4.12 Explain how staffing adjustments are made in response to fluctuating patient workload and acuity (e.g., use of agency, float staff, overtime).

The MGH Department of Nursing Direct Care Staffing Guidelines (attachment 4.12.a) describe the identification of required direct care staffing as occurring on three levels: “long-term projections for the fiscal year, near-term scheduling for successive four-week cycles, and daily staffing for shift-to-shift requirements.” The long-term projections or budget process, including the use data from the WinPFS® Acuity, Productivity and Benchmarking System (WinPFS® System) of QuadraMed®, is explained in Force 1.5. Translation of the annual budget into near-term projections or scheduling practices is described in Force 4.11. This source of evidence will describe how daily and/or shift adjustments are made in response to fluctuating patient workload.

Staffing decisions and patient care assignments are based on patient needs – current volume, anticipated turnover, projected admissions, patient acuity and nursing care requirements – and staff requirements – skill level, experience, work schedules, availability, minimum staffing requirements and reasonableness. This “flexible budget” approach promotes the matching of nurse staffing with patient needs for nursing care and allows for shift-to-shift changes due to fluctuating workload. As described in Force 4.11, the target or planned schedule is based on the budgeted shifts per 24 hours, which are calculated using an expected average census and an acuity factor. As units are expected to have some variation around that average, it is therefore anticipated the required staffing to fulfill patient needs will also fluctuate. This variation can be seen in the following two unit examples depicted in the weekly Workload/Productivity Reports (attachment 4.12.b).

Utilization of Additional Staff in Response to Increased Workload

White (WH) 8 is a General Medical Unit with 26 beds. The WH 8 budget is based on an expected census of 23.3, patient acuity of 1.90, and associated workload of 44.3. During the week of April 22 through 28, 2007, the unit census was higher than budgeted at 24.8 and acuity was higher than budget at 2.13, resulting in an increased workload of 52.7. To adjust to this increase in nursing care needs, the unit used an average of 34.6 direct care shifts per day, rather than their budgeted 28.8 shifts. That is, on average, 5.8 additional shifts were used per day that week for the increased workload. The appropriateness of this increase is seen in the Hours Per Workload Index (HPWI), a ratio between the workload and actual staff used. WH 8 is budgeted for 5.20 HPWI. Despite the increase in shifts beyond their budgeted hours for this week, they remained close to their budget...
Reduction of Staff in Response to Decreased Workload

Ellison (EL) 10 is a 36-bed Cardiac Medical Unit. The EL 10 budget is based on an expected of a census of 31.7, patient acuity of 1.77, and an associated workload of 56.1. During the same week of April 22 through 28, 2007, census was below budget, resulting in a workload that was also below budget (54.1 actual vs. 56.1 budget). On average, direct care shifts used were 1.7 per day below the budget target. The Weekly Workload/Productivity Report reveals that this resulted in an HPWI of 5.46, which is within the 5% range around the budget target of 5.50. This would indicate an appropriate reduction in direct care shifts based on actual workload.

Although the Workload/Productivity Reports serve as an ongoing tool for managers, in practice they are most often used retrospectively to provide an indication of staffing effectiveness and justification for the appropriate use of direct care resources. Daily and shift decisions regarding staffing are made at the unit level by Nursing Directors and/or their designees, such as staff resource nurses. The Resource Nurse role, including the responsibility of responding to short term staffing needs and adjusting assignments as necessary is included as attachment 4.12.c.

In the event that additional Staff Nurses are required for a particular shift, there are several options available to the Nursing Director, Resource Nurse, or other Registered Nurse designee, that would assist in short term, unit-based augmentation of shift staffing. These include:

♦ calling in staff scheduled for “on-call” or stand-by
♦ negotiating changes in scheduled time among the unit staff
♦ utilizing cross-trained staff from other units
♦ accessing per diem staff
♦ using part-time staff to work beyond their standard hours, and,
♦ using voluntary overtime hours by unit staff.

The Professional Exempt status of the nursing staff provides a level of flexibility that allows for consideration of staff needs and preferences in providing for appropriate resources to meet patients’ needs for nursing care. As exempt employees, nurses are paid on a salary basis based on their standard hours, which provides a predetermined weekly salary rather than an hourly wage. The exempt employee is expected to “reconcile, appropriately and judiciously, fluctuations in workload with the hours worked.” Employees characterized as Professional Exempt employees are eligible
under defined circumstances for overtime compensation and shift, weekend, and holiday differentials. In practice this means that there is flexibility for nurses to work beyond or less than their normally scheduled shift hours, when possible, without a negative impact on their usual compensation.

Clinical Nursing Supervisors (Supervisors) are available to staff on all shifts and can assist in providing short-term and immediate support (Force 4.3). In addition to their administrative role, Supervisors serve as clinical resources to the staff in managing patient care. They provide clinical consultation, assist in managing unit activity, collaborating with other departments to facilitate/support patient care, and respond to emergency situations.

