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Title:	<b>Nurse Staffing Plans and Nurse Staffing Committee</b>	Creation Date:	10/09/2009
Category:		Revision History:	10/11
Number:	POC.101		
Author:	Chief Nursing Officer		

**SCOPE:**

Renown South Meadows Medical Center (RSMMC). RSMMC is a 76-bed, acute care facility, and is part of Renown Health IHN. RSMMC is a surgical specialty hospital providing a full range of inpatient and outpatient services including 24/7 emergency services, acute inpatient care services, critical care services and laboratory and diagnostic services. RSMMC surgical services include inpatient and outpatient surgery including general and vascular, plastic, ENT, orthopedic, gastrointestinal, and gynecological. RSMMC is licensed by the State of Nevada and is fully accredited by the Joint Commission. The hospital benefits from collaborative efforts with resources available throughout the IHN.

**PURPOSE:**

The Purpose of Renown SMMC (SMMC) is to *“make a genuine difference for the many lives we touch by optimizing our patients’ healthcare experience”*. As an acute care hospital, administration and staff recognize the importance of adequate and appropriate nurse staffing as the vehicle to ensure the most optimal provision of patient care services. In doing so, RSMMC shall comply with all lawful staffing guidelines and evaluate the effectiveness of nurse staffing based upon well established and recognized criteria, to include but not limited to: American Nurses Association (ANA); The Joint Commission; Nevada Legislation relative to AB 121 and NRS 449; and applicable professional nursing organization recommendations such as the American Association of Critical Care Nurses and the Association of peri-Operative Registered Nurses, etc..

RSMMC shall measure nurse staffing effectiveness to include, but not limited to, patient care outcomes, nurse staff satisfaction, staff recruitment and retention statistics, and feedback from staff regarding staffing concerns. Goals of optimal patient care are measured to ensure quality outcomes that meet or exceed the expectation of our patients’ and their families. Various benchmarks and measures are utilized to ensure quality goals are developed and based upon evidenced based science and recognized ‘best practice’. External benchmarking includes resources from the following nationally recognized professional groups, but is not limited to those cited here: The Joint Commission; NDNQI, National Patient Safety Goals;

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CME; HEDIS; IHI; Nevada State Regulatory Criteria; etc.

### **POLICY:**

In providing care, consideration is given to the unique needs of each patient population and service needs. Our primary patient population consists of pediatrics (ages 1-12), adolescents (ages 13-18), adults (ages 19-79), and geriatrics (ages 80 and older). An interdisciplinary team coordinates and provides patient care efforts that will enable patients to reach their maximum potential. By establishing and working toward common goals established with the patient, the team strives to maintain patient individuality and to promote patient autonomy and safety. This plan is organized, developed and implemented to maximize staff participation, and to allow for consideration of all possible variables.

RSMMC recognizes that quality and safe patient care is the first and primary concern of all staff, and as a mutually shared goal, it is best served by having hospital management and employees working together to examine the most effective and efficient means of providing quality patient care. To that end, all hospital departments that provide nursing care, inclusive of outpatient services such as the Emergency Department, shall maintain staffing plans that are based upon the units' specific Scope of Care and patient needs. The staffing plan must provide sufficient flexibility to allow for adjustments based upon changes in the acuity of the patients served, unit specific changes in service line designation or new technology, and the education and skills of the staff on the unit (example: new RN graduates may require more support staff or additional experienced RN staff than the staffing plan indicates, etc.). The staffing plan serves as a guideline for the nurse leader and should always be superseded by the prudent judgment of the nurse leader and nursing staff. Each hospital department's Scope of Service notes the details specific to the staffing plan for that department.

The staffing plan must include the following components:

- A detailed written plan setting forth the number of staff and skill mix
- Classification of licensed nurses required in each unit within the hospital or health care facility.
- Education, experience and skill of the clinical and non-clinical support staff with whom the nurses collaborate, supervise or otherwise delegate assignments to
- A description of the types of patients who are treated in each unit, including, without limitation, the type of care required by the patients

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- A description of the activities in each unit, including, without limitation, discharges, transfers and admissions
- A description of the size and geography of each unit
- A description of any specialized equipment and technology available for each unit
- Any foreseeable changes in the size or function of each unit

In addition to maintaining established staffing plans, RSMMC shall have a Nurse Staffing Committee (NSC). The NSC shall be comprised of 50% of staff nurses (direct care nursing staff) and 50% of administrative appointed leadership staff (typically, nurse supervisors, managers, directors or coordinators). The Chief Nursing Officer shall be the Administrative Leader assigned to ensure the team meets and complies with all requirements.

#### **DEVOPMENT AND USE OF STAFFING PLANS:**

The Chief Nursing Officer (CNO) is responsible for investigating, developing and implementing as appropriate, patient care delivery models to meet the needs of patients and their significant others. This individual ensure nurse staffing models and staffing plans are congruent with organizational goals, scope of service needs, and all regulatory requirements for safe nurse staffing. This individual is also responsible for the allocation of resources that promotes performance improvement and innovation in the provision of patient care and for the oversight of all nursing care delivered at the hospital. The CNO ensures that annual nursing unit budgets, staffing plans, and strategic plans are established using the following principles and processes:

- Staffing levels for patient care units, reflects analysis of individual and aggregate patient needs, and are based upon each unit's specific Scope of Care
- Review and consideration of the following: historical census data; DRG severity index data; diversion reports; population growth; demographic trends; program development
- The design and uniqueness of a unit, and the ability to support delivery of quality patient care
- Annually the Hours Per Patient Day (HPPD) for every unit is evaluated for effectiveness using historical performance, quality patient care outcomes, the NDNQI Staffing Benchmarks, Solucient Benchmarks, and related staff input. Other considerations include related professional organization standards for staffing.

