OSF HealthCare Nurse Care Staffing Plan

Contents

Purpose

In accordance with the Hospital Licensing Act 210 ILCS 85and subsequent amendments to the Act with Illinois Senate Bill (SB) 3636 and SB 2153 and the Staffing Plan for OSF HealthCare nursing services reflects specific services to meet patient care and organizational needs. The plan includes staffing for the complexity of patient needs in accordance with staffing by acuity legislation and is aligned with available nursing skills.

Quality is consistent with professional standards and registered nurses' input is used through local and Ministry Nurse Care Councils and leadership communication and rounding with Mission Partners to meet the health care needs of hospitalized patients. The written plan is provided for reference and review at all levels of the organization.

Reference: 210 / ILCS 85 / 10.10 C, SB 3636, SB 2153

OSF HealthCare Nurse Care Staffing Plan

Guidelines

OSF HealthCare will utilize Ministry and Local Nursing Care Staffing Councils to facilitate nurse involvement in the development and improvement of the nurse staffing plans and will be reviewed regularly with the following guidelines:

- The decision making body of the Nursing Care Staffing Council will be derived of 55% or greater direct care RNs.
- One of the nursing care committee members shall be selected annually by the direct inpatient care nurses to serve as “Chair” or “Co-Chair” of the committee.
- The nursing care committee will meet at least six times annually.
- Membership on the Nursing Care Committee shall be as broadly representative as the clinical services provided and will represent all of the specialty areas served by OSF HealthCare as practically reasonable.
- The Committee will contribute to the development and/or recommendation of the written nurse staffing plan and will be reviewed on a regular basis.
- Rotating representation from specialty areas will take place at least every three years to achieve proper input. Nursing Care Committee will address their responsibilities Semi-annually.
- Nurse care committee provides input and feedback into Acuity models
- Nurse care committee provides input and feedback on the selection, implementation, and evaluation of minimum staffing levels

Reference: TITLE 77 III. Adm. Code 250.1130, TITLE 77 III. Adm. Code 250.1120
Hospital Licensing Act 210 ILCS 85/10.10, SB 2153

Precision Staffing Plan Overview

The written staffing plan will be described in detail for acute care services. Precision Staffing is the OSF HealthCare staffing model and plans for inpatient, ED, and obstetrics services. Surgery staffing is currently set using traditional methods of analyzing patient acuity, volume, and scheduling demand and is being modeled in fiscal year 2022 with Precision Staffing.

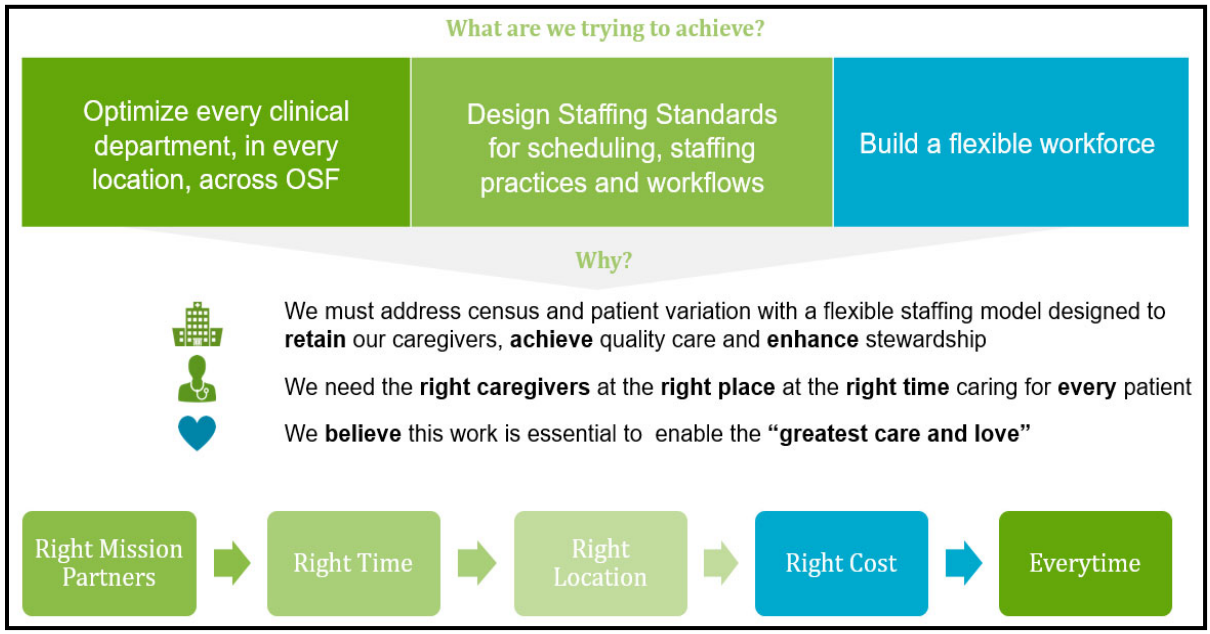
Precision Staffing is a plan for nurse direct care staffing that has been developed with nursing, finance, human resources, and advanced analytics team members working together to create a comprehensive model to achieve the organizational goals and Mission of OSF HealthCare.

