

## Renown Regional Medical Center Staffing Guidelines

Staffing plans at Renown Regional are consistent with American Nurses Association (ANA) principals of staffing and the following examples will exemplify those principals at Renown.

### **Patient Care Unit Related Principles:**

- Appropriate staffing levels for patient care units, reflects analysis of individual and aggregate patient needs.
- The design and uniqueness of a unit, and the ability to support delivery of quality patient care are also considered in determining staffing levels.
- Staffing levels for a patient care unit reflects analysis of individual and aggregate patient needs.
- Annually, the HPPD of every unit is evaluated by the NDNQI Staffing Benchmarks, Solucient Benchmarks, and the Labor Management Institute, Survey of Report, Direct and Total, HPPD by Patient Care Units. Other considerations include professional standards for staffing:
  - In fiscal year 2007, the HPPD was increased on Labor and Delivery to 20 hours/patient days.
  - Neurosciences unit's HPPD was increased due to the demands of continued patients needing a sitter.
  - The Medical Nephrology unit HPPD was increased to 7.2 due to the increased numbers of patients requiring medical detoxification.
- The executive team reviews the acuity data of individual nursing units annually.
- Matrix for Staffing Decisions at Renown includes the following:
  - Number of patients
  - HPPD (Hours Per Patient Day)
  - Acuity scores of patients (Patient Intensity of Needs – PIN System)
  - Unit Acuity: Those factors that affect annual functioning of a nursing unit. These factors may affect the functionality and are not calculated in the acuity of the patient.
    - Staff mix and staff competency
    - Low census and core staff needed
    - Float staff that have never been on the unit before
    - Logistics and conversation
    - Opening and closing of a unit
    - Availability of support staff
    - Probable admissions

**Staff Related Principles:**

- The specific needs, of patient populations, determine the appropriate clinical competencies required of the nurse practicing in any unit.
- Annually, the Education Department and Nursing Leadership review the competencies required for that department and implement educational strategies.
- Eleven Educators and three Clinical Nurse Specialists are deployed to the various nursing units to educate, mentor, and work with the leadership to maintain unit/module competencies.
- Charge nurses are required to attend a class to learn the role that includes clinical support, appropriate assignments based upon acuity and staff competencies, bed assignment, leadership problem-solving, and utilization of Chain of Command.
- Floating policies were developed based upon nurse competencies.

**Institutional Organizational Related Principles:**

- Renown continues to review various sources of data to trend staffing for the division. Global data sources include:
  - Historical census data
  - DRG severity index data
  - Diversion reports
  - Population growth
  - Demographic trends
  - Program development
- Special data specific to nurse staffing include:
  - PIN System: Patient Acuity System
  - NDNQI staffing data
  - Professional organization recommendations
  - State requirements
  - Solucient Benchmarks data
  - Labor Management Institute Staffing data

- Renown Regional Medical Center supports continuing education and has documented competencies for nursing staff, including traveling nurses for those activities that they have been authorized to perform.
- Clinical Interdisciplinary policies recognize the myriad needs of both patients and nursing staff and are available online. Staff nurses are members of the Clinical Interdisciplinary Policy and Procedure Committee and findings/outcomes of Policy committee are reviewed by Shared Governance as well as nursing leadership.

### **Patient Care Unit Related Principles:**

- New RN's must have a preceptor and preceptors attend preceptor workshops prior to assuming this role.
- Orientation pathways and clinical competencies are developed by the Education Department.
- PIN System data is reviewed periodically for changes in patient acuity.

The above examples portray how Renown addresses staffing challenges with a proactive and positive approach.

### **Staffing Variance in Response to Fluctuating Patient Workload:**

Staffing is a dynamic process and is done in collaboration with unit managers or designee and the Nursing Administrative Manager (NAM). NAM's assess the census three to four times / 24 hours. These times include: 0400, 1100, 1600, and 2300. NAM's conduct bed meetings at least daily and as needed for peak census days. Staffing and allocation of float pool resources and floating within a module is based upon the following criteria:

- Unit Census
- Unit Acuity
- Patient Acuity
- Potential Admission/Discharges

At Renown, unit acuity is defined as those factors that affect overall functioning of a unit. These factors may include:

- Staff experience / Staff mix
- Low census and core staff needed
- Construction
- Logistics
- Opening/closing of a unit
- Availability of support staff
- Probable admissions

Patient acuity is communicated electronically to the NAM every shift. Patients are classified at Low, Medium, High, Outliers, or Un-valued. If additional staff is needed, Nurse Managers are charged with calling staff in for their respective units for fluctuating census or acuity, especially when float pool has been maximized.

The Float Pool at Renown is an energetic work team. The Float Pool has 19 RN's, 1 LPN, and 22 CNA's. All of the nurses and aides are competent to float to medical/surgical units, Telemetry, Pediatrics, and Post Partum. Strategic numbers of these nurses are cross-trained to work in Critical Care, Labor and Delivery, and Neonatal Intensive Care Unit.

#### **Staffing Plans/Staffing Guidelines:**

The Staffing Plans for each nursing unit are the Scopes of Service in this report. Inpatient nursing unit also have staffing guidelines and are congruent with SEIU contract Side letter in Nurse Staffing Policy.

These guidelines provide the framework based upon the census of the floor and are one of the focuses in determining the staffing of the shift.

#### **Staffing Committee:**

Shared Governance is one of the vehicles for a staffing committee at Renown Regional Medical Center. Shared Governance reviews all staffing occurrences. (See tabs: SEIU Side Letter, Shared Governance By Laws, Shared Governance Minutes, Staffing Occurrence Reports).

Meetings will be held at least monthly or more often if the committee desires. Once the committee is established and guidelines implemented the staffing committee may choose to move to quarterly meetings for maintenance, review and update of the staffing plan. The PCSC established in accordance with NRS449 shall be comprised of no more than one-half appointed by hospital administration and no more than one-half direct patient care nurses. One of the employers representatives shall be the Chief Nurse Executive, members of the PCSC will receive regular straight time, hourly compensation for their time spent in PCSC meetings. It is the intent of the staffing committee that recommendations made will be implemented.

The staffing committee will prepare a written report concerning the establishment of the staffing committee, the activities and progress of the staffing committee and a determination of the efficacy of the committee. The report shall be

submitted to the Nevada Hospital Association on or before November 30<sup>th</sup>. The hospital CNE will be responsible for submitting the report. The Nevada Hospital Association will be responsible for submitting the reports on or before December 31<sup>st</sup> of each even numbered year to the Director of the Legislative Counsel Bureau for transmission to the next regular session of the legislature and in odd numbered years to the Legislative Committee on Health Care.