

8 steps for making effective nurse-patient assignments

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Successful assignments require attention to the needs of both nurses and patients.

YOUR MANAGER wants you to learn how to make nurse-patient assignments. What? Already? When did you become a senior nurse on your floor? But you're up to the challenge and ready to learn the process.

Nurse-patient assignments help coordinate daily unit activities, matching nurses with patients to meet unit and patient needs for a specific length of time. If you are new to this challenge, try these eight tips as a guide for making nurse-patient assignments.

Find a mentor

Most nurses learn to make nurse-patient assignments from a colleague. Consider asking if you can observe your charge nurse make assignments. Ask questions to learn what factors are taken into consideration for each assignment. Nurses who make assignments are aware of their importance and are serious in their efforts to consider every piece of information when making them. By asking questions, you'll better understand how priorities are set and the thought that's given to each assignment. Making nurse-patient assignments is challenging, but with your mentor's help, you'll move from novice to competent in no time.

Gather your supplies (knowledge)

Before completing any nursing task, you need to gather your supplies. In this case, that means knowledge. You'll need information about the unit, the nurses, and the patients. (See *What you need to know*.) Some of this information you already know, and some you'll need to gather. But make sure you have everything you need before you begin making assignments. Missing and unknown information is dangerous and may jeopardize patient and staff safety.

The unit and its environment will set the foundation for your assignments. The environment (unit physical layout, average patient length of stay [LOS]) defines your process and assignment configuration (nurse-to-



patient ratios). You're probably familiar with your unit's layout and patient flow, but do you know the average LOS or nurse-to-patient ratios? Do you know what time of day most admissions and discharges occur or the timing of certain daily activities? And do other nursing duties need to be covered (rapid response, on call to another unit)? Review your unit's policy and procedures manual for unit staffing and assignment guidelines. The American Nurses Association's *ANA's Principles for Nurse Staffing 2nd edition* also is an excellent resource.

Review the assignment sheet or whiteboard used on your unit. It has clues to the information you need. It provides the framework for the assignment-making process, including staff constraints, additional duties that must be covered, and patient factors most important on your unit. Use the electronic health record (EHR) to generate various useful pieces of patient information. You also can use the census sheet, patient

acuity list, or other documents of nursing activity, such as a generic hospital patient summary or a unit-specific patient report that includes important patient factors.

Depending on your unit, the shift, and the patient population, you'll need to consider different factors when making assignments. Ask yourself these questions: What patient information is important for my unit? Does my unit generate a patient acuity or workload factor? What are the time-consuming tasks on my unit (medications, dressing changes, psychosocial support, total care, isolation)? Which patients require higher surveillance or monitoring?

Finally, always talk to the clinical nurses caring for the patients. Patient conditions change faster than they can be documented in the EHR, so rely on the clinical nurses to confirm each patient's acuity and individual nurses' workloads. Nurses want to be asked for input about their patients' condition, and they're your best resource.

Now ask yourself: How well do I know the other nurses on my unit? This knowledge is the last piece of information you need before you can make assignments. The names of the nurses assigned to the shift can be found on the unit schedule or a staffing list from a centralized staffing office. If you know the nurses and have worked with them, you'll be able to determine who has the most and least experience, who's been on the floor the longest, and who has specialty certifications. You'll also want to keep in mind who the newest nurses are and who's still on orientation.



Decide on the process

Now that you've gathered the information you need, you're ready to develop your plan for assigning nurses. This step usually combines the unit layout with your patient flow. Nurses typically use one of three processes—area, direct, or group—to make assignments. (See *Choose your process*.)



Set priorities for the shift

The purpose of nurse-patient assignments is to provide the best and safest care to patients, but other goals will compete for consideration and priority. This is where making assignments gets difficult. You'll need to consider continuity of care, new nurse orientation, patient requests and satisfaction, staff well-being, fairness, equal distribution of the workload, nurse development, and workload completion.



Make the assignments

Grab your writing instrument and pencil in that first nurse's name. This first match should satisfy your highest priority. For example, if your highest priority is continuity of care, then this

What you need to know

Before you make decisions about nurse-patient assignments, you need as much information as possible about your unit, nurses, and patients.

