

Smokey Point Behavioral Hospital Policy and Procedure

Policy Number:	NSG 100.17	Manual:	Clinical Services
Policy Title:	Nurse Staffing Plan and Nurse Staffing Committee		
Contributors:	CNO, Staffing Committee	Affected Departments:	Nursing
Review Responsibility:	CNO	Approved by:	Staffing Committee
Effective date:	5/2017	Last Reviewed:	4/2021
		Revised Date:	5/2020

POLICY:

Nursing care is provided by a team of registered nurses (RN's), licensed practical nurses (LPN's) and mental health technicians (MHTs) with specialized training to meet the needs of the population(s) being served. Employees will have documented competence and orientation specific to the care of the patient population being served.

Nursing care is provided by a sufficient number of nursing staff members to meet the identified nursing care needs of patients/family members twenty-four hours a day An RN will supervise and evaluate the nursing care for each patient and assign nursing care to other nursing personnel, in accordance with the patient's needs and the qualifications and competence of the personnel available.

PROCEDURE:

1. The core staffing level is projected based on the following critical factors:
 - 1.1. Patient characteristics and the number of patients for whom care is provided including: admissions, discharges and transfers.
 - 1.2. Intensity of patient care being provided and the variability of patient care across the unit.
 - 1.3. Scope of services provided, architecture and geography of the unit.
 - 1.4. Compliment of the staff such as consistency and tenure, preparation and experience and the number and competencies of clinical and non-clinical support staff the nurse must collaborate or supervise.
2. The Chief Nursing Officer (CNO), in collaboration with nurse managers, supervisors and charge nurses, evaluates staffing needs and makes appropriate adjustments in the number and blend of nursing care personnel to ensure delivery of optimal patient care using the daily staffing plan.
 - 2.1. Nursing supervisors are assigned during the evening, night, and weekend shifts to assess patient care needs, patient acuity and to make appropriate adjustments in staffing compatible with the identified needs using the daily staffing plan.
 - 2.2. The CNO/supervisor reviews the daily staffing plan prior to the beginning of each shift and makes necessary staffing adjustments.
3. Variables considered in staffing decisions that affect the daily staffing plan include the following:
 - 3.1. Patient characteristics and the number of patients cared for including admissions, discharges and transfers.
 - 3.2. Intensity of patient care being provided and the variability of patient care across the unit.
 - 3.3. Scope of services provided, architecture and geography of the unit.

- 3.4. Compliment of the staff such as consistency and tenure, preparation and experience and the number and competencies of clinical and non-clinical support staff the nurse must assist or supervise.
4. The core-staffing plan will be evaluated annually or as necessary. A part of this evaluation will utilize at least one of each of the following three types of outcomes:
 - 4.1. Patient outcomes that are nursing sensitive indicators such as, patient falls, adverse drug events, injuries to patients, skin breakdown, infection rates, or readmissions.
 - 4.2. Operational outcomes such as work-related injury or illness, vacancy, and turnover rates, nursing care hours per patient day, on-call agency use, or overtime rates.
 - 4.3. Validated patient complaints related to staffing levels
 - 4.4. Staffing Issues and Reporting: Nurses that have concerns related to staffing shall report their concerns according to the hospital's human resources policies and the Nurse Staffing Committee (NSC). There shall be no retaliation for reporting concerns. Feedback will be reported back to the nurses who raise the concerns by the CNO or designee and as applicable, the NSC. Reporting concerns may include nursing personnel assignment discrepancies, shift to shift adjustments or staffing variations from the adopted staffing plan.
 - 4.5. Orientation and Staff Competence: It is the policy of Smokey Point Behavioral Hospital (SPBH) that nurses and other clinical employees be oriented to all units and that there be documented competence to work on all units. No employee will be assigned to a unit until they have been oriented to that unit. It is the policy of the facility that only voluntary overtime be utilized.
5. Nurse Staffing Committee
 - 5.1. **Purpose and Scope- Nursing Staffing Committee Charter:**
 - 5.2. The purpose of the Nurse Staffing Committee (NSC) is to provide a means of collaborative involvement and feedback from nursing staff members who provide front line care for patients at Smokey Point Behavioral Hospital.
 - 5.3. The Nurse Staffing Committee functions as a means to allow for transparent discussion, problem-solving and professional communication between Registered Nurses, Licensed Practical Nurses, Mental Health Technicians, the CNO, Nursing Managers, Nursing Supervisors, adhoc members such as the Chief Executive Officer (CEO) and other members as needed or applicable.
 - 5.4. Members of the NSC who are registered nurses and providing direct patient care shall be selected by their peers.
 - 5.5. The primary responsibilities of the Nurse Staffing Committee shall include:
 - 5.5.1. Development and oversight of an annual patient care unit and shift-based nurse staffing plan based on the needs of patients, to be used as the primary component of the staffing budget. Factors considered in staffing plan development include the following:
 - 5.5.1.1. Shift census as an average daily measure
 - 5.5.1.2. Unit turnover such as admissions, discharges and transfers
 - 5.5.1.3. Level of intensity and the scope and nature of care delivered
 - 5.5.1.4. Skill mix, experience, specialty certifications and specialized training
 - 5.5.1.5. Needs for use of specialized equipment
 - 5.5.1.6. The architecture and geography of each patient care areas including access to medication rooms, nursing stations, day rooms, or specialized patient care areas.
 - 5.5.1.7. Evaluation of published guidelines and evaluation of industry standards for staffing.
 - 5.5.1.8. Availability of support staff if needed for additional patient care needs
 - 5.5.1.9. Support for meals and breaks.
 - 5.5.1.10. Semiannual review of the staffing plan against patient need and known evidenced-based staffing information and nursing quality indicators.