The Rapid Response Team (RRT) is also available to assist with staffing needs. As described in Force 1.3, the RRT is an all-RN team, working under the direction of and in collaboration with the Supervisors. They provide intermittent, short-term support to patient care units to assist in managing fluctuations in volume and acuity. The RRT nurses provide assistance to the staff on the patient care units through provision of direct care, transport of patients needing nursing monitoring and/or intervention to testing and procedural areas, and assistance during patient care emergencies. They are also available to support and mentor less experienced nursing staff. RRT nurses are deployed by Supervisors and work with them to identify and respond to needs. Staff on the patient care units can call Supervisors to request the assistance of an RRT nurse 24 hours a day.

At times units coordinate with the Admitting Department regarding the placement of new admissions. This helps to assure that a unit that is staffed adequately for an existing patient workload will not be overburdened with the admission of additional patients for whom appropriate staffing is not available.

Other patient care areas have developed mechanisms to adjust staffing on a day-to-day or shift-to-shift basis based on fluctuations in workload. The MGH Endoscopy Units are located in two sites, one that is exclusively outpatient, and another that has both inpatients and outpatients. The staffing for the two units is accomplished through a single staff that rotates to both units. Patient volume and acuity varies on these units, resulting in the need to either increase or decrease shifts of direct care staff. To manage this as effectively as possible, the resource nurses from both units collaborate daily to reposition staff in ways that most effectively meets the needs of our patient populations. The Emergency Department (ED) has a similar model to cover the ED and the ED Observation Unit.
In the Main Operating Room (OR), Team Leader nurses collaborate with the Clinical Service Coordinators and the Resource Nurse to assign and allocate direct care staff to the surgical cases according to patient acuity, technology demands and staff competencies. As clinical experts, the Team Leaders have a comprehensive knowledge of the nursing care required and adjust patient coverage if the acuity of patients or procedural requirements change. For example, should an emergent procedure be placed in a room being covered by a novice nurse, the Team Leader will re-arrange the coverage of that room to provide an expert clinician to either support the novice clinician or provide direct coverage.

In the Same Day Surgery Unit, nurses who work in the non-operative areas are cross-trained to the preoperative adult and pediatric areas, an 18-bed adult recovery room and 4-bed pediatric recovery area. During the day, both adult and pediatric areas are staffed to care for the anticipated patient flow. Resource Nurses then move nursing staff between the areas to assist in meeting nursing care needs at various times of the day.
TITLE: DIRECT CARE STAFFING GUIDELINES

Identification of required direct care staffing occurs at three levels: long-term projections for the fiscal year, near-term scheduling for successive four-week cycles, and daily staffing for shift-to-shift requirements. Staffing levels are based on volume and acuity of patients (nursing workload) and factored for distribution of workload over various time periods, experience and mix of staff, and logistical and support issues.

Staffing Budget

Staffing projections and total budgeted full-time equivalent (FTE) requirements are developed in conjunction with the overall organizational budgeting process. Workload is based on anticipated volume (admissions, length of stay and procedure volume as projected by physician chiefs and senior management) and, for the relevant inpatient units, current acuity (as measured through the patient classification system). Staffing budgets are developed at the unit level using average daily workload and staffing to project annual FTE requirements. Key target ratios such as hours per unit of work, staff mix and nonproductive factors, are identified using current and historical data and are negotiated within the leadership staff – Nursing Director, Associate Chief nurses and the Chief Nurse. Operational support staff within Patient Care Services provide support in the analysis and interpretation of data and in the development of the detailed budget.

Periodic Scheduling

Throughout the year, schedules are developed and produced in four-week cycles using the online scheduling system. Among the patient care units, there is a variety of scheduling models tailored to the needs of the individual unit’s patients and staff. Within the parameters of relevant regulatory requirements and organizational personnel policies, individual units set their own criteria for scheduling – shift designations and lengths, schedule and shift rotation patterns and priorities for paid and unpaid time off. Staff participate in the scheduling process, identifying their preferences and requests and, on many units, preparing the schedule according to established guidelines and under the overall direction of the Nursing Director. The core schedule is based on overall budget projections adjusted for predictable variations in workload, for example, weekday to weekend differences or seasonal fluctuations, as identified through analysis of trended unit-specific data. The exempt status of the professional staff provides a level of flexibility that allows for maximum consideration of staff needs and preferences in providing for appropriate resources to meet patients’ needs for nursing care. Scheduling for nonexempt staff, while more restricted in terms of flexibility, also considers staff needs and preferences in determining appropriate schedules to meet patient and unit need.
Daily Staffing

Day-to-day and shift-to-shift staffing decisions are made by the Nursing Director or registered nurse delegate. Staffing decisions and patient care assignments are based on patient needs – current volume, turnover and projected admissions, patient acuity and nursing care requirements – and staff requirements – skill and experience levels, work schedules and availability, minimum staffing requirements and reasonableness. In the event that additional staff are needed for a particular shift, there are multiple options available to the manager or, in the absence of the manager, to the registered nurse delegate:

♦ negotiating changes in scheduled time among the unit staff
♦ utilizing staff from the Rapid Response Team (RRT) or cross-trained staff from other units
♦ accessing per diem shifts, straight time hours beyond standard hours or overtime hours by unit staff
♦ calling in staff scheduled on stand-by.