OSF HealthCare Nurse Care Staffing Plan

Precision Staffing Vision:

OSF HealthCare Precision Staffing plan works to achieve optimizing every clinical department in every location across OSF; designing staffing standards for scheduling, staffing practices, and workflows; and building a flexible workforce to meet patient care needs. We must address census and patient variation with a flexible staffing model designed to retain our caregivers, achieve quality care and enhance stewardship. We need the right caregivers at the right place at the right time caring for every patient. We believe this work is essential to enable the "greatest care and love" within the OSF HealthCare Mission. Right Mission Partners, right time, right location, right cost, and every time.

Table 1.1 Precision Staffing Vision



The Precision Staffing Model:

The model includes standards for scheduling and staffing (work rules), acuity-staffing decisions informed by individual patient needs, a workforce that contracts or expands to meet needs, and transparent scheduling. These elements are supported by agile informed decision-making, data that includes forecasting and statistical models, real-time reports trended to inform dynamic planning (budget) processes, and outcome-driven informed leaders.

These elements when combined and optimized with statistical modeling (using advance analytics approaches) produce the staffing plan and staffing targets for three types of staffing coverage: Core (unit / department level staff), supplmental (unit / department float and ministry wide clinical resource float team), and premium coverage (scheduled extra regular pay shifts, overtime, overtime with bonus, agency/travel contracts).

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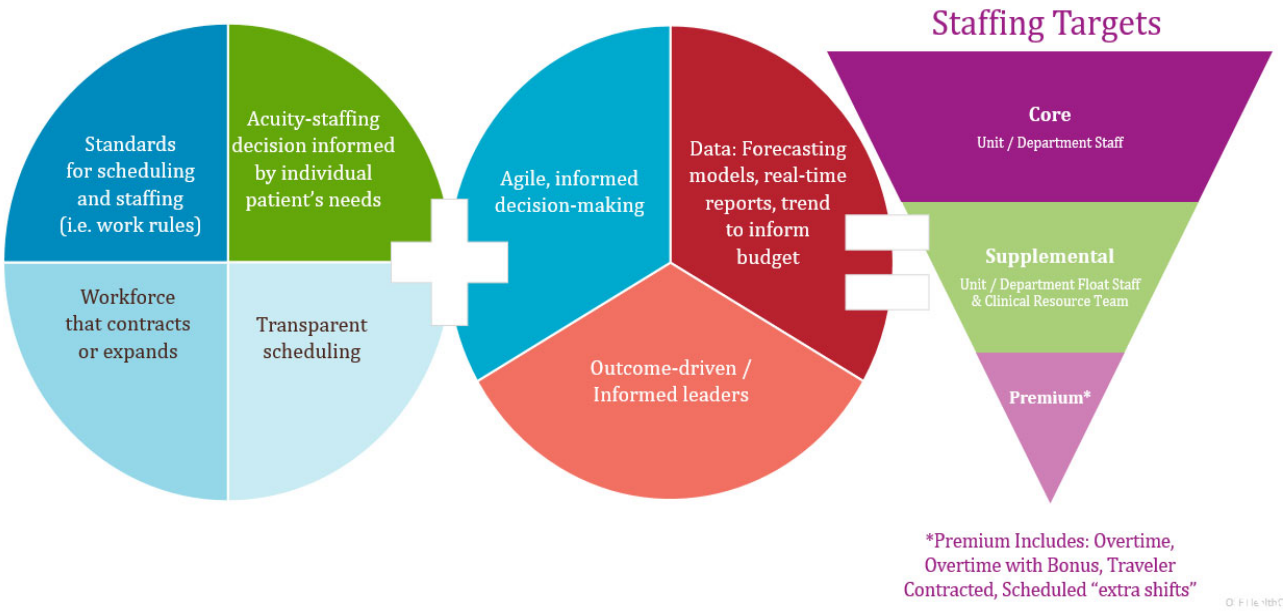
The recommended staffing standards will use NDNQI benchmark of like size hospitals with similar acuity. The NDNQI value will be multiplied times the volume with statistical analysis. This will provide hiring targets that will produce a schedule to assign per shift. The modeling will help to assign supplemental staffing when unexpected needs exceed the planned workload for direct care staff. Additionally the plan will define the minimum staffing levels to ensure department specific safe staffing standards.