Common patient decision factors

Demographics

- Age
- Cultural background
- Gender
- Language

Acuity

- Chief complaint
- Code status
- Cognitive status
- Comorbidities
- Condition
- Diagnosis
- History
- Lab work
- Procedures
- Type of surgery
- Vital signs
- Weight

Workload

- Nursing interventions
 - Admissions, discharges, transfers
 - Blood products
 - Chemotherapy
 - Drains
 - Dressing changes
 - End-of-life care
 - I.V. therapy
 - Lines
 - Medications
 - Phototherapy
 - Treatments
- Activities of daily living
 - Bowel incontinence
 - Feedings
 - Total care

Safety measures

- Airway
- Contact precautions
- Dermatologic precautions
- Fall precautions
- Restraints
- Surveillance

Psychosocial support

- Emotional needs
- Familial support
- Intellectual needs

Care coordination

- Consultations
- Diagnostic tests
- Orders
- Physician visit

Common nurse decision factors

Demographics

- Culture/race
- Gender
- Generation/age
- Personality

Preference

- Request to be assigned/not assigned to a patient

Competence

- Certification
- Education
- Efficiency
- Experience
- Knowledge/knowledge deficit
- Licensure
- Orienting
- Skills
- Speed
- Status (float, travel)

nurse and any other returning nurses are reassigned to the patients they had on their previous shift. If, however, you have a complex patient with a higher-than-average acuity, you just assigned your best nurse to this patient. After you've satisfied your highest priority, move to your next highest priority and match nurses with unassigned patients and areas.

Sounds easy, right? Frequently, though, you'll be faced with competing priorities that aren't easy to rate,

Choose your process

Your nurse-patient assignment process may be dictated by unit layout, patient census, or nurse-to-patient ratio. Most nurses use one of three assignment processes.

Area assignment

This process involves assigning nurses and patients to areas. If you work in the emergency department (ED) or postanesthesia care unit (PACU), you likely make nurse-patient assignments this way. A nurse is assigned to an area, such as triage in the ED or Beds 1 and 2 in the PACU, and then patients are assigned to each area throughout the shift.

Direct assignment

The second option is to assign each nurse directly to a patient. This process works best on units with a lower patient census and nurse-to-patient ratio. For example, on a higher-acuity unit, such as an intensive care unit, the nurse is matched with one or two patients, so a direct assignment is made.

Group assignment

With the third option, you assign patients to groups and then assign the nurse to a group. Bigger units have higher censuses and nurse-to-patient ratios (1:5 or 1:6). They also can have unique physical features or layouts that direct how assignments are made. A unit might be separated by hallways, divided into pods, or just too large for one nurse to safely provide care to patients in rooms at opposite ends of the unit. So, grouping patients together based on unit geography and other acuity/workload factors may be the safest and most effective way to make assignments.

You also can combine processes. For example, in a labor and delivery unit, you can assign one nurse to the triage area (area process) while another nurse is assigned to one or two specific patients (direct process). Unit characteristics direct your process for making assignments. Your process will remain the same unless your unit's geography or patient characteristics (length of stay, nurse-patient ratio) change.

is to ensure patients receive the best care possible; how that's accomplished can change from minute to minute.

Evaluate success

What's the best way to evaluate the success of your nurse-patient assignments?

Think back to your priorities and goals. Did all the patients receive safe, quality care? Did you maintain continuity of care? Did the new nurse get the best orientation experience? Were the assignments fair? Measure success based on patient and nurse outcomes.

Check in with the nurses and patients to get their feedback. Ask how the assignment went. Did everyone get his or her work done? Were all the patients' needs met? What could have been done better? Get specifics. Transparency is key here. Explain your rationale for each assignment (including your focus on patient safety) and keep in mind that you have more information than the nurses. You're directing activity across the entire unit, so you see the big picture. Your colleagues will be much more under-

standing when you share your perspective. When you speak with patients, ask about their experiences and if all their needs were met.



Keep practicing

Nurse-patient assignments never lose their complexity, but you'll get better at recognizing potential pitfalls and maximizing patient and nurse outcomes. Keep practicing and remember that good assignments contribute to nurses' overall job satisfaction. ★

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and completing the assignments may take a few tries. You want to satisfy as many of your priorities as you can while also delivering safe, quality nursing care to patients. You'll shuffle, move, and change assignments many times before you're satisfied that you've maximized your priorities and the potential for positive outcomes. Congratulate yourself—the nurse-patient assignments are finally made.



Adjust the assignments

You just made the assignments, so why do you need to adjust them? The nurse-patient assignment list is a living, breathing document. It involves people who are constantly changing—their conditions improve and deteriorate, they're admitted and discharged, and their nursing needs can change in an instant. The assignment process requires constant evaluation and reevaluation of information and priorities. And that's why the assignments are usually written in pencil on paper or in marker on a dry-erase board.

As the charge nurse, you must communicate with patients and staff throughout the shift and react to changing needs by updating assignments. Your goal