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Owner **Brianna Sangiacomo: Director of Nursing**

Policy Area **11 Leadership**

Applicability **MVHS**

MVHS Nursing Staffing, MV-11-026

PURPOSE

Appropriate nurse staffing is critical to the delivery of quality care to the patients we serve. The level of staffing impacts the ability of a nurse to deliver quality care in all practice settings. The delivery of nursing care is a multifaceted process, and the determination of appropriate nurse staffing is complex. Appropriate staffing involves a coordinate approach to match the registered nursing expertise with the needs of the recipient of nursing and in the context of the practice setting and situation.

SCOPE

MVHS Nursing Leadership at all levels

REFERENCES

Refer to Nurse Coverage Plan - MV-06-013 - for waiver of plan in the case of unforeseen circumstances

Primary and Specialty Care Staffing Matrix

DEFINITIONS / ABBREVIATIONS

CNO - Chief Nursing Officer

CSC - Clinical Staffing Committee

MT - Monitor Technician

MVHS - Mohawk Valley Health System

NCH - Nursing Care Hours

NDNQI - National Data for Nursing Quality Indicators

PCT - Patient Care Technician

RN - Registered Nurse

UBPC - Unit Based Practice Committee

WC - Ward Clerk/Unit Secretary

PROCEDURE / DIRECTIVE

The Chief Nursing Officer (CNO) is professionally accountable for ensuring safe staffing. Nursing Leadership at all levels within the organization are responsible and accountable for ensuring that processes are followed to ensure safe staffing.

MVHS incorporates three models of Nursing Staffing. Each model is detailed below:

Nursing Care Hours (NCH) Indicator:

The Nursing Care Hours per patient day measures the supply of nursing relative to the patient workload. The patient workload is considered a 24-hour length of stay.

Nursing Care Hours are the number of productive hours worked by nursing staff assigned to the unit who have direct patient care responsibilities. The hours per patient day (HPPD) is utilized to evaluate care needs.

MVHS submits data to the National Data for Nursing Quality Indicators (NDNQI) and is provided with a quarterly report on the following:

1. Skill Mix
2. Total Nursing Hours per patient day (inpatient)
3. RN hours per patient day

MVHS utilizes information from NDNQI to benchmark with other organizations with similar units.

Staffing by Patient Acuity:

Acuity-based staffing considers patient's levels of care complexity and takes into account the scope of nursing and time needed to maintain standards of practice. Patient characteristics play a large role in acuity-based staffing such as age, diagnosis, and severity of illness, co-morbidities, socioeconomic status, and ability to provide self-care.

Information regarding the acuity on the inpatient unit is provided by the Nurse Manager and/or Charge Nurses at the Bed Management meetings that are held daily at each hospital within MVHS. In addition, the Nurse Manager and/or Charge Nurses are asked to report out on the following:

1. Unit Census
2. Discharges/Admissions/Transfers
3. Patient Status

4. Current Staffing

5. Fall Risk

6. Pressure Injury

7. Special Considerations (e.g., level of experience, specialty certification or training of nursing)

MVHS utilizes scoring tools via an electronic documentation system to measure acuity, census, and work flow for evaluating and making recommendations to be considered by the CSC (Bed Management System).

Role of Direct-Care Nurses in Unit Staffing:

The clinical staffing practice committee (CSC) will provide input on unit scheduling and staffing practices regarding the staffing plan. Recommendation for review at CSCs may include, but are not limited to:

1. Staffing mix/qualifications/competencies/experience

2. Vacancies, turnover, absences, retention strategies, budgetary parameters, and benchmarks

3. Caregiver roles and duties performed including nursing and non-nursing

4. Ancillary support services including IT, Pharmacy, Facilities, Security, Nutrition, Case Management, Environmental Services, Radiology, Respiratory, and Phlebotomy.

5. Patient volume and flow, barriers to flow

6. Number of admissions, discharges, transfers, and scheduling backlogs each shift

7. Overall nursing care model and delivery of care models

8. Required resources: inclusive of age, body mass index, functional ability, severity and urgency of condition, cultural diversities, and linguistic diversities

9. Patient outcomes/benchmarks, inclusive of care coordination and continuity, patient education and proper discharge education

10. Nursing safety including workplace violence, safe patient handling

11. National, federal, state and local regulations/requirements

12. Other patient classification systems and new best practices

13. Healthcare needs of the community including cultural and linguistic diversity

14. Case mix index and patient classification (acuity) systems

15. Functions performed by nurses and action plans for identifying functions which may be reassigned to other staff

16. Utilization of the float pool

17. The need for specialized or intensive equipment

18. Review of hospital finances and resources to include changes in unexpected financial needs (i.e., vacancies and travelers).

MVHS utilizes employee satisfaction surveys and exit interview data to evaluate and make recommendations to be considered by the CSC

The CSC is empowered to review, evaluate, and make recommendations to be considered by MVHS

Patient Assignments

1. Patient assignments will be given for each shift to include consideration of patient acuity/treatments, the need for continual patient observation, and the amount of patients per nurse. The Nursing Supervisor, in collaboration with the nursing staff and management, will be responsible for staff reallocation. Distribution of staff will align with staffing models and include processes for documentation and evaluation.

2. Staff will be cooperatively assigned to another staff member to provide hand-off communication for meal breaks.

3. Employee schedules shall include assigned shifts and consideration of paid time off.

4. Patient assignments will be consistent with staffing guidelines.

5. Measures to facilitate adherence to the desired plan include:
   - incorporating requested PTO into a schedule
   - utilizing per diem staff
   - floating staff from another unit
   - utilization of agency nurses
   - overtime shifts offered
   - unit capacity related to available staff

Staffing Guidelines

	Charge	RN	NT/CA	MT/WC	Charge	RN	NT/CA	MT/WC
	12D				**12N**			
Med/Surg	1	1:5/6	1:10	1	1	1:6/7	1:10	1
ICU*	1	1:2	1:10	1	1	1:2	1:10	1
IMCU	1	1:3/4	2	1	1	1:3/4	2	1
OR (Procedural)	1	1:1	1:3	1				
ER Subacute	1	1:6/7	1:3	1	1	1:6/7	1:3	1
ED Acute	1	1:4/5	1:3	1	1	1:4/5	1:3	1
NICU	1	1:1/4	1:8	1	1	1:1/4	1:8	1
PACU	1	1:2			1	1:2		
ASU		1:4	1	1		1:4	1	1
Psych	1	1:6	2	1	1	1:10	2	
Pediatrics	1	1:3/4	1:10	1	1	1:3/4	1:10	1
Postpartum/Newborn		1:3 couplets						

Antepartum		1:2/3						
Intrapartum		1:1						
Respiratory	Per Shift	7a-3p - 12		3p-11p - 10		11p-7a - 8		
* - 1:1 if indicated (i.e., IABP, CRRT)								

CONTENT EXPERT(S) / RESEARCHER(S) / CONTRIBUTOR(S): n/a

This Document Replaces: n/a

Attachments

[Primary and Specialty Care - Staffing Matrix.xlsx](#)

Approval Signatures

Step Description	Approver	Date
Chief Quality Officer	Mary Anne Healy Rodriguez: SVP Chief Quality Officer	8/15/2023
Chief Nursing Officer	Jerome Dayao, DNP, MS, RN: Chief Nursing Officer	8/15/2023
Owner	Brianna Sangiacomo: Nurse Manager - SEMC	8/15/2023

Applicability

MVHS