Table 1.2 The Precision Staffing Model

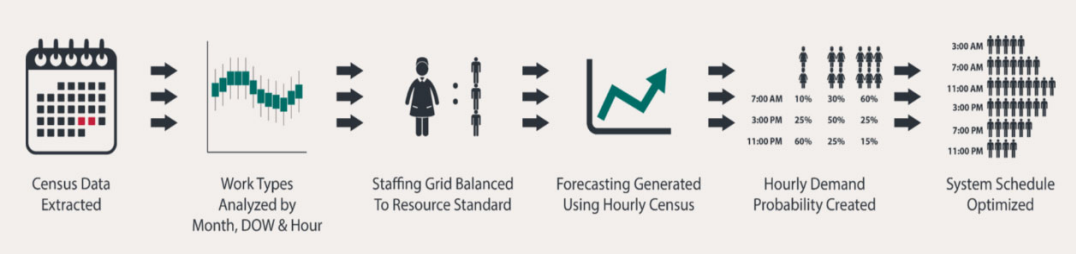


Precision Staffing Model Calculations:

The Precision Staffing model is calculated using advanced analytics to produce a volume + quality indicator staffing plan. The patient volume is analyzed by every minute all patient types are bedded in the department, day of week, hour of day. Additionally, non-productive time is factored in at a rate of 8-12%, turnover rates are factored to plan staffing hours for orientation, and set time is factored to cover meetings (department, organizational, annual education, performance improvement, and councils).

Table 1.3 Precision Staffing Model Calculations

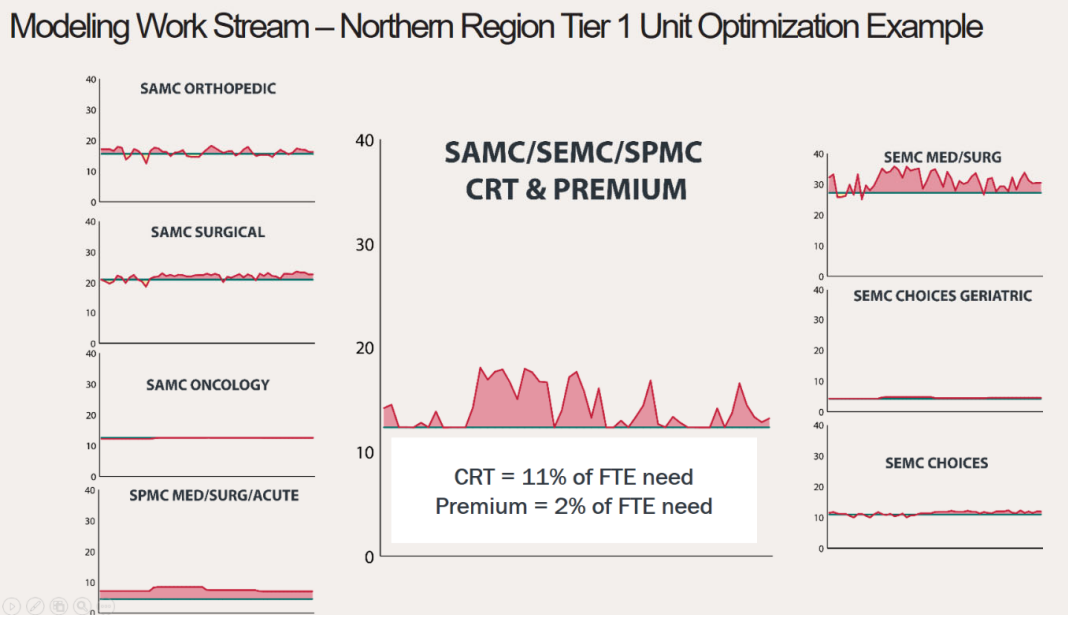
OSF HealthCare Nurse Care Staffing Plan



Precision Staffing Model Optimizations:

The model produces a patient demand for each department that is used to determine schedule and daily assignment plans. The final step is an advanced analytics optimization of the best plan to achieve quality and cost effective staffing that determines Core, Supplemental, and Premium FTE targets for hiring.

Table 1.4 Precision Staffing Model Optimizations



Precision Staffing Model Output:

The Precision Staffing Model produces the output and it is placed into a shared file that is linked on the Nursing Dashboard. The file has drill down by entity, domain (inpatient, ED, Obstetrics), and department. The file contains the department level forecast, patient demand heat map, daily staffing grids by volume, the selected NDNQI benchmark, optimal schedule for Charge RN, RN, and PCT, and FTE hiring targets. The file "Model Detail" can be accessed with the link:

Pages - Nursing Dashboard (osfhealthcare.org)

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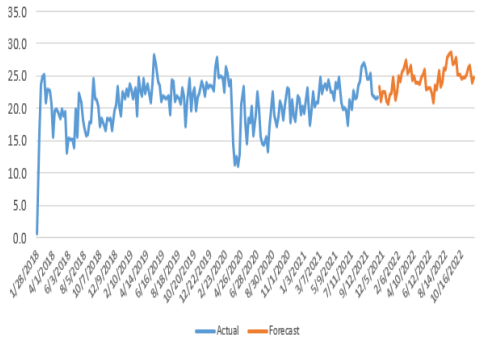
Forecast:

The forecast looks at historical volume, length of stay (LOS), and visit counts and predicts the demand forward for predictive staffing plans. The analysis produces the demand heat map by hour of day and day of the week.

