UNIVERSITY OF ILLINOIS HOSPITAL
MANAGEMENT POLICY AND PROCEDURE

NO.: NR 1.02
APPROVAL DATE: October 17, 2012
EFFECTIVE DATE: October 17, 2012

SUBJECT: Nursing Practice: Standards for Master Staffing Plan and Patient Care Assignments

OBJECTIVE

To project a master nursing staffing plan for each patient care area with the number of staff by knowledge and skill level required to attain the established standard of care for the average acuity of each clinical area utilizing the Staffing Management System (SMS). To provide standardization of practice to staff who are responsible for patient care assignments.

DEFINITIONS

Staffing Management System (SMS) – an online system that incorporates RN staffing, staff productivity, and patient throughput to ensure safe staffing needs are met.

Patient Acuity – defined at UIH through the professional nurses' assessment of the complexity of their patients nursing care needs utilizing the NPAS assessment tool. This tool, based on AACN's Synergy Model for Patient Care, assesses patient nursing care needs on admission or transfer to a unit, every 8 hours thereafter and with a change in patient status

Core Charge Nurse – Unit based RN's identified as having the skills and competencies to function in the charge nurse role.

Core Charge Nurse Program – a structured, ongoing program through which identified unit based RN's receive the training and orientation necessary to fulfill the role of the charge nurse and ensure safe unit operations including the assignment of patient care to unit staff. Only charge nurses identified and participating in the Core Charge Nurse Program are assigned to charge duties.

POLICY

The Chief Nursing Officer or designee will collaborate with Associate Directors, or Patient Care Directors/ Managers to determine the proper level and skill mix of nursing care providers within each of the patient care areas.

Each patient care area will have a staffing plan that can be extrapolated from the Staffing Management System. Each staffing plan will indude:

1. Model of nursing care delivery
2. Annual volume projections and average daily census
3. Nursing hours per patient day per patient acuity.

4. Skill mix of care providers
5. Shift distribution
6. Staffing guidelines

Patient care assignments are based on patient acuity scores. Staff RN's complete the patient acuity assessment for each of their patients prior to the end of their shift. The assessment then generates an acuity score for each patient. At any time throughout the shift, staff nurses can update the acuity assessment/score if the patient's condition changes. The Charge RN ensures an acuity assessment is completed on each patient within the identified time frame for each shift.

Utilizing the acuity assessment, a Charge RN completes the assignment of nursing care in each patient care area for the next shift.

The other RN's and the Licensed Practical Nurses (LPN) receiving a patient care assignment are obligated to inform the Charge Nurse of the increased acuity or deficits in competence for aspects of patient care for their particular patient assignment. In this event, the Charge nurse will reorganize the patient care assignments.

The Charge RN from the patient care area is accountable for all patient care assignments. The electronic assignment sheet clearly identifies the nursing staff responsible for the care of each patient.

All changes in staffing and or assignments are entered in the SMS.

PROCEDURE

1. The master nursing staffing plan is evaluated and validated at least annually during budget preparation and whenever any major change in patient population or care delivery occurs.

2. The monthly staffing schedules consistently reflect the master nursing staffing plan and can be found in the SMS. Daily adjustments are made, as needed, based on acuity, volume and defined patient needs by Associate Directors, Patient Care Directors, or designee. Any changes will be entered in the SMS in a timely manner.

3. Utilizing the SMS, each patient care area will anticipate staffing needs prior to the actual date and make adjustments to staffing to meet anticipated needs. When volume or patient need is greater than scheduling provides, then in the preferred order additional personnel will be called in to meet patient care needs. Sources for additional personnel include:
    a. Additional hours for part-time staff
    b. In house registry staff
    c. Overtime hours for full-time staff
    d. Contract personnel

4. Assignment of nursing care is based on the acuity of each patient and takes into account the following:
    a. Complexity of patient's condition and required nursing care.
    b. Dynamics of the patient's status, including the frequency with which the needs for specific nursing
    c. care activities change.
    d. Complexity of the assessment required by the patient, including the knowledge and skills required of a nursing staff member in order to complete the required assessment.
    e. Significant biological, psychosocial, cultural, and spiritual factors affecting the plan and delivery of nursing care.
    f. Type of technology employed in providing nursing care, with consideration given to the knowledge and skill required to use the technology
    g. Availability of supervision appropriate to the assessed and current competence of the nursing staff member assigned responsibility for providing nursing care to the patients.
    h. Degree of supervision required by each nursing staff member based on her/his previously assessed level of competence and current competence in relation to nursing care needs of the patient(s).
    i. Infection control and safety needs.
    j. Geographic location of the patient within the patient care area.

5. Reassignment of nursing staff may occur, when necessary, to appropriate clinical areas.

6. The Charge RN will continually monitor the patient care assignments and, where appropriate, make changes to the patient care assignments expeditiously, in the event of a change in patient acuity.

Rescission

October 2011
October 2009
December 2006
December 2003
December 2001
December 1998

Policy Owner—Kathy Walrath, Director of Clinical Practice and Professional Development