Hospital Staffing Form Instructions

Carefully read these instructions before completing and submitting the Hospital Staffing Form.

Checklist for completing the Hospital Staffing Form

☐ Complete the Cover page & Attestation section,

☐ Complete all sections of the hospital information,

☐ Complete "Patient volume-based staffing matrix" & "Fixed staffing matrix" as applicable,

☐ Complete the "unit information",

☐ Complete Signature section.

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Cover Page

This section is required. Provide the following:

☐ Name of the hospital,

☐ Provide the year to which the hospital staffing form pertains.

Attestation

This section is required and attests to the accuracy of the information provided in the Hospital Staffing Form. It should contain the following:

☐ Date in which the document was approved and signed,

☐ Name of the hospital,

☐ Hospital CEO first and last name,

☐ Hospital CEO signature.

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Hospital Information

This section is required. Please provide the following:

☐ Name of Hospital,

☐ Hospital license,

☐ Hospital street address, city/ town, state, & zip code,

☐ Is this hospital license affiliated with more than one location?

    If "Yes" was selected, please provide the location name and address,

☐ Review type:

    Annual- First due January 1, 2025, and annually thereafter.

    Update- Select this box if any changes or updates were made to the hospital staffing plan before the annual submission.

☐ Review date & next review date,

☐ Effective date,

☐ Date approved.

Hospital Information Continued

This section is optional and addresses the following:

☐ Factors that hospitals may consider when developing their hospital staffing plan.

If any of the listed factors were considered during the development of the hospital staffing plan, please check the corresponding box, hospitals may choose to provide an explanation of how it was integrated into the hospital staffing plan. If a specific factor is not listed that the hospital would like to include, you can select the "other" option and provide a description.

Signature

This section is required and address the following:

1. Staffing plan approval:
    a. This must be approved by the Hospital CEO or their designee and co-chair(s).

        ☐ Provide first and last name, signature, and date signed.

2. Total Votes:
    a. These capture the hospital staffing committee votes which will be anonymous.

        ☐ List the number of votes that were approved and denied in their corresponding boxes.

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Staffing Matrices

**Staffing matrices can be found in the Hospital Staffing Form on page 5 by clicking "Click HERE to access unit staffing matrices" or in the Excel document "Hospital Staffing Form MATRICES and Unit TEMPLATE". **

Each patient care unit under a hospital's license that has nursing staff is required to fill out a staffing matrix. Inpatient units are required to use the volume-based staffing matrix and units that are not inpatient can choose to use either the volume-based staffing matrix or the fixed staffing matrix. Only staff given an assignment to provide direct patient care should be included in the matrix.

The Center for Disease Control and Prevention defines direct patient care as hands on, face-to-face contact with patients for the purpose of diagnosis, treatment, and monitoring.

Hospital licenses that have more than one branch, location, or campus should submit one hospital staffing plan that includes staffing matrices for patient care units at all locations.

For compliance purposes, staff that can provide a comparable or higher level of care can fill in for staff that can provide a comparable or lower level of care according to their scope of practice. Staff providing a lower level of care cannot fill in for staff providing a higher level of care. All patient care assignments must follow scope of practice requirements. For example, an RN can fill in for an LPN, CNA or UAP.

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Patient Volume-based Staffing Matrix

**This matrix can be found in the Hospital Staffing Form on page 5 by clicking "Click HERE to access unit staffing matrices" or in the Excel document "Hospital Staffing Form MATRICES and Unit TEMPLATE". **

The patient volume-based staffing matrix is required for inpatient units and uses a census-based metric. It may also be used for outpatient units using a patient volume-based metric.

Patient volume metrics may include different types of patient volume indicators such as number of rooms, number of visits, and number of procedures.

Fields that are required are the following:

☐ Unit/ Clinic name.

☐ Unit/ Clinic type.

☐ Unit/ Clinic address,

☐ Average Daily Census,

**Required for inpatient units only. Outpatients, please put N/A **

☐ Maximum number of beds:

**Required for inpatient units only. Outpatients, please put N/A **

☐ Effective as of,

☐ Metric:

This can be census, number of rooms, number of visits, or number of procedures.

**To select the metric type please use the dropdown feature built into the matrix. There are two fields this must be selected, please refer to the PDF- matrices examples. **

☐ Shift type:

   Please provide the shift type such as Day, Evening, or Night and/or with the shift start and end times.

   E.g., Day (7am- 7pm) or (7am- 7pm)

☐ Shift length in hours:

   Please provide the total shift worked per listed staff.

   E.g., 8 (*Please do not include "hours", "hr." or any other abbreviation*).

☐ Min # of RNs, LPNs, CNAs, & UAPs:

   List the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

☐ Min # of RNs HPUS, LPNs HPUS, CNAs HPUS, & UAPs HPUS:

   To calculate the minimum staff HPUS, follow the following formula:

$$\frac{\text{(Min \# of staff * shift length in hours)}}{\text{Metric type (Census, \# of rooms, visits, or procedures)}}$$

   For additional assistance please refer to the formula, additional resources "Hospital Staffing Form MATRICES and Unit TEMPLATE" or "PDF- matrices examples".

☐ Total Minimum Direct Patient Care HPUS (hours per unit of service):

   HPUS is the measurement of total minimum direct patient care nursing staff, it can be used to reflect hours per patient visit (HPPV), hours per patient day (HPPD), hours per patient room (HPPR), and hours per patient procedure (HPPP).

   To calculate the total minimum direct patient care HPUS, take the sum of all min # of RNs, LPNs, CNAs, and UAPs. This formula is the same for all the nursing staff measurements listed above.

