and department managers.
2. Providers to round in rooms due to PPE being more secure. This relieves the burden off the bedside nurses to coordinate the use of iPads and dealing with any connectivity issues that may arise.
3. In addition to providers, case management, wound care, and disciplines to go into rooms to see patients.
4. Central supply to stock COVID unit nurse servers at least twice a week. This is currently being practiced at MHC.
5. Integration of PCTs in staffing model of COVID units based on the staffing grid below:

Staffing Grid		
<u>Patient Status</u>	<u>Primary Care with NO PCT</u>	<u>RN/PCT**</u>
Medical Status	3 patients:1 nurse	4 patients:1 nurse
PCU / SDICU Status	3 patients:1 nurse (stable patients)	4 patients:1 nurse (stable patients)
	2 patients:1 nurse (unstable patients)	3 patients:1 nurse (unstable patients)
ICU Status	2 patients:1 nurse (stable patients)	2 patients:1 nurse (stable patients)
	1 patient:1 nurse (unstable patients)	1 patient:1 nurse (unstable patients)

**For every 5 medical/surgical or PCU/SDICU patients: 1 PCT