Table 1.5 Department Level Forecast

Patient Census Forecast

Avg Daily Patient Census (Model Forecast)



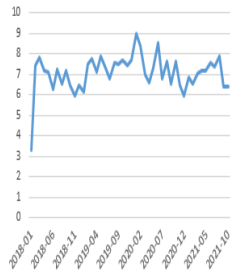
Forecast (Visits only forecasted for ED)

Pt Days	Avg Daily Census	Visits	Avg Daily Visits	Avg LOS (Hrs)
9,104	24.9			

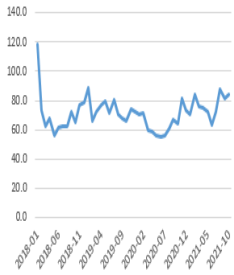
Past Results (Adj for a full year)

Cal Year	Pt Days	Avg Daily Census	Visits	Avg Daily Visits	Avg LOS (Hrs)	Avg LOS (Days)
2018	6,953	19.0	2,481	6.8	67.26	2.80
2019	8,230	22.5	2,688	7.4	73.49	3.06
2020	7,155	19.6	2,668	7.3	64.37	2.68
2021	8,207	22.5	2,573	7.0	76.55	3.19

Avg Daily Visits (New Patients)
(Date range doesn't necessarily match graph above)



Avg LOS (Hours)
(Date range doesn't necessarily match graph above)



Definitions

Pt Days: Patient Hours / 24
Avg Daily Census: Patient Days / # of Days

Visits: Patient Visits (or New Patients)
Avg Daily Visits: Patient Visits / # of Days

Avg LOS: Patient Hours / Visits
NOTE: ED Dashboard uses Median LOS

Notes: SFMC ED forecasted LOS includes CDU

Avg Pt Census by Hour & Day

Hour	Mon	Tue	Wed	Thu	Fri	Sat	Sun
00	25	26	27	26	25	24	24
01	25	26	27	26	25	24	24
02	25	26	27	26	25	24	24
03	25	27	27	27	27	24	24
04	25	27	27	27	27	24	24
05	25	27	27	27	27	24	24
06	25	27	27	27	27	24	24
07	25	27	28	28	27	25	24
08	25	27	28	28	27	25	24
09	25	27	28	28	27	25	24
10	25	27	28	28	27	25	24
11	25	26	26	26	25	23	24
12	25	26	26	26	25	23	24
13	25	26	26	26	25	23	24
14	25	26	26	26	25	23	24
15	24	25	24	24	22	22	23
16	24	25	24	24	22	22	23
17	24	25	24	24	22	22	23
18	24	25	24	24	22	22	23
19	25	25	25	25	23	22	23
20	25	25	25	25	23	22	23
21	25	25	25	25	23	22	23
22	25	25	25	25	23	22	23
23	25	26	27	26	25	24	24

Patient / Staff Volume Adjusted Staffing Grid

The model uses the demand and creates a staffing grid to be used for volume adjusted staffing. The grid can be set for flat 24 hour staffing or be set for different day and night levels. The grid measures the ability to achieve the NDNQI quality indicator HPUOS and the staffing ratio at each census point.

There is an advanced analytics element that will produce the best staffing at the most common census points spending the allotted HPUOS in the best way to achieve both quality and efficiency.

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Table 1.6 Patient Staff Ratio Grid

Patient/Staff Ratio Grid

Occurrence Rate

Dema	Days	Nights
0	0.0%	0.0%
1	0.0%	0.0%
2	0.0%	0.0%
3	0.0%	0.0%
4	0.0%	0.0%
5	0.0%	0.0%
6	0.0%	0.0%
7	0.0%	0.0%
8	0.0%	0.0%
9	0.0%	0.0%
10	0.1%	0.0%
11	0.1%	0.0%
12	0.2%	0.1%
13	0.4%	0.2%
14	0.6%	0.4%
15	1.0%	0.6%
16	1.5%	1.0%
17	2.2%	1.5%
18	3.0%	2.1%
19	4.0%	2.9%
20	5.1%	3.8%
21	6.2%	5.0%
22	7.3%	6.1%
23	8.1%	7.3%
24	8.7%	8.4%
25	8.8%	9.1%
26	8.6%	9.2%
27	7.9%	8.8%
28	6.9%	8.3%
29	5.7%	7.2%
30	4.5%	5.7%
31	3.4%	4.3%
32	2.4%	3.2%
33	1.6%	2.2%
34	1.0%	1.4%

