

# AORN Guidance Statement: Perioperative Staffing

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## Introduction

The purpose of this guidance statement is to provide a framework for developing a staffing plan throughout the continuum of perioperative patient care, beginning with scheduling a surgical or invasive procedure through the postoperative phase III/follow-up process. Staffing in the perioperative setting is dynamic in nature and depends on the clinical judgment, critical thinking skills, and administrative skills of nursing management in the perioperative setting. Patients undergoing surgical or invasive procedures require perioperative nursing care provided by a perioperative registered nurse, regardless of the setting. This guidance statement offers suggested staffing strategies to accommodate safe perioperative patient care while promoting a safe work environment.

## Background

To provide safe and effective patient care, individual health care organizations should have staffing policies and procedures relevant to individual practice settings. The health care system is affected by increasing demand for health care, continued economic pressures, the looming nursing shortage, and financial ramifications from medico-legal issues. Patient safety is the primary focus of perioperative nurses and other health care providers. Perioperative nursing leaders need to be judicious in meeting the challenge of stretching scarce resources without compromising patient care. Perioperative department nursing leaders have an ethical responsibility to maintain staffing levels that are appropriate for providing safe patient care while they also balance shrinking budgets.

## Guidance Statement

Perioperative nurse leaders should identify workforce requirements and the effect of environmental factors on staffing patterns. Surgery is performed in a wide variety of settings with uniquely different needs. Perioperative clinical staffing guidelines should be based on individual patient needs, patient acuity, technological demands, staff member competency, skill mix, practice standards, health care regulations, and accreditation requirements.<sup>1,2</sup> Staffing requirements are relative to department functions and assigned role expectations.

An effective staffing plan is flexible and responsive to short-term and long-term patient and organizational demands. Effective planning involves determining staffing needs, planning for the appropriate staffing mix and number of staff members, budgeting for personnel costs, and scheduling personnel. Perioperative nursing management should determine both direct and indirect patient caregivers for the unit. Additionally, productive and nonproductive time should be considered.<sup>2</sup> The perioperative staffing policy should state the minimum number of nursing personnel that will be provided for various types of surgical procedures. Complexity of the procedure may require more than the minimum number of nursing personnel identified. **Table 1** includes recommended minimum staffing requirements.

## Call

The perioperative staffing plan includes provisions for unplanned, urgent, or emergent procedures and how to provide care for patients whose procedures run over scheduled time. Call staffing plans should be based on strategies to minimize long work hours, allow for adequate recuperation, and retain the perioperative RN as circulator. Scheduling requirements for call are subject to facility type, location, nature of services provided, and patient population served. Staffing for call should be provided in accordance with standards of perioperative and perianesthesia nursing practice. Safe call practices should be based on AORN's "Guidance statement: Safe on-call practices in perioperative practice settings."<sup>3-5</sup>

A systematic approach based on the operational needs of the department is required to develop a staffing plan. Identifying the hours of operation defined by the department or facility, in addition to the hours needed to cover off-shift (eg, holidays, nights, weekends) emergent/urgent surgery and the number of operating/procedure rooms is the initial step in determining staffing needs.<sup>6</sup> Review of historical data regarding minutes/hours of service, case volumes, case mix, and technology demands and projections for the coming year are essential for staff scheduling and budgeting. The following formula provides a platform to develop an annual staffing plan and budget. The formula is flexible and can be adapted to meet the specific needs of the perioperative setting. Although the basic formula is based on 100% utilization, it can be modified to coincide with expected volume.