EP11-7 Nursing Staffing Council 2011-2012 Summary Report

1. Prioritize the functions of staffing council
   1. To support commitment to facility’s missions, nursing’s vision and Relationship-Based Care.
   2. To provide education to ensure a comprehensive understanding of the budgetary process including FTE’s, productivity measures, acuity and HPPD per treatment, visit, day, etc.
   3. To review the staffing plans, recommend and provide resources for staffing changes based on:
      1. Patient needs and acuity
      2. Staff competencies
      3. Evidence-based standards from professional nursing
      4. Specialty organizations
      5. Benchmarking
   4. To provide an environment support of safe practices within RN scope of practice that addresses quality and safety concerns of patients.
   5. To provide input into house-wide staffing issues such as floating, determination of centralized vs. decentralized staffing resources, etc.
   6. To work to include nurses most affected by decisions in developing action plans for the identified concerns as it relates to staffing and all that is identified with that process.
   7. To standardize policies regarding staffing, schedules & scheduling, floating
   8. To ensure adoption of AtStaff system-wide with on-going education and information provided to encourage the maximization of its capabilities
   9. To consider innovative staffing opportunities that encourage creativity, imagination, and innovation while maintaining patient safety, staff satisfaction and budget constraints.
2. Applying ANA staffing principles
   1. Revising the sitter policy and providing nursing with the autonomy to decide when a sitter is needed and when it can be discontinued.
   2. Changed the 7th floor staffing grid
   3. Changed the 5th floor staffing grid
   4. Reviewed float data.
3. Applying the Professional Practice Model
   1. Incorporating the vision for nursing into the charter
   2. Applying relationship-based care to each decision made – involving interdisciplinary areas (staffing/nursing/finance)
   3. Shared-decision making is used by involving different levels of nursing. CNO, nurse managers, staff nurses are involved in decision-making.
      * 1. New nurses have consistent number of patients
        2. Seasoned staff take extra patients
   4. Standards of professional practice
      * 1. Increased number of certified nurses, which equals competent RN’s.
        2. Planning charge nurse retreat to improve awareness of productivity
   5. Quality of care: Review NDNQI data, nurse engagement, evidence-based practice and research to monitor and evaluate budget, labor, outcomes
4. Using trended data to formulate the staffing plan
   1. Correlated increased sitters with need to make change in the way sitters are ordered
   2. Trending data on turnover by changing practice to have COS forms sent to Manuela in Staffing.
   3. Decreasing the use of travelers
   4. Utilize overtime reports
   5. Sitter reports
   6. Holiday Work History report
   7. Employee phone list with Skill & FTE

**Outcomes**

1. Staffing policy guidelines changed
   1. Combating nursing fatigue based on literature review and evidence
      1. No more than 4, 12 hour shifts in a row w/o manager approval
      2. Extended on-call response time to 45 minutes
      3. Okay to take a nap as your lunch.
2. Sitter policy – empowered nursing
   1. Nurse and finance collaborated to change staffing of sitters. Physician order is no longer necessary for sitter order and nursing may now use their “nursing discretion” to order sitters
3. Implementation of 5th and 7th floor staffing grid.
   1. 7th floor RN hours from database, converted CNA to RN’s to decrease the RN/float pool
4. Education Planning charge nurse retreat to improve awareness of productivity (May 2013)