

Title: Staffing Plan for Nursing Services

Applicable Campus: Salem Hospital	Department Name: Nursing Staffing & Resources
Approved: November 2006 Effective: November 2006	Next Review Date: November 2008

Describe briefly the most recent revision made to this policy, procedure or protocol & why:

Revisions are made to policy based on House Bill 2800

Purpose/Policy Statement:

The Staffing Plan for Nursing Services reflects specific service needs to meet patient care and organizational needs. Evaluation of the department specific needs and staffing requirements is a component of the annual budgetary process. Nurse Managers, Nursing Directors and Senior Management include input from continuous improvement projects, patients, families, and employees and the medical staff when reviewing and updating department specific service needs to provide patient care and manager resources.

Definitions:

- **Nursing staff** - Defined as a registered nurse, a licensed practical nurse, or other assistive personnel.
- **Assistive Nursing Personnel** – Defined as anyone who assists the RN or LPN in the provision of nursing care including but not limited to: CNAs, Operating Room Technicians, medical assistants, emergency room technicians, and anesthesia aides.
- **Retaliatory Action** - Defined as the discharge, suspension, demotion, harassment, denial of employment or promotion, or layoff of a nursing staff person, or other adverse action taken against a nursing staff person in the terms or conditions of employment as a result of filing a complaint.
- **Hospital Defined Work Week** – Defined as the shifts agreed upon hire by the staff individual and his/her manager.
- **Safe Patient Care** - Defined as nursing care that is provided effectively, in a timely manner and meets the patient's needs. Evidence that safe patient care has been negatively impacted may include: an error that has a negative impact on the patient; preparation for a procedure not accomplished or a patient report that their needs have not been met.
- **Stand-by** - Defined as a scheduled state of being ready to be called to work at a moment's notice.

CONTENT

The Nursing Staffing Plan has been developed to identify staffing needs based on the following criteria:

1. Patient population
2. Average daily census
3. Length of stay
4. Specialty needs of patient population served
5. Physical environment and available technology
6. Type of patient care delivery system utilized
7. Skill mix
8. Competencies required
9. Measurable outcomes of nursing care
10. Nationally recognized evidence based standards of nursing practice

Cross training of personnel, flexible resource pool and "floating" augments staffing and optimizes resources. Utilization of outside agencies is limited to episodes when other means of staffing have been exhausted. Skill mix evaluation is performed within each unit to ensure the skill mix reflects the patient care needs availability of staff, vacancy rates and budget standards.

At any time, the nursing staff may request additional assistance based on clinical judgment and unit activity, either through their Nurse Manager or Director, charge nurse or NAC. The centralized staffing office provides assistance in either temporarily reassigning personnel or calling in staff to keep the patient/caregiver ratios at appropriate levels. Additionally, if hospital wide staffing becomes an emergent issue, the Nursing Management Team will initiate a process for limitations on admission or diversion of patients to another acute care facility.

Monthly analysis of extra shift utilization, call offs and monthly variance reports assist managers in tracking the allocation of resources according to predetermined standards of productivity. Included in the budget is an allocation of funds for educational programs to support clinical improvements and innovations in practice. Staffing levels are planned in a proactive manner to ensure and promote meeting attendance and staff participation.

- I. Salem and West Valley Hospitals will not *require* a Registered Nurse, Licensed Practical Nurse or Certified Nursing Assistant to work:
 - A. Further than the agreed shift
 - B. More than 48 hours in a hospital-defined work week
 - C. More than 12 consecutive hours in a 24 hour period
 1. Exception – the Hospitals may require an additional hour of work beyond the 12 hours if:
 - a. The Hospitals learn about a staff vacancy for the next shift at the end of the current shift OR
 - b. If there is a potential harm to the patient if the Registered Nurse, Licensed Practical Nurse or Certified Nursing Assistant left the assignment or transferred care to another.
 - II. Hours Worked
 - A. Time spent receiving education or training or attending required meetings is included as hours worked.
 - B. Time spent on-call but away from the Hospitals' premises may not be included as hours worked.
 - C. Time spent on-call or on standby when the Registered Nurse, Licensed Practical Nurse or Certified Nursing Assistant is required to be on the Hospitals' premises is included as hours worked.
 - III. The provisions listed in section I & II of this policy do not apply to nursing staff needs under the following circumstances:
 - A. In the event of a national or state emergency.
 - B. In emergency circumstances identified by the Department of Human Services by rule.
 - C. In the event of a Hospital Facility Disaster Plan.
 - D. If the Hospitals have made reasonable efforts to contact all qualified on-call nursing staff and nursing services or staffing agencies as defined in the written hospital-wide staffing plan for nursing services.
 - IV. In the event that a situation arises requiring mandatory overtime, the manager of the unit where the overtime is to occur must complete the Mandatory Overtime Occurrence form and have the employee sign the form. This form is to be forwarded to Nurse Manager of Nursing Resource and Staffing.
 - V. Hospital Staffing Plan Committee
 - A. The written staffing plan will be developed, monitored, evaluated and modified by the Staffing Plan Committee, in conjunction with the Nursing Executive Team.
 - B. The Staffing Plan Committee, to the extent feasible, shall:
 1. Put the provision of safe patient care and an adequate nursing staff as its primary focus.
 2. Include an equal amount of hospital nurse managers and direct care registered nurses.
 3. Include at least one direct care registered nurse from each nurse unit or specialty, which will be selected by the direct care nurses from the nurse unit or specialty. The Hospital defines the units or specialties.
 4. Review and analyze the Staffing Concern Report. If follow up actions are required, they are documented on this form and the Manager of Nursing Resources will discuss the situation with the Manager of the patient unit involved. The Manager of the patient care unit will identify appropriate action (s); they will then turn in the report to their director to review and sign. The director will then forward the report to Manager of Nursing Resources who will report back to the Staffing Committee the outcome of these actions within 60 days of the event.
 - VI. Measurable outcomes of nursing care
 - A. Nursing Dashboard
 1. Quality: patient falls, pressure ulcer prevalence, left without being seen (ED and UCC).
 2. Service: Nurse sensitive/responsiveness to pain; response to concerns/complaints; overall rating of care given.
 3. People: Staff turnover %, RN vacancy rate based on FTE's Performance review timeliness, RN satisfaction with quality of care given.
 4. Performance: Productive hours including contract and premium OT, contract labor and OT as a % of productive hours, 1:1 hours as % of productive hours.
 - B. Staffing effectiveness measures as defined by JCAHO.
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Equipment/Supplies (If Applicable):

n/a

Form Name & Number or Attachment Name (If Applicable):

Attachment A - Staffing Concern Report

Attachment B - Mandatory Overtime Occurrence

Author Position:

Staffing Manager

Review/Revision Authority (Position Not Individual Name):

Staffing Manager

Expert Consultant Position/s (Not Individual Name/s):

n/a

References (Required for Clinical Documents):

HB 2800

Is there a Regulatory Requirement? Yes No

If yes, insert requirement information here: HB 2800

Review History (No Changes):

n/a

Revision History (Note changes in area under header):

Document Effective 4/03, Revised 06/04, 08/05, 11/06

Computer Search Words:

n/a

Policy, Procedure or Protocol Cross Reference Information:

Patient care delivery systems/assignment of patient care, Patient Assignment Guidelines, Floating Guidelines, Staffing and Scheduling Guidelines & Nursing Registry Guidelines