

Nurse Staffing Plan Sharon Hospital

The nurse staffing plan at Sharon Hospital is developed through a comprehensive process that draws on multiple sources of data and input from registered nurses and other hospital staff members. The staffing plan is continuously evaluated throughout the year and formally reviewed and updated annually. The annual staffing plan reflects budgeted, core staffing levels for patient care units including inpatient services, senior behavioral health unit, and the emergency department. Actual staffing is adjusted on a daily or more frequent basis to meet patient care needs.

Considerations in Staffing Plan Development and Decisions

A broad range of factors are considered in the development of the core staffing plan and ongoing staffing adjustments. Staffing plan development and decisions are carried out with consideration given to patient characteristics and acuity, the number of patients for whom care is provided, levels of individual patient as well as unit acuity, the geography/physical layout of the patient care unit, available technology, and level of preparation and experience of those providing care, among others.

In addition to the factors described above, the hospitals consider historical staffing and patient data, staff input, patient care support services, and any plans for new programs and or processes.

1. Professional Skill Mix For Patient Care Units

The professional skill-mix staffing plan for each patient care unit is articulated in this hospital nurse staffing plan. The core staffing plan is adjusted as necessary to meet patient care needs and supported by national benchmarking data, historic hours per patient day and historic average daily census. Also utilized to adjust staffing levels is current census information and the assessment of acuity, activity and transactions for each shift and each department. Staffing levels are adjusted utilizing resources from staff working additional shifts and placing staff on call.

Each patient care unit is staffed with a combination of registered nurses and patient care technicians to deliver direct patient care. Additionally, LPNs were introduced into the care team on the senior behavioral health unit over the past year.

2. Use of Temporary and Traveling Staff Nurses

Sharon Hospital utilizes temporary/travel staff nurses ensure adequate staffing levels to provide safe patient care. Temporary/travel staff nurses are utilized when there is an inability or a delay to fill budgeted positions, the need to fill positions when staff members are out on leave or when a specific skill set, and level of expertise is required that is otherwise not available. Temporary and travel staff are used as necessary after other options to fulfill staffing needs have been considered.

3. Administrative Staffing

The annual staffing plan is developed to provide adequate direct care staff for forecasted patient care needs exclusive of nursing management and inclusive of appropriate support. Administrative staffing is not part of the core-staffing model and only utilized when other avenues have been exhausted.

4. Review of the Nurse Staffing Plan

The staffing plan that reflects core-staffing levels is formally established and reviewed biannually and evaluated as necessary throughout the year. Review of the factors articulated in the section *Considerations in Staffing Plan Development and Decisions* above is conducted through a combination of collaborative meetings and input from Nursing Leadership.

5. Direct Care Staff Input

Direct care staff are provided the opportunity to provide input regarding the staffing plan, through the Sharon Hospital Staffing Committee. Leadership partners with the Staffing Committee members to provide feedback and ideas while establishing the plan. Additionally, discussions are conducted at open forums with nursing leadership.

6. Staffing Plan Reporting by Unit

Department	RN to Patient Ratio	PCT to patient Ratio
Medical/Surgical/Progressive Care Unit (Mixed acuity Unit)	MS 1:6 PCU 1:4 Mixed Acuity -M/S-PCU 1:4.5	1:8
Maternity	1:4 M/B Couplets	
Inpatient Psych	RN/LPN 1:6	1:6
ED	1:4-5	1:8-10

- We utilize hours per patient day to ensure we are within national benchmarks. We also regularly review the pattern of patient acuity and any new procedures that are implemented to evaluate whether we have the right number and compliment of staff, throughout the day. Leaders and staff are involved in the planning and changes that may need to occur with this implementation.
- Supportive personnel utilized throughout the hospital include but are not limited to: the Rapid Response Team available 24 hours per day, Assistant Patient Care Managers, Unit Coordinators, Mental Health Workers, Nurse Educators, Quality Specialists, Case Management, Respiratory Therapy, Dietary, EVS, sitters.

7. Differences Between Staffing Plan and Actual Staffing Levels

Over the past year patient volumes have begun to recover both in our Emergency Departments and Inpatient units with many high census days. Staffing goals as noted above were often challenging to meet this year particularly as the volume returned. At times the inpatient units worked with 1 less RN/PCT, as well as holding inpatients in the ED, due to various reasons, such as staff who become ill and many forms of viral outbreaks in the community that has added to staffing challenges.

The following were utilized to mitigate the staffing challenges:

- Hired additional PD staff
- Utilized travelers
- Utilized managers to supplement staffing
- Maximized concepts around team nursing
- Monetary incentive programs
- Aggressive and intensive recruitment and retention strategies specific to PCTs, MHW's and RNs
- Recruitment bonuses for current staff who recommended others from outside of the organization.
- Sign on bonuses for all RN and other ancillary positions
- Partnering with area university programs- onsite hiring events for PCTs and new grads
- New Grad residency program
- Enhanced preceptor program
- Scholarship programs for those pursuing or currently enrolled in a RN educational program
- Leadership training for new leaders and bedside nurses interested in pursuing a growth opportunity.
- Hired 2 International RNs to date with 1 having started.
- Partnered with area high schools to create shadowing opportunities for students.
- Internship program for nursing students for specialty areas

8. Direct care RN for retention, recruitment, and turnover for the preceding twelve months and average years of experience (YOE) of permanent direct care RN for each unit:

M/S-PCU

- Retention – 93%
- Turnover- 6.7%
- Recruitment (2) RN
- Average YOE- 15

ED

- Retention – 77%
- Turnover – 23 %
- Recruitment – (6) RN
- Average YOE - 9

SBHU

- Retention – 85.5%
- Turnover – 14.5%
- Recruitment – (3) RN
- Average YOE – 5

Maternity

- Retention – 60.7%
- Turnover – 39.3%
- Recruitment – 0
- Average YOE – 10

Certification Hospital Nurse Staffing Plan

This hospital nurse-staffing plan has been developed by the Nurse Staffing Committee through consideration of anticipated patient population care needs, unit geography, technology and support, and competency/expertise required of staff providing care. It has been discussed and reviewed by the Staffing Committee, Nursing Leadership, unit staff, and senior management, regularly evaluated; and is appropriate for the provision of patient care as forecasted.

Certification Hospital Nurse Staffing Committee

The Nurse Staffing Committee meets on the third Thursday of each month. The committee is comprised of direct care registered nurses and non-direct registered nurses. The composition of the Nurse Staffing Committee is available as needed. Discussions regarding concerns can be brought forward by any employee to the staffing committee members to be discussed at the monthly meetings followed up with, as well staffing plans are discussed (and approved when needed). The total number of direct care registered nurses shall be one more than the total number of "non-direct care registered nurses. There are two co-chair, one direct care RN, who is elected by the members of the committee who are direct care RN and one who is elected by committee members who are not direct care RN. Minutes are taken at every meeting and available as needed.

X *Dawn Woodruff MSN, RN*

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