Nurse Staffing Plan Windham Hospital

The nurse staffing plan at Windham 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, progressive care, post-anesthesia, 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, many of which are embodied in the American Nurses Association's (ANA) Principles for Nurse Staffing. 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 intensity, 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, when developing the annual staffing plan, Windham Hospital considers historical staffing and patient data and acuity, staff input, patient care support services, and any plans for new programs.

1. Professional Skill Mix for Patient Care Units

The professional skill mix for each patient care unit is articulated in this hospital nurse staffing plan. Staffing plans for Patient Care Services are developed based on the acuity level of care, diversity of needs and the frequency of the care or services that are required to be given. Based on these criteria, a determination of the level of staff that can most appropriately (competently, comfortably and confidently) provide the type of care needed is assigned.

The core staffing plan is adjusted as necessary to meet patient care needs using Registered Nurse per diem staff, on call staff, unit to unit transfer (floating) of staff, extra shifts and overtime.

2. Use of Temporary and Traveling Staff Nurses

Windham Hospital utilizes temporary/traveling staff nurses when necessary to augment adequate levels of staffing. Such instances requiring temporary/traveling staff nurses may include the inability to fill budgeted staff registered nurse positions due to shortages and limited availability of nurses with specific types and levels of expertise, as well as the need to fill positions temporarily when staff members are on leave. 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.

4. Review of the Nurse Staffing Plan

The staffing plan that reflects core staffing levels is formally established and reviewed bi-annually and it is 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 leadership and staff meetings, department specific meetings and daily staffing huddles. We also review the staffing plan at our Nurse Staffing Committee meetings.

5. Direct Care Staff Input

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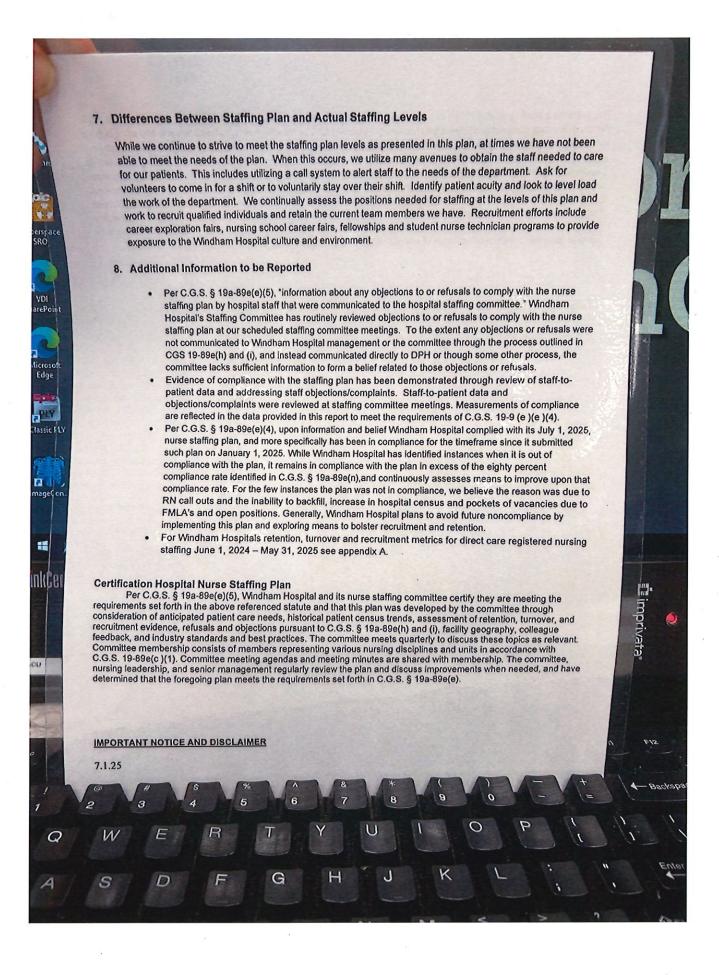
Direct care staff input regarding the staffing plan is solicited via meetings at our staffing committee meetings. The hospital also utilizes direct staff participation in quality improvement activities related to patient care and unit operation, weekly leadership rounding, unit workgroup meetings, and daily unit huddles.

