

Nurse Staffing Plan Guidance

Disclaimer: This document is meant to be used only as a reference tool to assist with implementation of the Oregon Nurse Staffing Law. Examples used are for illustration purposes and may not adequately reflect the issues and challenges in your specific work environment. For interpretation questions regarding the Oregon Nurse Staffing Law, please contact the OHA at mailbox.nursestaffing@state.or.us or at (971) 673-0540.

Oregon's 2015 statutory changes necessitated changes to the nurse staffing administrative rules. OHA amended the rules and the final administrative rules went into effect July 1, 2016 and January 23, 2017. This guidance document aims to assist nursing staff, in successful implementation of the rule requirements. The OAR 333-510 statute addresses operation of hospital patient care areas included under an Oregon hospital license, including satellite patient care areas.

This guidance document addresses possible strategies for creating and updating your hospital or a patient care unit nurse staffing plan (NSP). At a minimum, plans need to be reviewed annually. This guidance document seeks to address the following nine areas for a NSP:

- 1) Qualifications and Competencies
- 2) Unit Activity (A/D/T) and the Time Required to Complete
- 3) Total Diagnoses and Nursing Staff Required
- 4) Nationally Recognized Standards
- 5) Acuity and Intensity
- 6) Minimum Numbers of Required Staff
- 7) Diversion or Limitation on Patient Admissions
- 8) Coverage for Meals and Breaks
- 9) Nurse Staffing Plan Review Requirements

1) Qualifications and Competencies

During a hospital nurse staffing survey, the hospital will need to be able to show a nursing staff member's qualifications and competencies.

"Qualifications" are those that are needed to be employed as a nurse. Examples include: active nursing license, may also include specialty qualifications such as ACLS or PALS.

"Competencies" are the mandatory and/or special skills needed to work on a patient care unit. Example include: skill in performing continuous bladder irrigation to provide patient care for a urology unit or skill in monitoring traction devices for an orthopedic unit.

OHA may require documentation for the full duration of employment. Nursing care must be specialized to address the specific patient needs. To provide appropriate and safe care, nursing qualifications and competencies must be addressed and documented in hospital unit NSP. Qualifications and competencies should be specific to each type of nursing staff member (RN, LPN, CNA1, and/or CNA2) on a unit.

NSP should address:

- The NSP should include or refer to an additional document which outlines the qualifications and key competencies for the skill mix and level of competency necessary to meet the health care needs of patients.

Nurse Staffing Plan Guidance

- Either the NSP or the personnel file (NSP needs to state location of records) should state how nursing staff members obtained their competencies.
- The NSP should differentiate which skills are mandatory or special skills.
- The NSP or personnel file should state the qualifications and competencies needed for nurse staffing members who float to the patient care unit and assumes responsibility for a patient care assignment.

EXCEPTIONS

- The NSP should state what percentage of all nursing staff members on a specific patient care unit are required to have all qualifications and competencies to provide patient care.
 - Example: Minimum qualifications for your unit should account for all nurse staff members, such as licensure and CPR requirements.
 - Example: CRRT is not a mandatory skill but a special skill and should be noted as such in personnel file and NSP.
- The NSP should state how many nursing staff members the unit needs on a shift with specialty skills.
 - Example: On an oncology unit – the unit requires that no fewer than 50% of the RN staff members are chemo certified per shift.

2) Unit Activity (A/D/T) and the Time Required to Complete

“Unit activity” refers to the admissions, discharges, and transfers on a patient care unit. The NSP can summarize an average for the unit – daily, weekly, monthly. Although the staffing law only speaks to admissions, discharges, and transfers, other measurements of unit activity such as average daily census or average case time length may be relevant to include in the NSP.

