

## Title: Staffing Plan - Patient Care

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### Policy Statement:

This document describes the development, implementation, monitoring, evaluation, and modification of the staffing plan for patient care. The campus wide staffing plan and its implementation are the responsibility of the Chief Nursing Officer. The Manager/Director of each patient care service is responsible for his or her service-specific staffing plan as it relates to the hospital-wide staffing plan. Direct-care clinical staff's input shall be considered in the development, implementation, monitoring, evaluation, and modification of the staffing plan, by way of the Staffing Committee. The primary purpose of this plan is to support the provision of safe patient care and adequate nursing staff.

### Definitions: (Definitions of acronyms or specialized terminology)

**Core staffing:** Minimum numbers of each skill level of nursing staff members on each unit needed to provide patient care must be established. Core numbers may vary by shift and by day of the week and should be based on staff and skill mix needed to care for that unit's most frequent patient census and average patient acuity.

**Relief staff:** Caregiver who is not in a full-time or part-time position, who is utilized on an intermittent basis as needed.

### Instructions:

#### Development and implementation

1. Development of the staffing plan includes consideration of:
  - a. Nursing care required by aggregate and individual patients' needs. This required care is the major consideration in determining the numbers and categories of nursing personnel needed and is reflected in the acuity system.
  - b. Specialized qualifications and competencies of the nursing staff. The skill mix and competency of the nursing staff shall ensure the nursing care needs of the patient are met and shall ensure patient safety.
  - c. The scopes of practice of RNs and LPNs and the authorized duties of CNAs.
  - d. The numbers, qualifications, and categories of nursing staff needed for all units.
  - e. Predetermined core staffing, establishes the minimum numbers of patient care staff (licensed nurses and certified nursing assistants). Current core staffing levels are built into OneStaff for each of the areas served by the staffing office. The number of nursing staff on duty shall be sufficient to ensure nursing care needs of each patient are met. In no case shall less than one Registered Nurse and one other nursing care staff member be on duty when a patient is present.
  - f. Relevant infection control and safety issues.

- g. Budgets and care standards.
  - h. Continuity of care.
- 2. Operational master schedules are developed at the unit level and maintained in the staffing system/office.
  - a. Master schedules are developed on the units, sent to the staffing office, printed six months in advance, and maintained in a notebook at each unit location. Requests for schedule changes or use of ETO are granted in order of receipt as long as core staffing is met (per Requests for Earned Time Off). Requests after the schedule is posted are granted if appropriate, by the Manager or designee, in collaboration with the staffing office to ensure that core staffing levels are met, and to ensure minimal usage of higher dollar labor.
- 3. Adjustments in staffing are typically made by the staffing office, with the House Supervisor's review and approval, when census or acuity levels change, per Staff Call-Offs on Patient Care Units and Hospital Request (HR) Call-Off Script. Some services may make their own adjustments, such as Mother-Child Services, Psychiatric Emergency Services, and Perioperative Services.
- 4. Components of the Staffing Plan will include consideration of core staffing, projected budget, and patient acuity system.
  - a. Core staffing and staffing/skill mix formulas are determined on each patient care unit and are defined as the minimum number of positions and mix of skill levels required to care for the typical patient census and acuity.
  - b. The staffing budget is service-based and considers the needs of patient populations, evidence-based patient care standards, average daily census, admissions, discharges and transfers (ADT) and acuity. Adjustments must be made in staffing when census fluctuates to maintain overall productivity targets.
  - c. The patient classification system assists in determining the nursing hours needed for patient care based on acuity levels.
- 5. Patient care areas which require provision of services seven days a week require weekend scheduling.
  - a. As a normal practice, regular full-time and part-time caregivers will not be required to work more than every other weekend.
  - b. Relief caregivers will be available for work every third weekend. As a normal practice, regular full-time and part-time caregivers will not be required to work different shifts regularly.
- 6. Winter holiday scheduling, covering an approximate eight-week period, is completed by October 31 to cover the major holidays: Thanksgiving, Christmas, and New Year's.
  - a. Caregivers are encouraged to sign up for their preference for holidays off by mid-October.
  - b. Schedules for the past two years are reviewed, with holiday time off rotated equitably among employees scheduled on each unit, each shift.
  - c. After the holiday schedule is posted, scheduled caregivers may request to be off if census should be low. Requests are considered in order of receipt. The holiday HR list is

posted when the holiday schedule is posted. The unit notifies staff when these lists have been posted.

