	Blythedale Children's Hospital PFI #: 1138	
	Policy Title: Nursing Resource Staffing Guide	Policy Category: Nursing
	PFI #: 1138	Revised/Effective Date: 06/24/2023
	Policy Owner: Jill Wegener RN, CNO	Approved By: Larry Levine CEO
Applicable to: Infant & Toddler Unit Pediatric/Adolescent Unit Day Hospital Unit		

SUBJECT: Nursing Resource Utilization and Staffing Guide

POLICY STATEMENT: Nursing Services supports Blythedale Children's Hospital to provide high-quality, compassionate healthcare to our patients and families and further supports the number one goal/priority of a "Culture of Quality/Patient Safety". The Nursing Staffing Guide will provide and maintain the quality of patient care in a safe, cost-effective manner by using the appropriate qualified and skilled personnel. The staffing plan is determined during the budgetary process based on historical data; utilization of like facility benchmarks; future programs; patient population and complex medical needs; expansion; and staff and family feedback and input regarding the needs of the patients, unit and staff.

PURPOSE: To assure the patient care needs align with nursing resources to provide a care delivery model that upholds evidence-based practice standards and The Joint Commission (TJC), Department of Health (DOH) standards for safe and effective care of pediatric patients.

SCOPE OF PRACTICE: The Nurse Director is ultimately accountable for unit staffing schedules. The Chief Nursing Officer is accountable to make sure that Nursing staff competency; skill set and resources support care delivery model.

DOCUMENTATION RECORDS: Unit schedules, ADP staffing reports, Paid Time Off (PTO) requests, daily assignment sheets, and float records.

ADDITIONAL POLICIES FOR REFERENCE:

Human Resource Policy: Nursing Department Inpatient Work schedule

Employee Handbook: Paid Time off Policies

Nursing Policy: Per Diem RN/NA/CNA policy

Safety Policy: Attendance during Inclement weather

Addendums: Holiday staffing schedule; Staffing guide based on patient census

PROCEDURE:

1. The Nursing Resource Advisory Council will operate under the oversight of the Chief Nursing Officer.
2. The council will be comprised of Nurse Leaders; Registered Nurses (RN) and Nursing Assistants/Certified Nursing Assistants (NA/CNA) with the Director of Human Resources and the Chief Financial Officer as supportive/advisory members.
 - a. Council members will be selected by a confidential survey nomination process of their peers.
 - b. Council members must be in good clinical and professional standing.
 - c. Term of participation will be one year. However, length of service can be extended if the annual peer nomination process results in supporting their continued participation.
 - d. Council members will be paid for the participation in council meetings.
Council Meetings will be held at least 8 times per year.
3. The Nursing Resource Staffing Guide will be evaluated annually by the Nursing Resource Advisory Council. The Chief Executive Officer, Chief Financial Officer, Chief Medical Officer, and Chief Nursing Officer will review and approve the staffing guide annually.
4. Guidelines for determining staffing resources will include (but not limited to):
 - a. Staffing resources will be established on a unit/patient population basis.
 - b. The Director of Nursing or Nursing Supervisor will assume responsibility for evaluating staff levels comparative to patient care and unit needs continuously throughout the shift (24 hours/day – 365 days per year) and adjust resources as needed.

- c. Daily hand-off between Nurse Leaders will include variances between desired and actual staffing resources. This hand off will include rationale for variances; and actions taken to rectify variances.
- d. Utilization outcomes, nurse-sensitive indicators, patient incidents/events and staff/patient/family satisfaction are an integral part of establishing and evaluating the adequacy of the staffing guide. These indicators may include but are not limited to:
 - i. Patient indicators: falls; adverse drug events; pressure ulcers; infection rates; length of stay; emergency transfer rates; events with major injury and deaths.
 - ii. Employee indicators: work related injuries; vacancy and turnover rates; UPTO and PFL/FMLA utilization rates; and employee survey findings.

GENERAL PRACTICES

1. NA/CNAs and RNs participate in the self-scheduling process. The goal of self-scheduling is to empower staff to manage their scheduled work time. It is also a means to foster collaborative teamwork; working with colleagues to balance the personal needs of the staff as well as the professional/staffing needs of the unit.
2. The “work in progress” schedule will be posted for staff to begin scheduling prior to schedule start date. Staff will fill in their time on the “work in progress” schedule for the Nursing Director to review.
3. The work in progress schedule will be reviewed and revised by the Director of Nursing (DON) as needed to ensure adequate staffing resources. The final schedule will be posted within 1-2 weeks of the start of the new schedule.
4. The following symbols are used to designate time.
 - a) D = 7.5-hour day shift
 - b) E = 7.5-hour evening shift
 - c) N = 7.5-hour night shift
 - d) A = 11.5-hour day shift
 - e) P = 11.5-hour night shift
 - f) PTO = Paid Time Off
 - g) UPTO = Unscheduled Paid Time Off