Grid

	Charge		RN		PCT	
Dema	Days	Nights	Days	Nights	Days	Nights
0	1	1	1	1	0	0
1	1	1	1	1	0	0
2	1	1	1	1	0	0
3	1	1	1	1	0	0
4	1	1	1	1	1	1
5	1	1	1	1	1	1
6	1	1	1	1	1	1
7	1	1	2	2	1	1
8	1	1	2	2	1	1
9	1	1	2	2	1	1
10	1	1	2	2	2	1
11	1	1	2	2	2	1
12	1	1	3	3	2	1
13	1	1	3	3	2	1
14	1	1	3	3	2	2
15	1	1	4	3	2	2
16	1	1	4	3	2	2
17	1	1	4	3	2	2
18	1	1	4	3	2	2
19	1	1	4	4	3	2
20	1	1	5	4	3	2
21	1	1	5	4	3	2
22	1	1	5	4	3	2
23	1	1	5	4	3	2
24	1	1	6	4	3	2
25	1	1	6	4	4	2
26	1	1	6	4	4	2
27	1	1	7	5	4	3
28	1	1	7	5	4	4
29	1	1	7	5	4	4
30	1	1	7	6	4	4
31	1	1	7	6	5	4
32	1	1	7	6	5	4
33	1	1	8	6	5	4
34	1	1	8	7	5	4

Patient/Staff Ratio

	RN		PCT	
Dema	Days	Nights	Days	Nights
0	0.0	0.0		
1	1.0	1.0		
2	2.0	2.0		
3	3.0	3.0		
4	4.0	4.0	4.0	4.0
5	5.0	5.0	5.0	5.0
6	6.0	6.0	6.0	6.0
7	3.5	3.5	7.0	7.0
8	4.0	4.0	8.0	8.0
9	4.5	4.5	9.0	9.0
10	5.0	5.0	5.0	10.0
11	5.5	5.5	5.5	11.0
12	4.0	4.0	6.0	12.0
13	4.3	4.3	6.5	13.0
14	4.7	4.7	7.0	7.0
15	3.8	5.0	7.5	7.5
16	4.0	5.3	8.0	8.0
17	4.3	5.7	8.5	8.5
18	4.5	6.0	9.0	9.0
19	4.8	4.8	6.3	9.5
20	4.0	5.0	6.7	10.0
21	4.2	5.3	7.0	10.5
22	4.4	5.5	7.3	11.0
23	4.6	5.8	7.7	11.5
24	4.0	6.0	8.0	12.0
25	4.2	6.3	6.3	12.5
26	4.3	6.5	6.5	13.0
27	3.9	5.4	6.8	9.0
28	4.0	5.6	7.0	7.0
29	4.1	5.8	7.3	7.3
30	4.3	5.0	7.5	7.5
31	4.4	5.2	6.2	7.8
32	4.6	5.3	6.4	8.0
33	4.1	5.5	6.6	8.3
34	4.3	4.9	6.8	8.5

Ratio Inputs

	Total	RN
NDNQI %ile	40.0%	37.0%
HPPD/V Target	9.34	6.19
HPPD/V Best Grid	9.33	6.18
Difference	-0.01	-0.01

Schedule PAR & Shift Plan:

The Precision Staffing Model produces an optimal schedule plan that will meet the demand and quality goals when followed. The plan produces PAR levels for self-scheduling for charge nurse, RN, and PCT. Additionally, the model provides the optimal shift types and each department can select whether they use eight or twelve hours shifts.

Table 1.7 PAR Schedule

Par Schedule

Hour	Charge Mon	Tue	Wed	Thu	Fri	Sat	Sun
03	1	1	1	1	1	1	1
07	1	1	1	1	1	1	1
11	1	1	1	1	1	1	1
15	1	1	1	1	1	1	1
19	1	1	1	1	1	1	1
23	1	1	1	1	1	1	1

Hour	RN Mon	Tue	Wed	Thu	Fri	Sat	Sun
03	5	5	5	5	5	5	5
07	6	7	7	7	6	6	6
11	6	7	7	7	6	6	6
15	6	7	7	7	6	6	6
19	5	5	5	5	5	5	5
23	5	5	5	5	5	5	5

Hour	PCT Mon	Tue	Wed	Thu	Fri	Sat	Sun
03	3	4	4	4	4	3	3
07	4	4	4	4	4	4	4
11	4	4	4	4	4	4	4
15	4	4	4	4	4	4	4
19	4	4	4	4	3	3	3
23	4	4	4	4	3	3	3

Shift Schedule

Shift	Length	Charge Mon	Tue	Wed	Thu	Fri	Sat	Sun
07 - 19	12	1	1	1	1	1	1	1
19 - 07	12	1	1	1	1	1	1	1

Shift	Length	RN Mon	Tue	Wed	Thu	Fri	Sat	Sun
07 - 19	12	6	7	7	7	6	6	6
19 - 07	12	5	5	5	5	5	5	5

Shift	Length	PCT Mon	Tue	Wed	Thu	Fri	Sat	Sun
07 - 19	12	4	4	4	4	4	4	4
19 - 07	12	4	4	4	4	3	3	3

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FTE Results:

The Precision Staffing Model factors in standards of time to allow the department to hire for and plan for non-productive time so that it does not pull staffing away from direct care. The standards are set for orientation time by level of care and meeting and education time. From there each department selects their turnover rate based on history and predicted turnover. Then selects the non-productive rate based on history and predicted utilization. The setting produced additional FTE that is added to the direct care demand.