- 5.5.1.11. Review, assessment, and response to staffing variations or concerns presented to the committee.
- 5.5.1.12. Budgetary resources and hospital finances must be taken into account in the development of the nurse staffing plan.
- 5.6. Annual Nurse Staffing Plan:
 - 5.6.1. The staffing plan must not diminish other standards contained in state or federal law and rules.
 - 5.6.2. The committee will produce the hospital's annual nurse staffing plan with oversight and approval of the CNO and in collaboration of nursing unit managers. If this staffing plan is not adopted by the hospital, the CEO or designee shall provide a written explanation of the reasons why the plan was not adopted to the committee. The CEO or designee must:
 - 5.6.2.1. Identify those elements of the proposed plan being changed prior to adoption of the plan by the hospital or;
 - 5.6.2.2. prepare an alternate annual staffing plan that must be adopted by the hospital.
 - 5.6.3. An annual staffing plan will be submitted to the Department of Health.
 - 5.6.4. The Nurse Staffing Plan will be made visible to staff members on each unit.
 - 5.6.5. Upon request to the CNO, current staffing levels and the Nurse Staffing Plan can be made available to patients and visitors.
- 5.7. NSC Membership:
 - 5.7.1. The committee is comprised of equal numbers of hospital nursing management and direct care RN's, LPN's and MHT's.
 - 5.7.2. The committee will be comprised of ad hoc members as applicable such as Recreational Therapists, Nurse Practitioners
 - 5.7.3. Membership will not exceed 2 years unless the member is an ad hoc member or a volunteer member from another department.
 - 5.7.4. One direct care RN and one nurse manager will share committee chair responsibilities. Each program will select members in collaboration with the unit manager and the CNO
- 5.8. Member Responsibilities:
 - 5.8.1. NSC members are responsible for gathering information about staffing on their unit, seeking input from their unit staff members and will communicate appropriate information to the Nurse Staffing Committee.
 - 5.8.2. Members are expected to attend each meeting or request his/her alternate to do so. If an alternate is requested, the member will provide information necessary to the alternate in preparation for the meeting.
 - 5.8.3. Chairs will follow up if there are two unexcused absences by any committee member.
 - 5.8.4. All members hold the responsibility of keeping meetings on their schedule. Meetings will be held at least once every three months; and at any time and place specified by either co-chair.
 - 5.8.5. Communication to departments, in regard to NSC activities, and recommendations, is the responsibility of the nurse manager, CNO or designee and the direct care member of the NSC.
 - 5.8.6. NSC members and each co-chair are responsible to research national standards established by professional nursing specialty organizations, where applicable, and evidenced-based practice for staffing guidelines. As applicable and maintaining within hospital financial resources, evidence-based practice guidelines will be considered when reviewing and updating staffing guides.
- 5.9. The NSC shall develop a process to examine and respond to data submitted with respect to complaints of staffing variations or other staffing concerns voiced by nursing staff members including the ability to determine if a specific complaint is resolved or dismissing a complaint based on unsubstantiated data.
- 5.10. Committee Structure:

- 5.10.1. Staffing committee meetings will be conducted as follows:
- 5.10.2. A meeting may not be conducted unless a quorum of staffing committee members is present; a majority of the members constitutes a quorum.
- 5.10.3. Minutes are recorded by a designee as assigned by the co-chairs and reviewed and approved by the CNO.
- 5.10.4. The designated recorder from the staffing committee must document meeting proceedings by keeping written meeting minutes that include:
 - 5.10.4.1. The name and position of each staffing committee member in attendance
 - 5.10.4.2. The name and position of each observer or presenter in attendance
 - 5.10.4.3. Outcomes of votes taken
 - 5.10.4.4. A summary of staffing committee discussions
- 5.10.5. The staffing committee shall approve meeting minutes prior to or during the next staffing committee meeting. The agenda is developed by the co-chairs.
- 5.11. **ROLE OF THE COMMITTEE CO-CHAIRS (1 direct care RN and 1 nurse manager):**
 - 5.11.1. The role includes working with the committee to set the agenda for the meetings, sending announcements and materials for the meetings, arranging for minutes to be taken for the meetings, and facilitating the meeting.
 - 5.11.2. Co-chairs will be elected by the NSC members with approval of the CNO.