5. Full-time RN staff are required to work 4 weekend shifts per 28-day schedule block. Part-time RN's are required to work 3 weekend shifts per 28 day schedule.
6. Full-time NA/CNA staff are required to work every other weekend. Part-time NA's work two weekend shifts in a 28 day schedule.
7. A RN or NA/CNA may request up to a MAXIMUM of 4 "R- DAYS" in a 28-day schedule. "R- DAY" is defined as a shift the employee is requesting to be OFF, without utilizing PTO time. R-days are not guaranteed days off. The DON will assess request as it aligns with staffing/unit-based needs. An "R" may not be placed on Holidays or required weekend shifts.
8. Once the schedule is completed and posted all changes must be approved by a Nurse Leader.
9. When calling and requesting **Unscheduled Paid Time Off (UPTO)**, Registered Nurse (RN), Nursing Assistant/Certified Nursing Assistant (NA/CNA) and Unit Secretary staff must speak directly to the staffing coordinator or Nurse Leader who then documents the UPTO in ADP and will notify the unit charge RN to adjust the assignment as needed. Text messages or an email are NOT acceptable forms of communication for a UPTO or cancelled shift.
10. Employees are required to call in for a UPTO **2 HOURS before** the start of shift. If an employee requests a UPTO < 2 hours before the start of their shift, the Nursing Director will review the circumstances of the unscheduled absence and based on findings will determine if it requires any further follow up, including corrective action.
11. If a UPTO occurs on a weekend shift the shift(s) may need to be made up on a future weekend. The circumstances of the call-out will be evaluated by the DON. The decision to determine if the weekend shift will require a make-up will be based upon the circumstances of the call-out and the individuals time and attendance patterns and trends. The DON may request documentation to support her analysis of the event.
12. Weekend shifts are defined as:
 - a) Night RN = Friday and Saturday night
 - b) Day RN and day/evening/night CNA/NA = Saturday and Sunday
13. If a UPTO occurs the day before, the day of or the day after a Holiday or a scheduled vacation, the Nursing Director will review the circumstances of the absence and based on findings will determine if this incident is within the guidelines of a standard PTO as defined in the HR employee handbook or if it will require a corrective action follow up.

14. RN, NA/CNA and Unit secretary staff will adhere to the Paid Time off benefits policies as defined in the Employee Handbook.
15. Staff may not request PTO on their assigned Holiday. Any staff member is allowed to switch Holidays or have another Full-Time/Part-time staff member work their Holiday. Per Diem (PD) staff may work a Holiday for a full-time staff member only if it is in addition to their PD Holiday requirement.
16. Per Diem staff are required to work one Blythedale approved winter and one Blythedale approved summer holiday.
17. For Holiday requirements please refer to Addendum #1: Holiday Staffing Selection Process.

GUIDING PRINCIPLES:

Additional Supportive Resources to support Patient Care Delivery Model:

The patient care model has additional staffing resources that support our patient care delivery model:

1. Respiratory Therapists (RT) – 4 RT (24 hours/day – 365 days/year)
2. Unit-based Pharmacist – Monday through Friday
3. Director of Nursing (for each unit)
4. Team Leader
5. Director of Professional Development
6. Clinical Nurse Educator
7. Patient/Family Educators (PFE) – PFE Coordinator and 2 PFE Educators
8. Nursing Supervisor 12p-8p Monday through Friday
9. Nursing Supervisor (Off shift hours) - 2 Nurse Supervisors (365 days/year).
10. Charge RN – one per shift
11. RN Wound-Ostomy Team
12. RN Vascular Access Team
13. Discharge Planner RN 1 per unit.
14. Admission Coordinator RN 1 per unit
15. Social Workers- 2 per unit.
16. Specialty Pediatric Speech, Feeding, Occupational and Physical Therapists
17. Phlebotomist - Monday- Friday
18. Child Life Specialists (7 days/week)
19. Certified Therapeutic Recreation Specialists (7 days/week)

20. Therapeutic Recreation Assistants
21. Unit Secretary – Monday Through Friday 7am-11pm
22. Staffing Coordinator
23. Medical Equipment Technician

RN or NA/CNA staff exceeds the number of patients to be cared for:

1. Staffing Coordinator or Nurse Leader will cancel staff on overtime or per diem staff first.
2. Staffing Coordinator or Nurse Leader will initiate a request for any RN or NA/CNA to volunteer to take a PTO day.
3. For RNs, if no one is willing to take PTO, the Staffing coordinator or Nurse Leader will initiate a request for any RN- with a fourth shift scheduled for that work week- to move their fourth shift to another week in the pay period and take the day off (RN will not report to work that day and will work a total of 3 days that week).