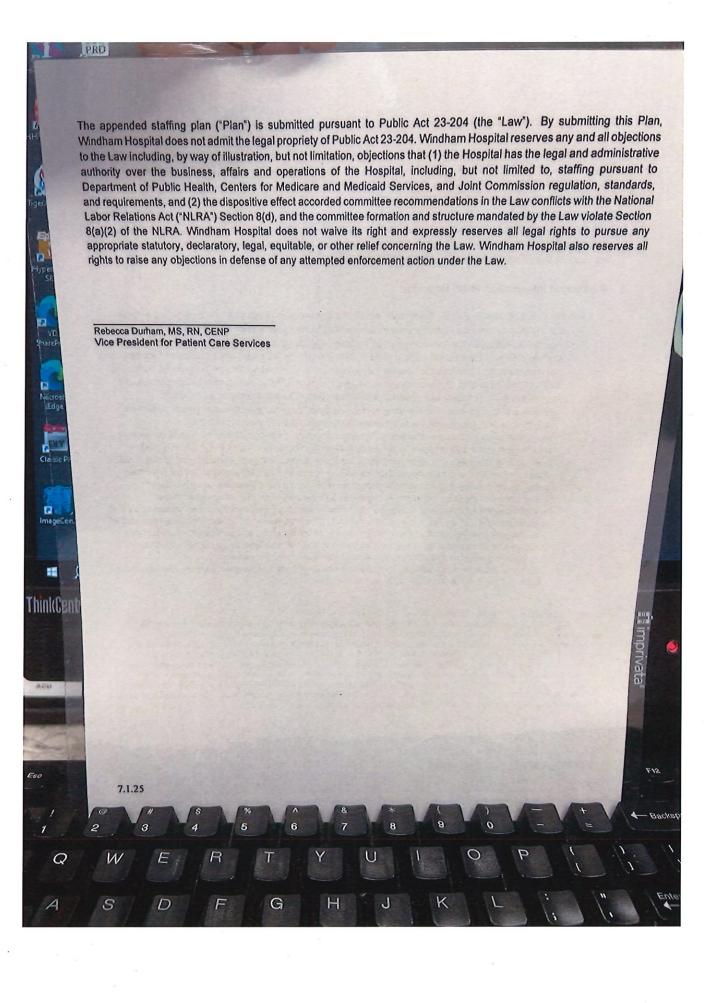
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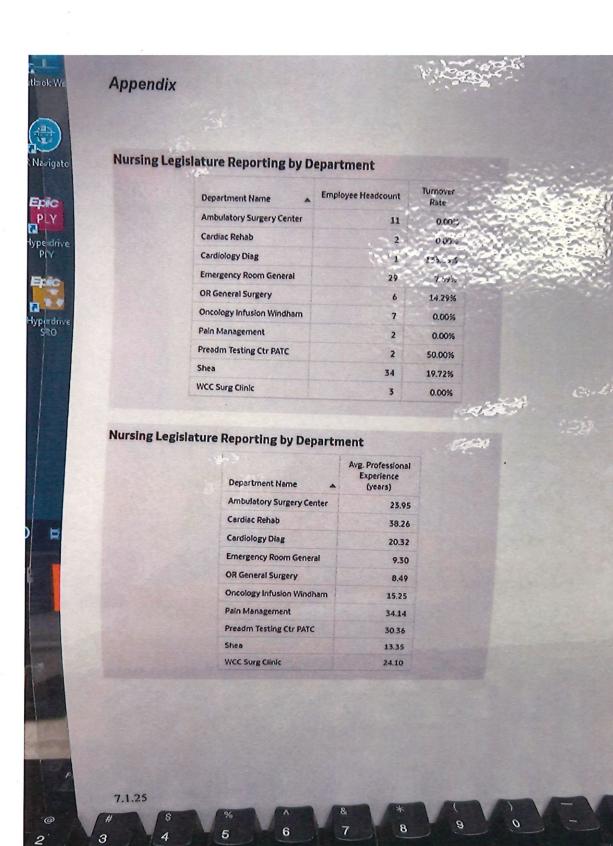
ng Plan Reporting by Unit	6A	6B	6C
Unit	RN Ratio	LPN Ratio	UAP Ratio
Medical-Surgical-Telemetry (Shea North) 7am-7pm	1:4-5	N/A	1:4-7
Medical-Surgical-Telemetry (Shea North) 7pm-7am	1:5-6	N/A	1:4-7
Medical-Surgical-Telemetry (Shea East) 7am-7pm	1:4-5	N/A	1:4-7
Medical-Surgical-Telemetry (Shea East) 7pm-7am	1:5-6	N/A	1:4-7
Medical-Surgical-Telemetry-Ortho (Greer) 7am-7pm	1:4-5	N/A	1:4-7
Medical-Surgical-Telemetry-Ortho (Greer) 7pm-7am	1:5-6	N/A	1:4-7
Progressive Care (Shea North) 7am-7pm; 7pm-7am	1:3	N/A	1:6-8
Emergency Department	1:4-5	N/A	1:7-8
Emergency Department Fast Track	1:4-6	N/A	1:7-8
Post Anesthesia Care Unit Ambulatory Care	1:1-2 1:3-5	N/A N/A	N/A N/A

Supporting Personnel on Patient Care Units:

- Patient Sitters: Sit with patients who require 1:1 monitoring for suicidal ideation or behavioral concerns.
- Unit/Monitor Coordinators: Perform secretarial duties on the patient care units and may be trained to monitor cardiac rhythms.
- Respiratory Therapists: Perform management of airways in inpatient areas & emergency department, airway management during codes, respiratory assessments and treatments; IV insertion
- Rehabilitation Therapist: Physical, Occupational and Speech therapists provide therapy with patients to promote effective care transition.
- Psychiatric Clinicians: Assist with Emergency Room staff to manage behavioral health patients' assessments and placements to areas outside of the ED.
- Physical Therapy Aides: Work with Physical Therapist to enhance mobility and range of motion.
- Dieticlans: Provide recommendations and plans of care for patients to optimize their nutritional status.
- Pharmacists: Participate in care by rounding and providing insight to staff and physicians for medication
- Care Managers: Registered nurses who coordinate the care transition process for patients.
- Social Workers: Evaluate the social needs of the patient and coordinate the needs with community resources
- Transport Aldes: Provide transport to and from testing.
 Chaplains: Certified professionals who attend to the spiritual care of individuals through assessment, prayer, listening, empathy, reframing, counseling, and/or ritual, and bring forth the meaningful connections that the care recipient can more fully use as a resource for their well-being.
- Rapid Response Team: Multispecialty team that is available to call for immediate assistance to support in
- caring for a patient with an acute change in condition. Clinical Educator/Assistant Nurse Manager/Supervisor: Registered nurses who are available on the units to offer in time support and education to staff as needed.
- Public Safety Officers: On site and available to staff 24/7 to assist with facilitating mutual respect and
- mutual care of patients, families, and staff. 6D. Windham utilizes daily staffing meetings with nursing leadership, regular rounding, census and staff input to determine and adjust patient care staffing levels as needed.







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Nursing Legislature Reporting by Business Unit

HR BU Name	Turnover	Avg. Time to	Internal	Vacancy
	Rate	Fill (Days)	Fill Rate	Rate
Windham	13.61%	55	25.81%	6.7%