The model hiring targets are set and provided to each department for charge nurse, RN, and PCT. The model also calculates how frequently the department is precicted to be over or under staffed.

Table 1.8 Standards and FTE Hiring Summary

Summary

Standards	Charge	RN	PCT
Turn-Over Rate	25%	25%	50%
Non-Productive Rate	11.0%	11.0%	11.0%
Meeting/Edu/Misc Hours	29	32	9
Orientation Hours	4	151	52

Predicted Variance	Charge	RN	PCT
Over-Staffed Rate	0%	7%	11%
Under-Staffed Rate	0%	5%	3%

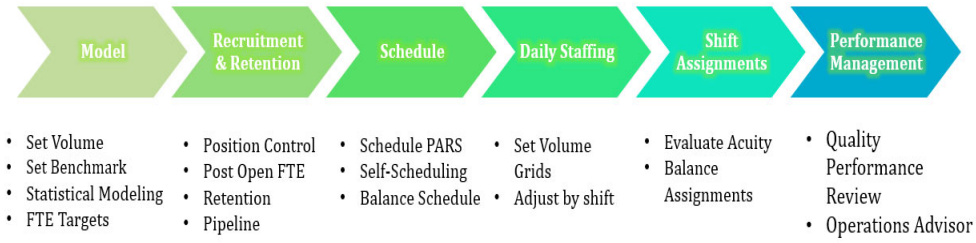
	Charge	RN	PCT
Total Staffed FTE	**3.60**	**28.14**	**18.09**

Precision Staffing Processes:

Once the model is set, each department begins the continuous process of the value stream. The value stream includes modeling, recruitment and retention, self-scheduling, daily staffing, shift assignments, and performance management with continuous improvement. Each department meets with nursing operations, finance, business analyst support, human resources, and nurse care staffing council members to review the model input, output, and performance.

The team recommends adjustments as needed and the nurse care staffing councils review the plans and performance and provide additional feedback to the Chief Nurse Executive. Feedback can also be provided through safety reporting by any staff member. Events are reviewed by the Nurse Care Staffing Council and the Chief Nurse Executive provides a written response.

Table 1.8 Precision Staffing Value Stream Processes



OSF HealthCare Nurse Care Staffing Plan

The Precision Staffing Model Standards:

There are 16 Precision Staffing Standards developed and voted on by Ministry Nursing through the Nurse Care Staffing and CNE councils, finance and human resource leaders. The Model is built with these standards to align staffing plans to the Direct Care needs of our patients. The standards are reviewed annually and as needed for changes and additions.

The standards establish the quality benchmark using the National Database of Nurse Quality Indicator hours per unit of service benchmarks for quality, standards for charge RN, education hours, meeting time, capacity management, processes for recruitment and position management, orientation, nurse residency, weekend positions, supplemental staffing, premium staffing, and non-productive time with details in the table.

Table 1.9 Precision Staffing Model Standards

Direct Care Hour: Target is 35th to 55th percentile NDNQI HPUOS for individual units and 45th percentile overall for each facility	**Charge RN:** Counts in direct care and is free from assignment. Exceptions only at low volume census points if acuity and nurse experience allows	**Position Control:** Positions will automatically post for regular replacement given no changes to HPUOS targets and volumes	**Capacity Management**: Each unit has census points that distribute patients across like units to optimize staffing. Fully utilize RN resources and patient placement to avoid partial teams in many areas
Premium Staffing: includes overtime, incentives, and traveler pay and is built into the PS Model and used for known vacancies when unable to fill positions timely	**Supplemental Staffing**: CRT coverage is built into PS Model for flexible coverage for each unit, each region, and system wide at the best cost	**Weekend Positions**: Every third weekend goal, utilize 5/6 or 11/12 compensation per OSF policy	**Orientation Time:** Hours by level of care / service are MS 288, ICU 504, L&D 468, PP 288, AP 288, GH 288, INT 432, ED 540
Charge RN Orientation: 100 level .25 hours, 200 level 8 hours	**Preceptor Orientation**: 100 level is 3.5 hours, 200 level is 8 hours	**Mandatory Education:** Training education required by external agencies or identified to meet strategic goals in relation to quality, safety, service, finance, or operations	**Meeting Time:** Mission Integration 1 HR, Town Hall 3 HR, Quarterly MTGS 3 HR, Clinical PI 40 HR per department
Residency: All new graduate nurses receive 24 hours after orientation is complete	Annual skills / online: MS, BH, INT 28 HRS, ICU 42 HRS, ED 34 HRS, L&D 30 HRS	**Incentive Compensation:** One OSF compensation plan with levels	**Non-Productive** Time: 8-12% per FTE and by department is built in for unpaid sick, sick with PTO, and PTO to achieve the direct care targets

TITLE 77 III. Adm. Code 250.1130

TITLE 77 III. Adm. Code 250.1120

Hospital Licensing Act 210 ILCS 85/10.10

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Precision Staffing Scheduling and Staffing Standards

There are Precision Staffing schedule structure and work rules developed and voted on by Ministry Nursing through the Nurse Care Staffing and CNE councils, finance and human resource leaders. The Model is built with these schedule structure and work rules to align staffing plans to the Direct Care needs of our patients. The standards are reviewed annually and as needed for changes and additions.