In some circumstances it is also possible to coordinate with the Admitting Department regarding the placement of patients so that a unit that is staffed adequately for existing patient workload will not be overburdened with the admission of additional patients for whom appropriate staffing is not available.

Decisions about downsizing assure that the remaining staff can meet current and anticipated patient care needs, that the appropriate mix of staff is available, and that minimum staffing requirements (that is, at least two registered nurses, regardless of the patient census) are met. If workload is less than anticipated and downsizing becomes an option, the Nursing Director or responsible registered nurse can cancel any scheduled overtime hours, per diem shifts or straight time hours beyond standard hours, or release any allocated CRT staff or staff from other units. For exempt staff, flexible scheduling also provides for negotiated schedule changes. For all staff, there is also the option of cross covering on another unit if the individual is competent in that area or of taking paid time off.

Registered nurses who are responsible for making staffing decisions have the support of on-site Clinical Supervisors or Clinical Service Coordinators, Nursing Director who have 24-hour responsibility and, if necessary, the Associate Chief Nurses and the Chief Nurse who are also available to the staff at all times.

Reference: Statement of Accountability, Nursing Practice Manual, 1.41.01
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<tr>
<th>Serv/Unit</th>
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<td>CA SI/CU</td>
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**Note:** Variance values are in parentheses.
RESOURCES NURSE ROLE DESCRIPTION

OVERVIEW:

The Resource Nurse is responsible for supporting the daily operations of the unit. The primary ways in which the resource nurse supports the unit are through addressing staffing needs on an ongoing basis, facilitating throughput of admissions and discharges, assisting with direct patient care as needed, and role modeling effective collaboration and conflict management with patients, families and other members of the healthcare team.

The Resource Nurse role is vital to the successful operations of the unit. The Resource Nurse should possess a “big picture view” in terms of clinical needs of the unit as well as organizational needs in regards to patient placement. The Resource Nurse’s patient care assignment will reflect the additional responsibilities of the resource role. This can vary from having no direct patient care assignment when possible to having responsibility for a reduced patient care assignment. The Resource Nurse will carry a text pager in order to maximize efficiency of communication.

PRINCIPAL DUTIES AND RESPONSIBILITIES:

1.0 Optimize patient throughput by facilitating admissions, discharges and transfers

   1.1 Responsible for collaborating with the Nursing Director, Nursing Supervisors, the Admitting Department or the triage nurse to ensure a smooth flow of patients admitted to the unit in a timely manner.

   1.2 Responsible for working with nursing staff, medical teams and case management to identify all discharges and potential discharges at the beginning of the shift and on an ongoing basis.

   1.3 Responsible for collaborating with operations staff to ensure discharge information is entered into the POE / PATCOM systems in a timely and accurate manner.

2.0 Support daily unit operations

   2.1 Evaluates unit staffing needs and collaborates with Nursing Director and Nursing Supervisors to ensure adequate staffing. Responds to short-term, acute staffing needs by collaborating with the nursing supervisors to utilize Rapid Response Team support.

   2.2 Responsible for the timely completion of patient classification by 12pm daily

   2.3 Responsible for the timely completion of patient classification staffing sheet by 9:00am daily

   2.4 Responsible for assuring the identification and resolution of medication discrepancies at the end of each shift

   2.5 Responsible for Omnicell medication cycle count once daily
Attachment 4.12.c continued

2.6 Responsible to complete patient care assignments that promote consistency in nursing care, while reflecting patient acuity and competency level of staff
2.7 Provide assistance to staff/unit in the event of bedside emergencies
2.8 Facilitate communication according to protocol in the event of a disaster

3.0 Promote collaborative environment for effective patient-focused nursing care

3.1 Promote collaborative communication with all members of the healthcare team as well as other departments
3.2 Role model effective approaches to staff, patient and family conflicts
3.3 Identify patient dissatisfaction and intervene to correct
3.4 Utilize unit leadership and Nursing Supervisors as resources for assistance with decision-making

**SKILLS / ABILITIES:**
Demonstrates strong critical thinking skills
Demonstrates clear, diplomatic and effective communication skills
Demonstrates ability to possess a more global view of patient care
Demonstrates flexibility and adaptability