Floating RN or NA/CNA staff:

1. Per diem and Agency staff will be floated to another unit before full time/part-time staff.
2. Nursing Directors will maintain the staff float log (last date of float will determine who is due to float on a particular shift).

Paid Time Off (PTO) Guidelines:

1. Requests for PTO will be on a first come first serve basis. Time off requests for January through June can be submitted to the Nursing Directors beginning in September of the prior year. Time off requests for July – December can be submitted to the Nursing Director by February of that year. Time off requests received after a schedule has been posted will be reviewed and approved or denied at the discretion of the Nursing Director.
2. All PTO requests must be signed by the Nursing Director or designee as APPROVED or DENIED.
3. A maximum of **TWO** staff per shift will be granted a week of PTO per week, at the Nursing Director's discretion, and evaluation of census and staffing resources.
4. Each staff member may request up to **TWO** weeks of PTO during the summer months (Memorial Day to Labor Day).
5. A maximum of **THREE** weeks PTO may be taken in a one-time block. This should occur during the non-summer season.

6. Single PTO day requests from December 15th-January 2nd will be at the Nursing Director's discretion, and evaluation of census and staffing resources.

INTERNAL OR EXTERNAL DISASTERS /EMERGENCY WEATHER EVENTS:

1. All scheduled staff are required to report to work.
2. Staff will NOT be permitted to leave the facility at the completion of their shift until the Incident Commander releases them.
3. If staff do not report to work during the emergency, the time will be charged as UPTO.
4. See Hospital Policy on Emergency Events: Staffing Resource guiding principles.

HOLIDAY SELECTION PROCESS:

1. The Directors will post the Holiday (self) selection list in November. The posting will be available to staff for selection for four weeks.
2. Full-time RN Staff will need to self- select to work ONE of the following holiday selection options and will rotate on an annual basis:
 - a. ONE Summer and TWO Winter holidays and 1 Eve Holiday
 - b. TWO Summer and ONE Winter holiday and 1 Eve Holiday
3. Part-time RN Staff are required to work ONE Summer and ONE Winter holiday and 1 Eve holiday.
4. Full-time NA/CNA Staff are required to work TWO Summer and TWO Winter holidays.
5. ALL RN and NA Staff will self-select to work TWO of the FOUR non-recognized holidays.
6. Martin Luther King and Juneteenth holidays will not be included in the Summer or Winter holiday schedule. Staff will self-select which one of those holidays they will work.
7. Prior to posting the finalized holiday schedule, the Nursing Directors in collaboration with the staffing coordinator, will evaluate the holiday staffing resources and balance staffing resources according to the following process:

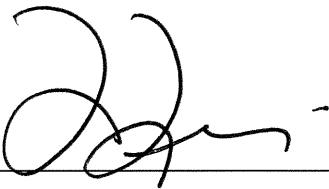
For the Holidays/non-recognized holidays/Eves that are lacking adequate resources:

- a. Nursing Directors will seek volunteers to re-assign themselves to the lesser staffed holiday.
- b. If the schedule is still unbalanced, the Nursing Directors will do a 3 year look back to determine the number of and type of holidays each staff member has worked and adjust as needed to ensure adequate staffing on all holidays.

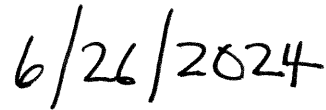
8. If there is an excess of staffing resources on the holiday, the Nursing Directors/Supervisor will implement the following process:
- a. Per Diem staff will not be cancelled.
 - b. Nursing Directors or designee will inquire as to which staff members would like to be considered to have the day off and place them on the "Holiday-off to be consider list".
 - c. Nursing Director or designee will assess other shifts during the Holiday week that require additional staffing resources. Director will work with staff to solicit volunteers to move Holiday shift to another shift that week that is short staffed. If staff switch their holiday to another shift that week-this will count as meeting their holiday commitment. will be
 - d. The Director/Supervisor will randomly select staff member(s) on the "to be considered list" to have the holiday off.
 - e. If no staff member wants the holiday off, Per Diem staff will then be cancelled.