Schedule Structure and Work Rules

Topic	Guideline
Nursing scheduling groups	Groups A & B, Groups C & D CRT & PRN Why important? Timing of scheduling, if not done, gaps in PAR are inaccurate and the downstream self-scheduling of PRN and CRT are not matched to true needs. If Mission Partners do not schedule, we need the leaders to do by the schedule. We moved away from rotating schedules as a group for Mission Partner engagement and nursing empowerment.
Length of the scheduling cycle	Six (6) Weeks
Standard shift times	7A-7P; 7P-7A for 12 HR Shifts 0700, 1500, 2300 for 8 HR Shifts Why: for agility and flexibility with cross coverage for RN's
Shift-time intervals offered	Acute Care = 4, 8, 12 ED = 4, 8, 9, 10 Ambulatory = 4, 8, 9, 10
Can core staff be split between two cost centers?	Yes
Minimum number of hours the nurse must be off between shifts	8
Maximum number of hours a nurse can be scheduled to work in one 24-hour period	12
Maximum number of hours a full-time nurse can be scheduled per week	FTE Equivalent; No more than 40 hours

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Maximum number of hours a full-time nurse can be scheduled, including overtime, in a week or pay period	• Currently no limit on the # of extra shifts a nurse can pick up. • Need to maintain the 6 out of 7 day rule • Extra shifts are picked up at the end of the scheduling cycle and with Manager approval
Minimum number of hours a part-time nurse must work per week	FTE Equivalent
Maximum amount of hours a part-time nurse can be scheduled to work per week	• Currently no limit on the # of extra shifts a nurse can pick up • Need to maintain the 6 out of 7 day rule • Extra shifts are picked up at the end of the scheduling cycle and with Manager approval
Exchanging shifts allowed	On same Unit Part-time and Full-time Must be pre-approved through API

Weekends

Topic	Guideline
Weekend rotation / # of weekends per schedule	Will be determined at the next stage of the project
Maximum number of consecutive weekends a nurse can work	None
Are weekend shift for weekday shift swaps allowed?	Yes

Holidays

Topic	Guideline
OSF Recognized Holidays	New Year's Day Memorial Day July 4th Labor Day Thanksgiving Christmas Day
Holiday shifts for Night Staff	Evening / night before the holiday is the holiday for night shift

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When a nurse is scheduled for a weekend rotation, but is also due to be off on a holiday that falls on a weekend due to work, how is this scheduling conflict resolved?	Holiday trumps the weekend
Special days and critical staffing days such as Mondays, Fridays and days important to the staff of each unit	Individual unit managers to work with their staff to cover important days to the unit's culture; Manage scheduling to the pre-defined patterns to ensure CRTs availability to help cover Do we need any rules around limiting PTO use, scheduling, and rotations? Try to balance the needs of the Mission Partners with the needs of the patients.

Overtime

Topic	Guideline
Definition	Over 40 hours in a week

Extra Shifts

Topic	Guideline
Nurse ability to work extra shifts	Communicated through API
Scheduling	• Done during designated time in scheduling cycle • Must be requested through API • Based on "first in" with Manager approval and discretion (Consider not going into OT first if there are other options)
Withdrawal of extra shifts	Once signed up for the extra shift, the nurse is responsible for the shift and must trade to get it off. Nurses are held to the same rules regarding calling off for an extra shift as any scheduled shift, such as occurrences for calling in and late notifications.

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PTO Eligibility

Topic	Guideline
Must the amount of PTO time requested already be accrued at the time of request, included extended lengths of time (e.g., 3 weeks)?	No. Must be able to accrue prior to time off, special circumstances
What happens if the nurse's accrued time drops below the requested amount in the interim?	If not enough PTO, then nurse needs to work the shift

PTO Requests

Topic	Guideline
How far in advance of the current scheduling cycle can a nurse request PTO	No limit
Minimum notice required to request PTO	One (1) week before schedule opens for self-scheduling
Maximum amount of PTO time that can be granted per request	Up to 2 weeks – Manager approval • > 2 weeks – Director or CNO approval • > 3 weeks – LOA process • By department – define how many people can be off at one time • Prioritize by date & time of request when there are multiple requests
Limit to the PTO offered during the week of Christmas to New Years	Acute care/ED in hospital: Dec 23 – Jan 2, 16 hours PTO may be granted
How to request PTO	Through API

PTO Approval

Topic	Guideline
Approval accountability	Department Manager (Why: to allow for balanced schedules and downstream processes to be aligned)
How requests are approved, denied, modify	Through API
Priority / Breaking Ties	Use date and time of request to break ties, first in first approved

