Nurse Staffing Plan
Survey Results
8-13-14
Accreditation
Status (Profit/Not for Profit)

Is your hospital not for profit?

Answered: 17  Skipped: 0

Yes

No
HPPD Med Surg
Formula For HPPD Determination

• System Generated
• # staff x 12 (hrs) / census (inpatient, swing, obs)
• Census based
• Average daily census vs total nursing hours
• Acuity based (2 responses) [one comment demonstrates this shows overstaffed]
• Brady Benchmark per CFO
• Quarterly reported through the IL HRCA; Avg RN NHPPD is 13.83
• # patient days / direct care hours
System

• 2 System based
• 15 Independent
System Determination for HPPD

• Alliant based on current national data
• Brady – currently updating through Wipfli Audit review
• System has set targets for larger hospitals with staffing plans
Inpatient Daily Census (average)

What is the inpatient (non-swing) daily average for the following:

Answered: 12  Skipped: 5

<table>
<thead>
<tr>
<th>Category</th>
<th>Average Number</th>
<th>Total Number</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>2</td>
<td>29</td>
<td>12</td>
</tr>
<tr>
<td>Discharges</td>
<td>2</td>
<td>27</td>
<td>12</td>
</tr>
<tr>
<td>Transfers</td>
<td>1</td>
<td>6</td>
<td>11</td>
</tr>
</tbody>
</table>

Total Respondents: 12
Average Daily Census: Swing

What is the daily average for swing bed?

Answered: 12  Skipped: 5

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Average Number</th>
<th>Total Number</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>1</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>Discharges</td>
<td>1</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Transfers</td>
<td>0</td>
<td>3</td>
<td>11</td>
</tr>
</tbody>
</table>

Total Respondents: 12
Total Avg Daily Census

What is the Average Daily Census for the following:

Answered: 16  Skipped: 2

- Inpatient
- Swing
- Observation
Nursing Care Delivery Model

Which of the following best describes the nurse care delivery in your hospital?

- Team Nursing: 47.06%
- Primary Care: 47.08%
- Functional Nursing: 5.88%

Answered: 17  Skipped: 0
## Rounding on Patients

**Who rounds on patients? (More than one may be selected)**

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Physicians</td>
<td>70.59%</td>
</tr>
<tr>
<td>Hospitalists</td>
<td>47.66%</td>
</tr>
<tr>
<td>Midevels</td>
<td>35.29%</td>
</tr>
</tbody>
</table>

Total Respondents: 17

100% answered they have instituted Rounding (Q14)
Does your staff utilize TRIO rounding?
(TRIO = Patient, Nurse, Physician)

Answered: 17  Skipped: 0

Yes

No
TRIO Rounding Nurse Role

If yes, to TRIO rounding, what nursing roles round?

Answered: 6  Skipped: 12

- Primary care nurse
- Case manager
- Other
Outpatient Procedure: Location

Is there a specific department that outpatient procedures go to for care?

Answered: 17  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient med/surg floor</td>
<td>29.41%</td>
</tr>
<tr>
<td>Surgery dept.</td>
<td>29.41%</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>23.53%</td>
</tr>
<tr>
<td>Specific outpatient area/special unit</td>
<td>29.41%</td>
</tr>
<tr>
<td>Inpatient unit for after-surgery hours</td>
<td>17.65%</td>
</tr>
<tr>
<td>Other</td>
<td>17.65%</td>
</tr>
</tbody>
</table>

ER on weekends
Oncology/Outpatient Unit (x2)
Specific Outpatient Unit
Infusion Clinic
Outpatient blood tx to inpatient floor, all others to ED
Productivity for Outpatient Procedures

• Nurses scheduled in treatment room that performs infusion
• No measures in place
• Based on a standard
• Calculated per procedure
• In with oncology benchmark
• Part of Med/Surg staffing
• Man hour per Stat
• FTE per pay period calculated per budget
• Procedure time / nurse time
## Vacancies

<table>
<thead>
<tr>
<th></th>
<th>Days</th>
<th>Nights</th>
<th>PRN</th>
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</thead>
<tbody>
<tr>
<td><strong>Med Surg</strong></td>
<td>1</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>Days</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td></td>
<td>1.5</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td><strong>ED/ICU</strong></td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Days</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td></td>
<td>1.5</td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Supervisor</strong></td>
<td>1 q 3rd weekend</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Turnover Rate

One hospital reported 2/year
One reported < 10%

OR 2 Hospitals Reported:
- 0%
- 9%

ED 2 Hospitals Reported:
- 11%
- 33%
## Nursing Care Committee

<table>
<thead>
<tr>
<th>Meeting Frequency</th>
<th>Make-up of Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td>All nurse managers, staff development, case management, nursing quality</td>
</tr>
<tr>
<td></td>
<td>Nursing Clinical Practice: nurse admin, nurse managers, some designated RNs from all nursing depts</td>
</tr>
<tr>
<td></td>
<td>One RN from days and nights, one LPN from 3-11 on Med Surg floor</td>
</tr>
<tr>
<td></td>
<td>Each nursing unit and nursing leadership, CNO. 50% is staff RN; staffing plans reviewed annually</td>
</tr>
<tr>
<td>Quarterly</td>
<td>Staff nurses</td>
</tr>
<tr>
<td>Monthly</td>
<td>Nursing manager</td>
</tr>
<tr>
<td>Monthly</td>
<td>One nurse from each nursing unit</td>
</tr>
<tr>
<td>Monthly</td>
<td>2 staff from each shift (12 hr shifts), one CNA</td>
</tr>
<tr>
<td>Annually</td>
<td>Bedside staff and nursing managers</td>
</tr>
<tr>
<td></td>
<td>CEO/CNO, ER RN, Infusion clinic, MS Mgr, CNA, Clinical Informatics RN</td>
</tr>
<tr>
<td>Bi-Annually</td>
<td>DON, 1 OR RN, 1-2 ER nurses, 2-3 Inpatient nurses</td>
</tr>
<tr>
<td></td>
<td>CNO, Quality RN, Risk, 4 staff</td>
</tr>
<tr>
<td></td>
<td>Nursing director and nursing supervisors</td>
</tr>
</tbody>
</table>
How do you ensure staffing recommendations are appropriate and comparable to best practices for staffing by acuity?