SPBH -FTE GRIDS for 2021 Budget

DIRECT CARE

Adult ICU 16 Beds 1North	8	9	10	11	12	13	14	15	16
Adult ICU - 6050 Ratio 1:4 Target	8.40	9.45	10.50	11.55	12.60	13.65	14.70	15.75	16.80

Nurse - AM	1.00	1.00	1.00	2.00	2.00	2.00	2.00	2.00	2.00
MHT - AM	1.00	1.50	1.50	1.00	1.00	1.50	1.50	2.00	2.00
Nurse - PM	1.00	1.00	1.00	1.50	1.00	2.00	2.00	2.00	2.00
MHT - PM	1.00	1.00	1.50	1.00	2.00	1.00	1.50	1.50	2.00
Total	8.40	9.45	10.50	11.55	12.60	13.65	14.70	15.75	16.80
Var from target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Adol 16 beds - 2 N/ 2 West	10	11	12	13	14	15	16	17	18	19
Adolescent -6200 Ratio 1:5 Target	8.40	9.24	10.08	10.92	11.76	12.60	13.44	14.28	15.12	15.96

Nurse - AM	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MHT - AM	1.00	1.30	1.50	1.50	2.00	2.00	2.50
Nurse - PM	1.00	1.00	1.00	1.00	1.00	2.00	1.00
MHT - PM	1.00	1.30	1.50	1.50	2.00	1.00	2.00
Total	8.40	9.66	10.50	10.50	12.60	12.60	13.65
Var from target	0.00	-0.42	-0.42	0.42	-0.84	0.00	-0.21

Adult TCU - 28 Beds - 1 East	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Adult TCU - 6050 Ratio 1:5 Target	8.40	9.24	10.08	10.92	11.76	12.60	13.44	14.28	15.12	15.96	16.80	17.64	18.48	19.32	20.16	21.00	21.84	22.68	23.52

Nurse - AM	1.00	1.00	1.00	1.00	2.00	1.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
MHT - AM	1.00	1.30	1.50	1.50	1.00	2.00	1.50	1.50	2.00	2.00	2.50	2.50	2.50	2.50	3.00	3.00	3.00	3.00	3.00
Nurse - PM	1.00	1.00	1.00	1.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
MHT - PM	1.00	1.30	1.50	1.50	1.00	1.00	1.50	1.50	1.50	2.00	2.00	2.50	2.50	2.50	2.50	3.00	3.00	3.00	3.00
Total	8.40	9.66	10.50	10.50	12.60	12.60	14.70	14.70	14.70	16.80	16.80	18.90	18.90	18.90	18.90	21.00	21.00	21.00	21.00
Var from target	0.00	-0.42	-0.42	0.42	-0.84	0.00	-1.26	-0.42	0.42	-0.84	0.00	-1.26	-0.42	0.42	1.26	0.00	0.84	1.68	2.52

Adult Dual/Open - 28 Beds - 2 East	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Adult TCU - 6050 Ratio 1:6 Target	8.40	9.10	9.80	10.50	11.20	11.90	12.60	13.30	15.00	15.70	16.40	17.10	17.80	18.50	19.20	19.90	20.60

Number of detoxes	2.40	2.60	2.80	3.00	3.20	3.40	3.60	3.80	4.00	4.20	4.40	4.60	4.80	5.00	5.20	5.40	5.60
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Nurse - AM	1.00	1.00	1.00	1.00	2.00	2.00	2.00	2.00	2.50	2.50	3.00	3.00	3.00	3.00	3.00	3.00	3.00
MHT - AM	1.00	1.30	1.50	1.50	1.00	1.00	1.00	1.30	1.50	1.50	1.50	2.00	2.00	2.00	2.50	2.50	2.50
Nurse - PM	1.00	1.00	1.00	1.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
MHT - PM	1.00	1.30	1.50	1.50	1.00	1.00	1.00	1.30	1.50	1.50	1.50	1.50	2.00	2.00	2.50	2.50	2.50
Total	8.40	9.66	10.50	10.50	12.60	12.60	12.60	13.86	15.75	15.75	16.80	17.85	18.90	18.90	21.00	21.00	21.00
Var from target	0.00	-0.56	-0.70	0.00	-1.40	-0.70	0.00	-0.56	-0.75	-0.05	-0.40	-0.75	-1.10	-0.40	-1.80	-1.10	-0.40

Adult Women's - 16 Beds -	12	13	14	15	16
Adult Women - 6070 Ratio 1:6 Target	8.40	9.10	9.80	10.50	11.20

Nurse - AM	1.00	1.00	1.00	1.00	2.00
MHT - AM	1.00	1.30	1.50	1.50	1.00
Nurse - PM	1.00	1.00	1.00	1.00	1.00
MHT - PM	1.00	1.30	1.50	1.50	1.00
Total	8.40	9.66	10.50	10.50	10.50
Var from target	0.00	-0.56	-0.70	0.00	0.70