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Changes to the recommended HPPD guidelines may occur to ensure optimization of patient care outcomes and staffing effectiveness

- The executive team reviews the acuity data of individual nursing units annually or more frequently as required by demographic changes, service line changes, or during implementation of new technologies to ensure staffing effectiveness is maintained
- The specific needs, of patient populations, determine the appropriate clinical competencies required of the nursing staff of each nursing unit
- Annually the Clinical Educator and Nursing Leadership review the competencies required for that each department and implement educational strategies and skills training
- Staff floating and low census reduction policies are developed based upon nurse competencies, staffing needs, and patient requirements

Staffing decisions at RSMMC is guided by established staffing plans and is adjusted each day, for each unit, on each shift, as well as throughout each 24 hour period, by the Nurse Director, Manager, Supervisor or Nurse House Coordinator (typically night shifts and week-ends) as needed, based upon the specific needs of each unit. The staffing plan serves as a guideline for the nurse leader and should always be superseded by the prudent judgment of the nurse leader and nursing staff. Each plan should include the following criteria:

- Number of patients
- HPPD (Hours Per Patient Day)
- Acuity scores of patients (Patient Intensity of Needs – PIN System)
- Unit specific acuity factors that affect nursing unit functions. These factors may affect the staff effectiveness or patient needs that may not be calculated in the patient acuity system:
  - Staff mix, staff competency, staff education and experience
  - Low census and required core staff needs
  - Float staff that have never been on the unit before
  - Opening and closing of a unit
  - Availability of support staff
  - Anticipated admissions or discharges
- Graduate Nurse staff or new RN staff in orientation must have a RN preceptor and will not be counted in the staffing plan as additional nursing staff

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### **NURSE STAFFING COMMITTEE PROCEDURE:**

Administrative staff collaborates with nursing staff on policy development, strategic plans and other activities, which affect the overall operations and the staffing effectiveness of the each unit.

To ensure ongoing effectiveness of staffing plans and to ensure collaboration between administration and nursing staff, RSMMC shall maintain a Nurse Staffing Committee (NSC). The NSC shall be comprised of 50% of staff nurses (direct care nursing staff) and 50% of administrative appointed leadership staff (typically, nurse supervisors, managers, directors or coordinators). The Chief Nursing Officer shall be the Administrative Leader assigned to ensure the team meets and complies with all requirements.

Administrative leadership staff shall include the following: the Chief Nursing Officer; the ED Manager and Supervisor; the General Surgery Unit (GSU) Manager and Supervisor; the Medical/Telemetry and ICU Manager and Supervisor and the Surgical Services Director and Supervisor. Each nursing unit shall designate 3 nursing staff members of the NSC to ensure sufficient members attend meetings so that Nevada State AB 121 criteria are met. Nursing staff members will be selected from volunteers and shall include staff that is in good standing (i.e.: not on final written disciplinary coaching).

The Shared Governance Committee is one of the vehicles for a NSC provided the above noted administrative members attend, and provided sufficient staff members are included to meet criteria.

The NSC shall address the following items:

- Review nursing unit staffing plans on an annual basis or when major pattern changes are revised
- Review all staffing occurrence complaints.
- Discuss methods of improving patient care and work load concerns
- Review and discuss issues related to nursing recruitment and retention.
- Review and discuss measures to be taken to decrease or eliminate the need for the use of overtime
- Review and discuss methods of reducing nurse premium pay hours

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- Review and discuss issues related to work loads, including 'call off ' procedures
- Review and discuss issues related to the patient acuity classification system process and staffing guidelines
- Review and discuss issues related to the hospital's utilization of per diem employees
- Review and discuss issues related to floating, including orientation requirements for units
- Review and discuss opportunities for improving patient satisfaction
- Review and discuss opportunities for improving staff satisfaction

Minutes shall be maintained and reflect recommendations and actions taken.

NSC 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 updates of the staffing plan.

Staff members will be paid for their attendance and receive regular straight time hourly compensation for time spent in NSC meetings. It is the intent of the NSC that approved committee recommendations will be implemented.

The NSC 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> of each calendar year. The CNO 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.

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**REFERENCES:**

- Renown South Meadows Medical Center Plan for the Provision of Patient Care Policy
- Nevada AB 121
- Nevada Hospital Association Staffing Committee Policy

**AUTHOR (S):**

- 10/09 Gail Green, MSN, RN CNO Renown SMMC

**CONTRIBUTORS (S):**

**RESOURCES:**

**Approvals:**

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
CNO

**Level of Evidence:**    ☐ Level I    ☐ Level II    ☐ Level III    ☐ Level IV    ☐ Level V