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On Behalf Of: Oregon Nurse  
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I am one of the charge nurses in a situation where we have staff to have one break nurse and break tech. But with sick calls, the charge nurse often has to step in and be a break nurse on top of being charge.

Our staffing is complex — the procedure rooms all have different procedure times and numbers of patients per day. We do not have a float pool or anyone cross-trained to help us when we are short staffed. The majority of our procedure rooms are supposed to have a built-in lunch break, but at least one will run into the lunch break on a daily basis.

This affects patient safety when a patient requires escalation of care and the charge nurse may not be available (because they have a patient assignment due to covering for someone's break). It also affects the flow of the unit and keeping rooms running on time. Finally, it affects staff satisfaction as they do not have extra help when needed.

Recently a patient began bleeding during one of our routine procedures and needed urgent escalation of care and transport off the facility. Thankfully, I was available as charge nurse, as we had appropriate staffing that day. I could initiate and expedite a higher level of care and also help in the room: initiate rapid response, get anesthesia in the room, call for blood and get blood tubing, determine which other providers were available to help. This is one example to illustrate why having safe staffing is critical for our patients and our profession. -RN in Portland