

Title	Carle BroMenn Nurse Staffing Plan				
Region	Carle Health Central				
Scope	CBMC				
Document type	Policy & Procedure				
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I. **PURPOSE**

To provide for acuity-based, direct- care, professional registered (RN) nurse-to- patient staffing needs for each inpatient care unit, including the emergency department.

II. **SCOPE**

This policy applies to Carle BroMenn Medical Center (CBMC).

III. **DEFINITIONS/ABBREVIATIONS**

Direct Patient Care is care provided by a registered professional nurse with direct responsibility to oversee or carry out medical regimens or nursing care for one or more patients.

Nurse Staffing Committee is a hospital-wide committee(s) of nurses whose function, in part or in whole, contribute to the development, recommendation, and review of the hospital's nurse staffing plan. The committee consists of at least 55% direct care nurses.

Patient Acuity is the complexity of patient care needs requiring the skill and care of a nurse, which is addressed when aligning nursing resources and professional practice standards as part of the patient's treatment plan.

Patient Acuity System is an assessment tool selected and implemented by a hospital, as recommended by a nursing care committee, that assesses the complexity of a patient care needs requiring professional nursing care and skills and aligns with the patient care needs and nursing skills consisting with professional nursing standards that can be used to adjust the staffing plan for each inpatient unit.

IV. **POLICY**

- A. The CBMC Nurse Staffing Plan describes the methods with which CBMC assigns patient care nursing staff with consideration to patient care needs, acuity and professional nursing standards. The plan is reviewed annually and updated as appropriate. The plan is posted on the hospital's web site.
- B. Staffing matrices indicating minimum staffing and staffing ranges are developed by the Manager and Director of all inpatient nursing departments. Required FTEs to meet the plan are converted to worked and paid targets. These plans are based on the type of work provided by the department including:
 - a. Patient volume, including admissions transfers and discharges,
 - b. Complexity of care,
 - c. Caregiver time related to patient assessment,
 - d. Care planning,
 - e. Evaluating patient progress
 - f. Use of specialized equipment
 - g. Acuity
 - h. Assessment, both initial and ongoing
 - i. Discharge planning
 - j. Referral assessment
 - k. Skill mix
 - l. Staff experience and expertise.

The Nurse Staffing Plan also considers information obtained regarding physical space, scope of care changes, staffing variances, staff qualifications, customer satisfaction, PI data, vacancy, turnover information, and other area specific data. Staffing plans, Hours Per Patient Day or other productivity measures indicating resource requirements, historical trends and national benchmarks are carefully reviewed during the annual budget process by the Executive Team, which includes the Chief Nursing Officer. The Nursing Care

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Committee reviews staffing plans twice a year and gives recommendations to the Chief Nursing Officer. Recommendations will be made to the President/Board annually.

Ongoing assessment of staffing levels, skill mix, unit status and patient acuity occur throughout each shift by department leadership, or designee, to adjust staff as needed. Factors include:

1. Patient acuity changes
2. Patient complexity changes
3. Department-specific patient population standards
4. Patient safety
5. Staff competence/experience
6. To ensure sufficient number of Registered Nurse (RN's) to deliver nursing care, delegate and supervise nursing activities, coordinate patient care and communicate with other disciplines

Bed meetings are conducted three times per day to evaluate patient census, acuity and staffing. Plans are made for the current shift if changes need to be made and for the subsequent shift. The Nursing office uses the acuity scores submitted by nursing staff to help determine greatest staffing needs when making staff deployment decisions.

1. Minimum direct care registered (RN) nurse-to-patient staffing levels are developed for each unit and the emergency department when census is zero, taking into consideration where IDPH, or other regulating agency, levels of care, designations, regulations, standards or certifications define specific resources be allocated.
2. The Chief Nursing Officer has final approval/ownership of the staffing plan for all areas where nursing care is delivered.

Plan for Staffing Outpatients

Staffing is determined by the number and complexity of patients/procedures scheduled. Patient assignment is dependent on individual nursing skills and documented competencies. Staffing levels, department and patient status are assessed by department leadership using professional nursing judgement to adjust staffing as needed.

V. PROCEDURE

A. AcuityPlus® is a patient acuity tool designed to provide analysis of the patient's condition based on overall nursing care needs as documented in the EMR. The calculation of unit workload takes Admission, Discharge, Transfers (ADT), individual patient acuity, and number of patients classified into consideration.

