

Procedure	Document Number	Revision
	W21752	D
File CHC example for NICU Acuity.doc		
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## Staffing/Acuity Analysis Tool FBC - NICU

PURPOSE/SCOPE: Analysis of Actual Staffing compared to Target Staffing in order-to assure adequate staffing patterns to meet patient care needs.

### REFERENCE DOCUMENT: DEFINITIONS:

Staffing Guidelines from: National Guidelines for: Association Women's Health Obstetric and Neonatal Nurses (AWHONN)  
American Academy of Pediatrics, American College of Obstetricians & Gynecologist (ACOG)

### REQUIREMENTS:

Oregon State Law Requirements

### INSTRUCTIONS

#### INSTRUCTIONS FOR USE OF STAFFING IDENTIFICATION TOOL

1. The charge nurse will complete F21648 each shift. The completed form will be returned to the Manager each day. In Redmond please keep in acuity binder and Manager will collect them. In Redmond the Patient Log and Staffing Analysis are combined on one form.
2. Use a new form for each shift and check the correct a.m. or p.m. time at the top.  
Family Birthing Center (both sites)  
Neonatal Intensive Care Unit
3. The process needs to be repeated 2 times in the same shift, at 10am-11am, 4pm-5pm, 10pm-11pm, and 4am-5am in Bend. In Redmond complete every 4 hours, once 4 hours into your shift and once at the end of your shift.
4. Use the Acuity Matrix on the back of the page to fill in what staffing "should" be under Target Staff for each time slot. (Use the highest level of care that the patient required during that particular hour.)
5. Fill in your actual staffing ratio for each patient during that same time period in the block labeled Actual Staff.
6. Add up the total number of staff hours required per the Acuity Matrix and write in the bottom of the column. Do the same for your actual staffing. The Staff Hours represent the equivalent of the staffing ratio – if you have a staffing ratio that is not on the list, divide the first number by the second, e.g. 1 (nurse) divided by 7 (patients) =  $1/7 = .14$ .

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7. If you notice any discrepancies between Target totals and Actual totals (difference greater than .5), make a notation under Staffing Interventions to show why there is a discrepancy and what was done to correct it. (For example, not enough staff, that "Relief nurse was called in", etc., or for too much staff, "nurse sent home On Call," etc.)
8. Please use the symbols at the bottom of each FBC page to designate patients being cared for by the charge nurse or by a Postpartum Team (Write in the staffing Interventions box that makes up the Postpartum Team, e.g. 1 RN, 1 LPN, 1 CNA). There is a 3<sup>rd</sup> symbol to denote extenuating circumstances exist (e.g. twins, complications, etc.). On the NICU sheet, there is a symbol (+) to put next to each patient being cared for by an LPN. Redmond please make appropriate comments when extra staff from another department was needed.
9. Place the completed copies in Manager mailbox at the end of your shift. Redmond please keep forms in acuity binder.
10. Completed forms will be analyzed by the FBC/NICU leadership for systems issues, staffing allocation concerns, correlation to open positions, or a need to increase positions. This form also helps us meet productivity and meet staffing requirements.
11. Staffing Matrix Forms will be referenced whenever there are questions regarding staffing situations, when a Staffing Incident Report related to staffing below target is initiated, or whenever an Unsafe Staffing form is turned in. Forms will be utilized for problem solving and to facilitate preventive or corrective action as indicated.

#### QUALITY RECORD

Quality Record	Location Kept	Filing Order	Duration Kept	Disposition	Comments
Log Redmond	Unit Storage		21 years		

#### CHANGE HISTORY

Date	Revision	Comments
7/6/05	C	Received from Marj Gold; Redmond info added; sent on approval route
7/16/08	D	Received from Mara Kerr; sent on approval route
8/22/08	E	Received from Mara Kerr; sent on approval route
9/8/08	D	Received from Mara Kerr 8/22/08; sent on approval route