APPROVAL:

Policy reviewed and approved:



Larry Levine
President and Chief Executive Officer



DATE:

Addendum 1: Holiday Staffing Selection Process:

	SUMMER HOLIDAYS	WINTER HOLIDAYS	"EVE" HOLIDAYS
DAY SHIFT	<ul style="list-style-type: none"> • Memorial Day (Monday) • July 4th • Labor Day (Monday) 	<ul style="list-style-type: none"> • Thanksgiving Day • Christmas Day • New Year's Day 	<ul style="list-style-type: none"> • Dec 24th • Dec 31st
EVE SHIFT	<ul style="list-style-type: none"> • Memorial Day (Monday) • July 4th • Labor Day (Monday) 	<ul style="list-style-type: none"> • Thanksgiving Day • Christmas Day • New Year's Day 	<ul style="list-style-type: none"> • Dec 24th • Dec 31st
NIGHT SHIFT	<ul style="list-style-type: none"> • Memorial Day = The Sunday night before Memorial Day Monday for the 7pm and 11pm shift • July 4th = July 3rd for the 7pm and 11pm shift • Labor Day = Sunday night before Labor day Monday for the 7pm and 11pm shift 	<ul style="list-style-type: none"> • Thanksgiving Day = Wednesday before Thanksgiving 7pm and 11pm shift • Christmas = Dec 24th 7pm and 11pm shift • New Year's = Dec 31st 7pm and 11pm shift 	<ul style="list-style-type: none"> • Dec 25th 7pm and 11pm shift • Jan 1st 7pm and 11pm shift

****The Non-recognized Holidays** will be defined as: Easter Sunday; Mother's Day; Father's Day and the Friday after Thanksgiving for 7am shift and Thanksgiving night for 7pm and 11pm shift.

Addendum #2:

RN Staffing As determined by RATIOS and SKILL MIX

UNIT	BUDGETED CENSUS	STAFFING RATIO	TARGETED STAFF per shift	SKILL MIX
1st Floor Infant & Toddler Unit	40	1 RN : 4 patients	10	91% REG 9% OT/PD
2nd Floor Pediatric Adolescent Unit	42	1 RN : 5 patients	8.4	91% REG 9% OT/PD
Day Hospital	115	1 RN : 23 patients	5	100% REG

NA Staffing As determined by RATIOS and SKILL MIX

UNIT	BUDGETED CENSUS	STAFFING RATIO	TARGETED STAFF per shift	SKILL MIX
1st Floor Infant & Toddler Unit	40	1 NA : 12 patients	<i>see staffing guide addendum 5</i>	80% REG 20% OT/PD
2nd Floor Pediatric Adolescent Unit	42	1 NA : 6 patients <i>days/eve</i> 1 NA : 12 patients <i>nights</i>	<i>see staffing guide addendum 6</i>	80% REG 20% OT/PD
Day Hospital	115	1 NA : 11.5 patients	10	100% REG

RN Staffing Guide:

INFANT and TODDLER UNIT:

RN : Patient Ratio 1 RN : 4 Patients

CENSUS	7am-7:30pm	7pm-7:30am
30	7	7
31	7	7
32	8	8
33	8	8
34	9	8
35	9	8
36	9	9
37	9	9
38	10	9
39	10	9
40	10	10
41	10	10
42	11	10
43	11	10
44	11	11
45	11	11
46	11	11

Addendum #4:

RN Staffing Guide:

PEDS-ADOLESCENT UNIT:

Patient to RN ratio: 1 RN = 5 Patients

CENSUS	7am-7:30pm	7pm-7:30am
33	7	6
34	7	6
35	7	7
36	7	7
37	8	7
38	8	7
39	8	7
40	8	8
41	8	8
42	9	8
43	9	8
44	9	8
45	9	9
46	9	9
47	10	9
48	10	9

Addendum #5:

NA Staffing Guide:

INFANT and TODDLER UNIT:

12 patients : 1 NA Staffing Ratio.

CENSUS	DAY NA	EVE NA	NIGHT NA
30	3	2-3	2
31	3	2-3	2
32	3	3	2
33	3	3	2
34	3	3	2
35	3	3	2
36	3	3	2
37	3	3	2-3
38	3	3	2-3
39	3-4	3-4	3
40	4	3-4	3
41	4	4	3
42	4	4	3
43	4	4	3
44	4	4	3
45	4	4	3
46	4	4	3

Addendum #6:

**NA Staffing Guide:
PEDS-ADOLESCENT UNIT:**

6.0 patients : NA Staffing Ratio. (Days/eves)

12.0 patients : NA staffing Ratio (Nights)

CENSUS	DAY & EVE	NIGHT
33	5	2
34	6	3
35	6	3
36	6	3
37	6	3
38	6	3
39	6	3
40	7	3
41	7	3
42	7	3-4
43	7	4
44	7	4
45	7	4
46	7	4
47	8	4
48	8	4

REFERENCES:

www.Nursingworld.org. American Nurses Association (ANA) Principles for Nurse Staffing, 2nd Edition. Silver Spring, Maryland, 2019.

Griffiths, P.; Saville, C.; Bail, J. (2020). Nursing workload, nurse staffing methodologies and tools: A systematic review and discussion. *International Journal of Nursing Studies* (103) p 1-12.