1. Nursing staff will be responsible for documentation of care provided into the electronic medical record (EMR) to provide the necessary information for acuity determination.
2. AcuityPlus is utilized for evaluation of patient acuity and staffing assignment.
3. The Clinical Coordinator is responsible for evaluating the patient's acuity within AcuityPlus when assigning float staff to a unit to support nurse workload for the oncoming shift.
4. The Charge Nurse of each unit is responsible for evaluating the patient's acuity within AcuityPlus when making shift assignments for the unit's oncoming shift. The Charge Nurse is encouraged to raise any acuity needs for staffing to the Clinical Coordinator to ensure adequate and safe staffing.
5. Concerns raised by associates regarding staffing for the units should be entered into an RL event to be reviewed at the next Nursing Care Committee meeting.
6. Nurses area assigned in both the AcuityPlus systema and EPIC.
7. EPIC assignments are utilized for legal record keeping as part of the patient's EMR
8. AcuityPlus Downtime
 - Downtime issues with the acuity system are to be called to the IT Help Desk. They will triage the problem and notify appropriate department for resolution.
 - During Acuity system downtime, EPIC will be used by each nursing unit to keep track of patient assignments and shall be kept for five (5) years. IF Epic is also down, EPIC downtime processes shall be followed to keep track of assignments.
 - Assignments during downtime need made only in EPIC with the patients' level of acuity, nursing skill mix and experience in mind.
 - Upon reconnection of the system, recovery processes will be implemented between Carle IT and the AcuityPlus vendor.

B. General Staffing Plan

1. Minimum Staffing with ZERO (0) patients
 - Med/Surg 1 RN 1 HCT

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- ICU 2 RN
- Emergency 3 RN 1 HCT
- Clinical Coordinator 1
- Perinatal Level II 2 RN, 1 surgical technician
- Mental Health/Addiction Recovery 1 RN 1 HCT
- 2. ED Procedure
 - The Emergency Severity Index (ESI®) is an ED triage algorithm sorting patients into five categories from most to least urgent (1-5) based on acuity and resources required. The National Emergency Department Overcrowding Scale (NEDOCS®) is a tool used to measure patient throughput and calculate levels of overcrowding.
 - a. ESI is utilized for the evaluation of patient acuity and staff assignments.
 - b. The triage nurse or primary nurse will assign an ESI score based on the validated algorithm, providing necessary acuity information.
 - c. The ED Charge Nurse is responsible for nurse assignment modifications related to changes in patient acuity.
 - d. ED Charge Nurse in conjunction with management, is responsible for evaluating the NEDOCS score and making staffing decisions to support nurse/unit workload.
- 3. As patients are assessed and admitted to the facility, acuity-based staffing is implemented.
- 4. CBMC uses a central float pool to supplement inpatient and emergency department staffing.
- 5. Patients in Observation, Outpatient and Inpatient status are included in calculations for inpatient units and the emergency department.
- 6. Rapid Response Teams/ CODE teams are staffed by on-shift team members to assist with changes in patient condition.
- 7. When patient census/acuity requires additional personnel
 - In-hospital staff will be utilized when possible
 - All team members are expected to meet the needs of our patient population and may be asked to float to other units to provide support as determined by competency
 - Additional staff may be called in by leadership/supervisors/clinical coordinators as needed
 - Premium pay and additional hours agreements are utilized to obtain additional staff as needed to meet the patient census/acuity.

VI. **CROSS REFERENCES**

N/A

VII. **RESOURCES AND REFERENCES**

American Nurses Association Illinois. The nurse Staffing Improvement act of 2021. ANA Illinois. (2021, September 26). Retrieved September 27, 2021, from <https://www.ana-illinois.org/the-nurse-staffing-improvement-act-of-2021/>.

Bartmess, M, Myers, CR, Thomas, SP. Nurse staffing legislation: Empirical evidence and policy analysis. Nurs Forum. 2021; 56: 660- 675. <https://doi.org/10.1111/nuf.12594>

Welton, John M. PhD, RN, FAAN Measuring Patient Acuity, JONA: The Journal of Nursing Administration: October 2017 - Volume 47 - Issue 10 - p 471doi: 10.1097/NNA.0000000000000516

VIII. **ATTACHMENTS**

[Scope of Service: Nursing Operations](#)
[Scope of Service - Cardiovascular Care Unit](#)
[Scope of Service: Medical Oncology Special Unit \(MOSU\)](#)
[Scope of Service - Intensive Care Unit](#)
[Scope of Service: Pediatric & Outpatient Infusion](#)
[Scope of Service - Progressive Care Unit](#)
[Scope of Service: Inpatient Surgical Unit](#)
[Scope of Service: Acute Rehabilitation Unit \(Acute Rehab\)](#)
[Scope of Service: Mental Health Unit](#)
[Scope of Service - Emergency Trauma Department](#)
[Mother Baby Unit Services Plan](#)