

## **Staffing Guidelines**

At MGH, nursing staff have direct input into the day-to-day staffing of their respective units. In preparation for our Magnet Hospital application, a document was created to describe how staffing decisions are made. Titled, “**MGH Department of Nursing Direct Care Staffing Guidelines**”, it includes information regarding the direct care staff budget, scheduling, and daily staffing decisions.

### **Daily Staffing**

- Day-to-day staffing decisions and shift assignments are made at the **unit level** by the Nursing Director or staff nurse delegate, such as a resource nurse.
- Decisions are based on several things, including:
  - **Patient needs** (i.e. number of patients, patient acuity, patient care needs, expected patient turnover)
  - **Staff abilities and requirements** (i.e. staff skill and experience, work schedules/availability, minimum staffing levels, etc.)

### **Scheduling**

- Schedules are developed for four, six or weight week cycles, using the One Staff scheduling system.
- There are a **variety of scheduling models** throughout MGH, tailored to meet the needs of individual unit’s patients and staff.
- **Staff participate** in the scheduling process.

### **Staffing Budget**

- Staffing needs are projected each year, as part of the annual budget process
- Staffing is based on **workload**, which considers both **volume** and patient **acuity** or **intensity** of patients needs
  - For the majority of MGH inpatient units, acuity is measured by the QuadraMed patient classification system (previously called Medicus).
  - The Emergency Department is measured by the Emerge system.
  - Blake 11 acuity and workload is measured using the QuadraMed psychiatric tool.
  - Workload/productivity models that measure both **volume** and **intensity** have been/are being developed for other areas (e.g. Main OR, IV Therapy, Endoscopy, Labor & delivery).