   ***For additional assistance please refer to the formula, additional resources "Hospital Staffing Form MATRICES and Unit TEMPLATE" or "PDF- matrices examples". ***

Unit Information

This section is required and addresses the following:

☐ Additional Care Team Members per unit (This is required):

- In this section hospitals must specify any additional care team members not included in the matrix who may be available to support patient care within the unit, examples include but are not limited to, health unit coordinator (HUCs), physical therapists, occupational therapists, IV therapy, respiratory therapists, chaplain, etc.

☐ How to fill the additional care team member's section:

- Occupation- Please provide the job title of each additional care team member.
- Shift coverage- Please mark an "X" for each shift (day, evening, night, & weekend) during which the additional care team member provides patient care in the unit.

☐ Factors that hospitals may consider when developing their hospital staffing plan (This is optional).

- If any of the listed factors were considered during the development of the hospital staffing plan, please check the corresponding box, hospitals may choose to provide an explanation of how it was integrated into the hospital staffing plan. If a specific factor is not listed that the hospital would like to include, you can select the "other" option and provide a description.

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Fixed Staffing Matrix

**This matrix can be found in the Hospital Staffing Form on page 5 by clicking "Click HERE to access unit staffing matrices" or in the Excel document "Hospital Staffing Form MATRICES and Unit TEMPLATE". **

The fixed staffing matrix is for non-inpatient units only and uses day of the week, room assignment, or hours of the day metric.

Fields that are required are the following:

☐ Unit/ Clinic name,

☐ Unit/ Clinic type,

☐ Unit/ Clinic address,

☐ Effective as of,

☐ Metric: This can be day of the week, room assignment, or hours of the day.

When metric "Hour of the day" is selected please also use "day of the week" and "anticipated # of visits".

**To select the metric type please use the dropdown feature built into the matrix. There are two fields this must be selected, please refer to the PDF- matrices examples. **

☐ Shift type:

Please provide the shift type such as Day, Evening, or Night and/or the shift start and end times.

E.g., Day (7am- 7pm) or (7am- 7pm)

☐ Shift length in hours:

Please provide the total shift worked per listed staff.

E.g., 8 (*Please do not include "hours", "hr." or any other abbreviation*).

☐ Min # of RNs, LPNs, CNAs, & UAPs:

List the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit Information

This section is required and addresses the following:

☐ Additional Care Team Members per unit (This is required):

- In this section hospitals must specify any additional care team members not included in the matrix who may be available to support patient care within the unit, examples include but are not limited to, HUCs, physical therapists, occupational therapists, IV therapy, respiratory therapists, chaplain, etc.

☐ How to fill the additional care team member's section:

- Occupation- Please provide the job title of each additional care team member.
- Shift coverage- Please mark an "X" for each shift (day, evening, night, & weekend) during which the additional care team member provides patient care in the unit.

☐ Factors that hospitals may consider when developing their hospital staffing plan (This is optional).

- If any of the listed factors were considered during the development of the hospital staffing plan, please check the corresponding box, hospitals may choose to provide an explanation of how it was integrated into the hospital staffing plan. If a specific factor is not listed that the hospital would like to include, you can select the "other" option and provide a description.

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Formula

This section is required if using the "Patient volume-based staffing matrix" for inpatient units or outpatient units using a census-based metric.

The HPUS formula remains the same regardless of the metric type selected.

1. To calculate the staff HPUS:

$$\frac{\text{(Min \# of staff * shift length in hours)}}{\text{Metric type (Census, \# of rooms, visits, or procedures)}}$$

2. To calculate the Total Minimum Direct Pt. Care HPUS

Sum of all staff HPUS

RN HPUS + LPN HPUS + CNA HPUS + UAP HPUS = Total minimum direct pt. care HPUS

**For additional assistance please refer to the Excel document "Hospital Staffing Form MATRICES and Unit TEMPLATE". **

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Additional Resources

1. Hospital Staffing Form FORMULA & MATRICES TEMPLATE
    a. Formula Template:
        i. This formula template is for hospitals filling out the patient volume-based staffing matrix and has the HPUS formula auto populated. Hospitals may use this formula template to automatically calculate their Min and total HPUS.
    b. Patient Volume-based Staffing Matrix:
        i. This is the blank matrix template that hospitals using the patient volume-based staffing matrix will fill out.
    c. Fixed Staffing Matrix:
        i. This is the blank matrix template that hospitals using the fixed staffing matrix will fill out.
    d. Unit Information:
        i. This contains the required "additional care team members" section which is required for each hospital unit. As well as the optional "additional factors considered in the development of the staffing plan" section.

2. Matrix Examples: These are examples for each metric type below.

    a. Patient Volume-based Staffing Matrix:
        i. Example- Census
        ii. Example- # of Rooms
        iii. Example- # of Visits
        iv. Example- # of Procedures

    b. Fixed Staffing Matrix Examples:
        i. Example- Days of the week
            1. Use "shift type" and "shift length in hours" for this metric.
        ii. Example- Room assignment
            1. Use "shift type" and "shift length in hours" for this metric.
        iii. Example- Hour of the day
            1. Use "Day of the week" and "anticipated # of visits" with this metric.
3. Definitions

How to submit the Hospital Staffing Form

1. Review check list to ensure all required sections have been completed.
2. Please convert matrices from Excel to a PDF and combine them with Hospital Staffing Form as one document.
   a. To convert any document to PDF:
      i. In upper right corner click "File",
      ii. Select "Save as Adobe PDF".
   b. To combine PDFs into one document:
      i. Use Adobe Acrobat Pro,
      ii. Select tool "Combine Files",
      iii. Select PDF files you want combined,
      iv. Reorder files so the Hospital Staffing Form is first,
      v. Download and save file.
3. Email your Hospital Staffing Form PDF to the Hospital Staffing Inbox.
   a. Subject: (*Year hospital staffing plan pertains to*) (*Name of Hospital*), Hospital Staffing Form

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