NSP should address:

- The NSP should quantify the rate of admissions, discharges and transfers for each hospital unit and the time required for a direct care registered nurse belonging to a hospital unit to complete admissions, discharges and transfers for that hospital unit.
 - Example: Number of ADT in a day/week/month, whichever makes the most sense for the unit.
- Suggestion: If it is a high turnover unit, consider daily or weekly data, if it is a unit with longer length of stays consider weekly data.
- The NSP should state the average or estimated length of nursing time required to complete an admission, discharge, and transfer.
 - Example: “This is the average,” or “this is the estimated” time it takes to do an ADT on this patient care unit.
- The NSP needs to state which units have admissions and/or discharges and/or transfers.
- The NSP should state if a unit does not have admissions and/or discharges and/or transfers.

Nurse Staffing Plan Guidance

EXCEPTIONS

- An OR is a transfer only unit; the staffing plan would likely state this unit does not have any admissions or discharges, but instead the patients are transferred from pre-op to the OR and from the OR to PACU.

3) Total Diagnoses and Nursing Staff Required

“Diagnoses” refers to the medical diagnoses of the patient.

NSP should address:

- A staffing plan should list the medical diagnoses for which your patient care unit typically provides care. In the NSP, include the actual diagnoses seen on the unit, not the nursing services or procedures provided or a broad list of conditions or symptoms.
 - Example: Instead of listing “pulmonary diseases,” list, “pneumonia, COPD, bronchitis...”
- The unit must determine how many diagnoses are relevant to represent the unit’s patient population.
 - Example: Your list may consist of several different diagnoses or many more. The NSP could state: Our unit determined that the following 10 diagnoses relevantly represents our patient population.
 - Example: Diagnoses can be captured by finding the top ICD-10 codes being billed to a unit.
- The minimum number of nursing staff members required to care for patients with the most frequent diagnoses.
 - Example: You may list how many RN, LPN, CNA1, CNA2 nursing staff is required.

EXCEPTIONS

- The NSP needs to contain the total diagnoses seen in the unit even if a focus of that patient care unit is care for specific procedures.
 - Example: Orthopedic surgical unit.

4) Nationally Recognized Standards

Each NSP should include a description of or reference to appropriate nationally recognized standards or guidelines.

“Nationally recognized standards” refers to evidence-based standards and guidelines established by professional nursing specialty organizations, for example AACN, AORN, AWHONN, etc.

NSP should address:

- If there are nurse staffing standards that your unit references, include the section of those standards in the NSP and how they are used in the unit’s staffing process.

Nurse Staffing Plan Guidance

- If no standards exist, this must be stated.
 - Example: No nursing standard or guideline is available for our unit specialties.
 - Example: If no nursing standards exist, you may use non-nursing standards with appropriate explanation in your staffing plan (ACOG (2017) or ESI (2018)).
- All references to nationally recognized standards/guidelines, nursing or non-nursing, should be properly cited with a year of publication or a version number.

5) Acuity and Intensity

“Acuity” refers to the level of nursing skill required, for example patient requirements for medications, drains, tubes, IVs, wound care, etc.

“Intensity” refers to the level of patient’s care needs which makes giving nursing care more complicated, for example language barriers, cognitive barriers, assistance with activities of daily living, psychosocial needs, need for a hospital companion, etc.

NSP should address:

- A NSP should explain the process of how and by whom patient acuity and intensity is determined.
- If an acuity/intensity tool is used, the process for using the tool to determine patient assignments is the most important aspect. The tool does not need to be evidence based.
- A NSP needs to articulate how often acuity and intensity is assessed (minimum once a shift or PRN). As a patient’s condition changes.
- A NSP should articulate who determines patient acuity and who can change the patient acuity.
- A NSP should address how staffing is determined based on your acuity/intensity assessment.
 - Example: staffing up or staffing down.
 - Example: Operating room does not flex staffing, etc.
- A NSP should state how often the acuity and intensity process will be reviewed and/or revised and by whom.
 - Example: If you are using an acuity/intensity tool also state how often this tool is evaluated for effectiveness.
- Note: As of February 2019, the NSAB and ONSC are reviewing potential additional language for guidance. There is no best practice example available for sharing at this time.