- Nurse staffing committee
- Will provide literature and benchmarks
- Use a system called Mesh
- All suggestions must go to the manager of dept
- House supervisors utilize an acuity tool from Alliant that evaluates every 4 hours with census fluctuation and patient care condition changes
- After the meeting, any recommendations brought to CNO and reviewed. CNO reports back to the committee with goals of institution and work through any issues
- Required to write justification
- Just started the process
- Submit to state and compare with other local hospitals
- Compare to national statistics/standards and make adjustments based on nursing leadership council recommendations
- Nurse practice act reviewed as well as Ill General Assembly Public Act 095-0401 Nurse Staffing committee created, revised and implemented acuity based staffing plan
- Use benchmarks from Labor Management Institute
Best Practice Resources

- Nursing Literature and networking
- Mesh
- IPT
- Alliant
- Peers
- ICAHN meetings, journals, internet search
- HPPD, standard staffing w/low census. Lit search for best practice
- Presence Health
- APIC, AORN and Prof. organizations
- Nurse Practice Act/ILL General Assembly Public Act
- Labor Management Institute annual survey
- Regional group of peers that relays good national information on best practice
Senior Leadership: Follow-up and Input

• Part of nurse staffing committee
• Will be part of budget process. Budgets negotiated annually
• Suggestions to Sr. leader monthly and resolution back to manager
• This is a struggle!
• Team effort from both sides in the decision making
• Meetings, discussions, reviews
• Work it out
• Meet as a committee of the whole nursing leadership and staff nurses, achieve consensus for recommendations
Average RN to Patient/CNA to patient Ratios:
Use of LPN’s

**Does your hospital utilize LPNs?**

- Yes: 64.71%
- No: 35.29%

Total: 100%
Nursing and Respiratory Treatments

Mostly night shifts
One hospital reports no RT: only does nebs and oxygen
Use of Unit Secretaries

Does your hospital utilize unit secretaries?
Answered: 16  Skipped: 1

Yes
No

If yes, do your secretaries function as monitor techs?
Answered: 13  Skipped: 4

Yes
No
Other
Hours of Secretary/Monitor Tec

What are the hours of your unit secretaries/monitor techs?

Answered: 12  Skipped: 5

- Day shift
- Second shift
- Night shift
- 24/7
- Other

Comments:
Days and Second shift
Registration serves as monitor tech 8p-8a
Depends on Dept: MS day/pm; OR days;
ED nights only
Pharmacy Hours and RN Entering Pharmacy

Hours: Majority Day shift

Entering:
- Never to Rarely
- Seldom
- 1-2 times/night
- Several
- Pharmacy room supervisor can access. Main cannot be accessed.
- Average 50 x / month
- 2-3 x / week
- Night stock available with access 2-3 x / week
- Couple times per week...most in Omnicell
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do managers take a load of patients?</td>
<td>20.00%</td>
<td>80.00%</td>
<td>15</td>
</tr>
<tr>
<td>Do managers help out when busy?</td>
<td>93.33%</td>
<td>6.67%</td>
<td>15</td>
</tr>
<tr>
<td>Do you have patient educators?</td>
<td>25.00%</td>
<td>75.00%</td>
<td>16</td>
</tr>
<tr>
<td>Is the patient educator role incorporated into the nursing role?</td>
<td>84.62%</td>
<td>15.38%</td>
<td>13</td>
</tr>
</tbody>
</table>
Which of the following best describes your documentation system?

Answered: 17  Skipped: 0

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper</td>
<td></td>
</tr>
<tr>
<td>Electronic</td>
<td>5</td>
</tr>
<tr>
<td>Hybrid</td>
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</tr>
<tr>
<td>Meditech</td>
<td>1</td>
</tr>
<tr>
<td>CPSI</td>
<td>5</td>
</tr>
<tr>
<td>HMS</td>
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</tr>
<tr>
<td>Cerner</td>
<td>1</td>
</tr>
<tr>
<td>McKesson</td>
<td>1</td>
</tr>
<tr>
<td>Med Host</td>
<td>1</td>
</tr>
<tr>
<td>Not listed</td>
<td>1</td>
</tr>
</tbody>
</table>
CPOE

100% Yes

Physician’s entering orders?
Yes...83%

80/20 split
One MD enters, one has RN with him, otherwise nursing
Mixed
Employed MD’s enter, others not so much. Go live June.
Nursing enters vo/to/protocols to CPOE, 85% generated from MD
Comments or Other Information to Discuss

• One nurse educator/ 7-3 shift; staff initiate the education
• How is the ED staffed...we have 2 RN’s 24/7 (12 hour shifts)
• Who takes responsibility for other tasks, such as UR, Risk, IC, Chart audits, etc. and how many hours are budgeted for these tasks