



**Staffing Committee Best Practices:
Incorporating break coverage and ADT into staffing plans**

Presented by

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Objectives

- ❖ Illustrate Staffing Committee's role in implementing changes to staffing models
- ❖ Describe process for developing updated approach and challenges
- ❖ Wins and Learnings
- ❖ Where we are today
- ❖ Q &A

- ❖ Risk identified in many arenas around meal and rest breaks
 - ❖ Caregiver fatigue and dissatisfaction impacting patient care
 - ❖ Regulatory concerns (BOLI), Oregon Nurse Staffing Law
- ❖ Long standing need to update inpatient staffing methodology to incorporate workload intensity based on ADT, and meal and rest breaks into NHPPD
- ❖ High functioning staffing committee eager to shepherd these changes

Formula to incorporate ADT: Department gets 30 minutes per ADT included in NHPPD reflected in shift target staffing and variable budgets

Labor Management Institute: Scheduling and Staffing for the Unit Leader Seminar. September 26, 2014. Labor Management Institute Bloomington, MN

Formula to incorporate rest periods: Utilized total direct hours (historical snapshot) and divided into 12 hour shifts. Multiplied number of shifts by 45 minutes to provide resources for break coverage. (30 minute meal periods currently included in hours)

- ❖ ADT Challenges
 - ❖ To develop methodology, we utilized the best data available
 - ❖ Must work toward electronic ADT data that is reliable; not based on midnight census and with real time visibility
- ❖ Review process
 - ❖ Methodology reviewed by Staffing Committee annually
 - ❖ May be requested at 6 month mark
 - ❖ Department staffing plans define use of additional resources to ensure meal and rest breaks covered
 - ❖ Plan effectiveness to be included in department report outs at staffing committee

- ❖ Inpatient departments form workgroup
 - ❖ Like areas share staff frequently; seek consistent approach
 - ❖ Trial multiple solutions
 - ❖ Report back to staffing committee
 - ❖ Write standard work and document in department staffing plan
- ❖ Financial / budget final approval and integration
- ❖ Department operational planning (included in department staffing plans)
 - ❖ Roles
 - ❖ FTE and hours distribution in schedules
- ❖ Recruitment/hiring for new positions

Rest/Meal Break Plan

Goal:

To provide a resource that ensures caregivers receive uninterrupted rest and meal breaks, while maintaining safe patient care that continues through the meal and rest periods.

Objective:

Develop a Resource Nurse model that provides opportunity for RNs to take their required rest and meal breaks.

Resource RN: Break Relief Responsibilities

- 1) Obtain the rest/meal break schedule from clinical supervisor or charge nurse.
- 2) Adhere to break schedule as closely as possible.
- 3) Track rest and meal breaks utilizing the “Rest Break Data Collection Form”.
- 4) Communicate with Charge RN regarding needed assistance in maintaining break schedule.
- 5) For lunch breaks, check in with off going RN 5-10 minutes prior to the start of the meal break. This will minimize time lost during through hand off and facilitate timely maintenance of the break schedule.

Rest/Meal Break Plan

Assigned RN: Break Relief Responsibilities

- 1) Prepare for your break.
 - a. Sign up for and know your scheduled break periods.
 - b. Be prepared for the Resource RN to check in with you 5-10 minutes prior to the start of your meal break.
- 2) Give a *brief* report, understanding much of the important information for your patient should be on the SHARQ form.
- 3) Highlight the list of tasks that should be completed during your break. Note: Keep in mind the Resource RN has a finite period of time to complete these tasks. Give tasks that are reasonable to be completed during your break period – vital signs or diagnostics to be followed up on, scheduled meds, lab draws, procedures, PRN medications, etc.
- 4) Return from your break punctually. A 15 minute break implies you will return to your assignment in 15 minutes. Failing to return punctually will result in the delay of others receiving their break.

Rest/Meal Break Plan

Charge RN: Break Relief Responsibilities

Assist clinical supervisor in rest/meal break assignments.

Support Resource RN in maintaining break schedule.

Cover breaks not covered by the Resource RN schedule.

Clinical Supervisor: Break Relief Responsibilities

Make sure all caregivers have signed up for all rest/meal break times required for their shift.

Ensure rest/meal break times align with St. Charles Policy, ONA contract, and BOLI law.

One 15-minute rest break for every 4 hour segment worked.

For eight hour shifts, meal break should be taken between the 3rd and 6th hour of work.

For twelve hour shifts, meal break should be taken between the 4th and 9th hour of work.

- ❖ Implementation of new model
 - ❖ Varying stages in the inpatient departments

- ❖ Challenges
 - ❖ Recruiting & Hiring Process
 - ❖ Many new positions create “domino effect”
 - ❖ Built new NHPPD into daily staffing tool
 - ❖ Until all positions filled, challenged to staff
 - ❖ Perception of understaffing

Implementation

DAY SHIFT LUNCH/BREAK SCHEDULE						
Caregiver Name	Break time	Lunch Time (45 MIN)	Break Time	Offered	Taken	Refused (caregiver initial)
RN 1	0820	1100	1600			
RN 2	0820	1100	1600			
RN 3	0900	1100	1620			
RN 4	0840	1200	1620			
RN 5	0840	1200	1640			
RN 6	0920	1200	1640			
RN 7	0900	1300	1700			
RN 8	0900	1300	1700			
RN 9	0940	1330	1720			
RN 10	0920	1400	1720			
RN 11	0920	1400	1740			
RN 12	1000	1430	1740			
RN 13 (RESOURCE RN 1)	1000	1500	1800			
RN 14 (RESOURCE RN 2)	1020	1500	1800			
RN 15 (RESOURCE RN 3)	1300					
		Lunch Time (30 MIN)				
CNA1	0820	1100	1600			

Definitions

ADT: Number of admissions, discharges, and transfers (to different level of care)

ADC: Average daily census; calculated using midnight census data

NHPPD: Nursing hours per patient day

Q & A

References

Labor Management Institute: Scheduling and Staffing for the Unit Leader Seminar. September 26, 2014. Labor Management Institute Bloomington, MN

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