6) Minimum Numbers of Required Staff

NSP should address:

- The staffing plan should ensure that there is never less than one RN and one other nursing staff member on the unit when there is at least one patient present.
 - Include the type of nursing staff member (RN, LPN, CNA1, CNA2) that need to be present. The minimum number of staff, which can be your grid/matrix/etc., is the minimum number of staff required for X number of patients. This number can be adjusted when acuity and intensity are the primary drivers for nurse staffing.

Nurse Staffing Plan Guidance

- If there is an approved waiver state what has been approved for the composition of the minimum numbers of required staff.
 - Example: One RN and one technician.

EXAMPLES

- NSP could list a range: for 1-8 patients we staff 2 nurses, for 9-12 patients we staff 3 nurses.
- NSP could use a grid/matrix.
- NSP must account for meals and breaks and your staffing, either by acuity or by grid, cannot differ during times of meal and rest break coverage.
- If external benchmarking for staffing (Solucient, Truven, Oregon Health Authority, etc.), is used, these tools must **not** be the only measure to determine staffing numbers.
- NSP should articulate how often the minimum numbers of required staff is reviewed and/or revised.

7) Diversion or Limitation on Patient Admissions

A NSP must show how diversion or limitation on admissions is evaluated and can be initiated.

“Diversion” refers to re-routing specific patients to another hospital due to an inability to provide care. Refer to your hospital policy.

“Limitation on admission” refers to an in-patient unit temporarily not accepting admissions due to an inability to provide care – refer to your hospital policy.

NSP should address:

- NSP should state who can initiate the escalation process needed for diversion or limitations on patient admission.
 - Example: Any nurse on this unit can initiate the chain of command for the escalation process to divert patients or limit admissions.
- NSP should state who has the authority to divert patients or limit admissions.
 - Example: Charge nurse, in consultation with direct care nurse and manager, can initiate the escalation process to temporarily halt admissions on the unit until, the unit can provide safe care for additional patients.
- NSP should include or reference the hospital policy on diversion and limitations on admissions. Your staffing plan and hospital policy should be aligned.
- NSP should state how often and when the diversion and limitations on admissions policy will be reviewed and/or revised.

8) Coverage for Meals and Breaks

Staffing plans should be followed consistently and must account for when nursing staff members are off the patient care unit for a meal or break.

Nurse Staffing Plan Guidance

“Meals” refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).

“Breaks” refers to a period of not less than ten minutes of paid time for every four hours worked (BOLI).

NSP should address:

- How the unit maintains staffing during coverage for meal and rest breaks.
 - Example: The staffing plan/grid/matrix includes coverage for meals and breaks.
- Details of how meal and rest break process is completed or reference documentation of meal and rest break.
- The buddy system can be used for meals and breaks when patient assignment is appropriate for the covering nurse.
 - Note: As of February 2019, the buddy system if designed according to the rules is permitted. There is no best practice example available for sharing at this time.

9) Nurse Staffing Plan Review Requirements (Annually)

Staffing plans must be reviewed at least annually although plans can be reviewed more often. In reviewing staffing plans the following must be considered:

- Patient outcomes – incidences of HAC (hospital acquired conditions).
- Complaints regarding staffing – how your hospital tracks incidences of insufficient or inadequate staffing.
- Number of hours of nursing care provided compared to the number of patients served.
- Aggregate hours of mandatory overtime – if it is 0, state it is 0, do not say “we don’t have mandatory overtime”.
- Any additional items that the committee deems necessary (additional data points that are important to the unit being reviewed – i.e. percent of meals and rest breaks being completed, delay in medication administration, nurse satisfaction, and HCAHPS scores.
 - Example: Units may document compliance with the nurse staffing plan and report variances quarterly to the hospital nurse staffing committee. These quarterly reports can be rolled up and included in a patient care unit’s annual review of their nurse staffing plan.