

Title	Carle Eureka Hospital Nurse Staffing Plan				
Region	Carle Health Central				
Scope	CEH				
Document type	Policy & Procedure				
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I. PURPOSE

To provide for acuity-based, direct-care, professional registered (RN) nurse-to-patient staffing needs for each inpatient care unit, including the emergency department.

II. SCOPE

This policy applies to Carle Eureka Medical Center

III. DEFINITIONS/ABBREVIATIONS

N/A

IV. POLICY

A. The CEH Nurse Staffing Plan describes the methods with which CEH assigns patient care nursing staff with consideration to patient care needs, and professional nursing standards. The plan is reviewed annually and updated as appropriate.

1. Assessment of Unit/Department Staffing Requirement Includes:
 - a) Complexity of patient care
 - b) Individual, and cumulative, patient acuity
 - c) Volume of admissions, discharges and transfers
 - d) Individual patient acuity scoring
 - e) Number of patients on the unit (census)
 - f) Admission assessment
 - g) Ongoing physical assessments
 - h) Evaluation of patient progress
 - i) Assessment after a change in patient status
 - j) Discharge planning
 - k) Assessment of need for referrals
 - l) Clinical professional nursing judgment required
 - (1) To design and implement a patient's nursing plan of care
 - (2) The need for specialized equipment and technology
 - (3) The skill mix of other personnel providing or supporting direct patient care
2. Ongoing assessment of staffing levels, skill mix, unit status and patient acuity occur throughout each shift by department leadership, or designee, to adjust staff as needed. Factors include:
 - a) Patient acuity changes
 - b) Patient complexity changes

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- c) Department-specific patient population standards
- d) Patient safety
- e) Staff competence/experience
- f) Ensure sufficient number of Registered Nurse (RN's) to prescribe nursing care, delegate and supervise nursing activities, coordinate patient care and communicate with other disciplines.
- 3. Minimum direct care registered (RN) nurse-to-patient staffing levels are developed for each unit and the emergency department when census is zero.
- 4. Core Minimum direct care (RN) nurse-to-patient staffing levels are developed for each unit and the emergency departments where IDPH, or other regulating agency, levels of care, designations, regulations, or certifications define specific resources be allocated.
- 5. The CEH Nursing Administrator, in collaboration with the Chief Nursing Officer, has final approval/ownership of the staffing plan for all areas where nursing care is delivered.

V. PROCEDURE

- A. AcuityPlus® is a patient acuity tool designed to provide analysis of the patient's condition based on overall nursing care needs as documented in the EMR. The calculation of unit workload takes Admission, Discharge, Transfers (ADT), individual patient acuity, and number of patients classified, into consideration.
 - 1. Nursing staff will be responsible for documentation of care provided into the electronic medical record (EMR) to provide the necessary information for acuity determination.
 - 2. AcuityPlus is utilized for evaluation of patient acuity and staffing assignment.
 - 3. The House Administrator is responsible for evaluating the patient's acuity within AcuityPlus when assigning float staff to a unit to support nurse workload for the oncoming shift.
 - 4. The Charge Nurse of each unit is responsible for evaluating the patient's acuity within AcuityPlus when making shift assignments for the unit's oncoming shift.
- B. General Staffing Plan
 - 1. Minimum Staffing with ZERO (0) patients
 - a) Days
 - (1) Med/Surg 1 RN, 1 HCT
 - (2) Emergency 2 RN
 - b) Nights
 - (1) Med/Surg 1 RN, 1 HCT
 - (2) Emergency 2 RN
 - 2. As patients are assessed and admitted to the facility, acuity based staffing is implemented
 - 3. Patients in Observation, Outpatient and Inpatient status are included in calculations for inpatient units and the emergency department
 - 4. Rapid Response Teams/ CODE teams are staffed by on shift team members.
 - 5. When patient census/acuity requires additional personnel
 - a) In-hospital staff will be utilized when possible

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- b) All team members are expected to meet the needs of our patient population and may be asked to float to other units to provide support as determined by competency
- c) Additional staff may be called in by leadership/supervisors as needed

VI. CROSS REFERENCES
N/A

VII. RESOURCES AND REFERENCES

American Nurses Association Illinois. The nurse Staffing Improvement act of 2021. ANA Illinois. (2021, September 26). Retrieved September 27, 2021, from <https://www.ana-illinois.org/the-nurse-staffing-improvement-act-of-2021/>.

Bartmess, M, Myers, CR, Thomas, SP. Nurse staffing legislation: Empirical evidence and policy analysis. Nurs Forum. 2021; 56: 660- 675.
<https://doi.org/10.1111/nuf.12594>

Welton, John M. PhD, RN, FAAN Measuring Patient Acuity, JONA: The Journal of Nursing Administration: October 2017 - Volume 47 - Issue 10 - p 471doi: 10.1097/NNA.0000000000000516

VIII. ATTACHMENTS

[PC - Workload Acuity](#)
[Emergency Department Scope of Service](#)
[Scope of Service: Nursing Operations](#)