7. A list of qualified relief nursing staff is maintained in the staffing system database to provide qualified replacement or additional caregivers to ensure the patient's care needs are met. Current data regarding relief staff, both centralized and unit-based, will be maintained in the staffing database. Relief staff appears on their respective unit's schedules. Names of relief staff may be given to caregivers who are requesting short-notice ETO and need coverage, but confidential data such as phone numbers will not be shared. The Staffing Office can facilitate contact with relief staff as needed.
8. Replacement staff: Every reasonable effort will be made to obtain Registered Nurses for unfilled hours or shifts before requesting a nurse to work overtime. This includes seeking replacement at the time the vacancy is known, making every reasonable effort to contact relief staff, as well as nurses who want to work extra hours or volunteer for overtime. These efforts are documented in OneStaff and currently on paper in Perioperative and Mother-Child Services.

#### Daily Staffing Practices

1. Daily Staffing Practices include the following:
  - a. Staffing is evaluated and adjusted by the staffing office, with the House Supervisor's oversight, at least every eight hours.
  - b. After classification and staffing requirements are completed on the units, the Staffing Analyst manually enters the information into the staffing system/database. Targets are established and variances are managed by moving staff, calling staff off, or calling in reliefs or extra staff.
  - c. Current core staffing levels for each area served by the staffing system are built into and kept current in the software application.
  - d. If staff above targets is requested by the unit, below 97% productivity, nursing leadership will be notified and a memo indicating the reason is placed in the staffing system by the staffing office, or Charge Nurse. The nursing leadership may not be called if a plan is developed with the Charge Nurse/Clinical Supervisor to get the unit above 97% productivity. If specialty patients are placed on a unit other than their typical placement, or if a nurse is floated to an area that is not his/her primary specialty, these situations may require staffing above targets based solely on acuity. If additional staffing is requested for this reason, this should be documented as a memo in the staffing system.
  - e. A Rapid Response RN is scheduled each shift to be utilized on a rotating basis wherever there is a need. Other float and relief staff is assigned. The Rapid Response RN is relinquished into a staffing assignment only when other attempts to cover the need have failed and must be cleared by the PCS Manager.
2. Responsibility for providing staff for patient care needs is a team effort.
  - a. Service Managers maintain 24-hour accountability and assist the

- b. Responsibility for each shift is delegated to the Charge Nurses/Clinical Supervisors and House Supervisors. This is done with support by Staffing Analysts during hours they are available, and includes:
  - i. Monitoring/maintaining budgeted FTEs within established parameters.
  - ii. Assisting with/providing input to variance management.
  - iii. Providing timely, accurate data to the staffing office when needs change.
  - iv. Documenting on the daily staffing sheets in the Staffing office and as a memo in the staffing system to document any changes within the shift.
  - v. Collaborating with the staffing office to correctly maintain call-off data.
- c. The staffing office maintains day-to-day data to ensure accurate staffing.
  - i. Performs allocation/reassignment, notification of scheduled staff.
  - ii. Searches for additional staff as needed.
  - iii. Provides units with daily staffing sheets 60 minutes prior to the beginning of each shift.

#### Direct Care Nurse Concerns

1. If a direct care nurse is concerned that there is an inability to meet patient care needs or a risk of harm to existing and new patients, s/he may request an evaluation of potentially limiting admissions or diversion of patients by notifying their Charge Nurse, Supervisor, Manager, Director, or House Supervisor if their direct chain of command is not present.
2. See Peak Census Protocol for additional details.
3. Staffing Incident Reports are used to document staffing process variances and/or errors.

#### Assignments

1. Staff assignments are designed to match patient needs with the qualifications/ competence of the staff and to allow the assigned staff to function within their scope of practice.
2. Essential functions, required levels of competence, and physical and mental health of caregivers for safe practice are determined in the hiring process.

#### Quality Process

##### *Unit/Service Based Committees*

Each patient care service ensures consideration of input from direct-care clinical staff in the development, implementation, monitoring, evaluation, and modification of the staffing plan through service or unit committees (such as the staffing committee, or Unit Practice Committees). The team works within the parameters of its budgeted standard and makes recommendations to management based on data. This data may include productivity reports, financial reports, hospital request off reports, overtime reports, staffing incident reports, corrective or preventive action, and patient wait times from the call system, incident reports, and others as appropriate. Their recommendations are considered on a consultative basis for implementation, as appropriate, by their Manager/Director.

#### *Clinical Resource/ Management Director*

The Clinical Resource Management Director is responsible for developing, monitoring, analyzing and improving the overall staffing functions, including initiating preventive or corrective action as indicated. Monthly performance reports are developed and shared with nursing leadership. Trends are routinely presented and discussed at Patient Care Directors meetings.

#### *Operations and Resource Council*

The Operations and Resource Council, which includes the Chief Nursing Officer, monitors and ensures the quality and effectiveness of the staffing plan. Operations and Resource Council makes recommendations for improvements and/or charters cross-functional teams as needed.