OSF HealthCare Nurse Care Staffing Plan

Schedule Preference

Topic	Guideline
Where does the time period for preference requests fall in the scheduling cycle?	One (1) week before schedule opens for self-scheduling
How to communicate scheduling preferences (unavailability)	Through API
When does the window to request preferences begin, and when does it end?	Open all of the time and does not end, but if request entered in API after 1 week before scheduling process begins, less likely to be approved than requests entered prior to the cutoff.
Limit to the number of preference requests a nurse can make per schedule	None

FMLA / LOA

Topic	Guideline
Anticipated leave, such as a scheduled elective surgery	Mission Partner works through Benefits Help Center who then notifies the manager of approved leaves
Returning to work following FMLA/LOA	Mission Partner works through Benefits Help Center and the Manager to get put back on the schedule

Sick Calls / Unscheduled Absences

Topic	Guideline
Who to notify	Administrative Supervisor / Staffing Office
Cutoff Time	2.5 hours prior to scheduled shift start time (this is an increase from 2 hours)
Replacement of the absent nurse	First by competency then by least expensive labor

OSF HealthCare Nurse Care Staffing Plan

Low Census / Activity

Topic	Guideline
Decision accountability	Administrative Supervisor or designated role in the facility
Decision algorithm	• Add pay – salary person is picking up an extra shift • Incentive bonus • OT this shift • Volunteer • Working extra shifts above their FTE • PRN • Will have OT this week • Full-time and part-time staff on rotating basis including CRT

Scheduling Cycle & Timeline [Refer to schedule calendar for details]

Week 6	Week 5	Week 4	Week 3	Week 2	Week 1	Week 0
-Schedule Opens -Core Staff schedules (7days) -Group A (3 days) -Group B (4 days) -Schedule does not close for Group A when B opens -Allowance for additional groups, but must fall w/in 7 day timeline	-Core Staff self-scheduling ends -Schedule balance period (4 days) -CRT self-scheduling begins	-CRT self-scheduling ends -PRN staff schedule opens (3 days)	-Schedule balance and review period begins (2 days) -MP use RTW to submit for extra shifts (3 days)	-Final balance period -Schedule posted	-NM or Designee continues to balance as necessary	-Schedule operational

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Schedule Balance

Balance 1 – Departmental Core	Balance 2 – Central Staffing Office & CRT	Balance 3 – Department PRN	Balance 4 – Extra Shifts
• Address PTO & unavailable shifts • Address PANs & remove rotations • FTE requirement fulfilled • Weekend requirement filled • Address assigned patterns & needed changes • Specialty or special requirements by shift • Balance 8 hour shifts across the 24 hour period • Address holiday & special day requirements	• Evenly short – address who need to be moved • Central Staffing Office view of balance (has visibility to all units) • Evaluate for level of care by facility • Evaluate for traveler for high volume hole (define criteria, what is the threshold?)	• PRN requirements met to their FTE not above • Balance 8 hour shifts across the 24 hour period • Address holiday or special day requirements • Evenly short – limited number of holes • Night to day balance • Evenly short – limited number of holes	• Review items from Balance 1 • Ongoing and continuous

Acuity

Model Acuity:

Acuity is factored into the model through the NDNQI benchmark for hours per unit of service against like units and facilities for the staffing plan. Additionally, work types of admission, discharge, and transfer are analyzed. Every minute a patient is in the department of all status (inpatient, observation, outpatient, ambulatory for example) are included and statistically analyzed to set volumes. Volumes are multiplied by the benchmark settings and then staffing standards for charge, non-productive, orientation, education, and meetings times are added to allow the volume and acuity to be covered for direct care. Once calculated, statistical modeling optimized the staffing type for Core, Supplemental, and Premium to reduce time of being understaffed through a more precise method for covering patient care demand and needs through setting a statistically reliable schedule PAR for each department, shift, and role.

Acuity-driven Shift Assignments:

The Precision staffing model produces volume adjusted staffing grids for guidance. Acuity is factored in through use of the Acuity tool and charge nurse judgement for variance from the established plan for higher or lower acuity when applicable. An acuity tool will be recommended, selected, and implemented, and improved by the nursing care committee to include at least one annual review. Each unit will use the tool to adjust the staffing plan for each shift on each unit. This acuity will be an ongoing assessment of the patient needs and adjusted staffing levels.

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Epic Assignment Wizard is the Acuity and assignment tool in place at OSF HealthCare. Documentation elements were reviewed by staff nurses and leaders for inclusion and weighting using the electronic health record model application. Each patient has a workload calculated that is used in nursing assignments. The assignments are completed by the charge nurse each shift and as needed when conditions change. The electronic scheduling program (API) feeds the nurse staffing each continuously into Epic. Patients are balanced by workload across the nursing team and indicated and recorded in the Epic Assignment Wizard.

The Acuity tool and results will be analyzed annually and as needed by the Nurse Care Staffing Council.

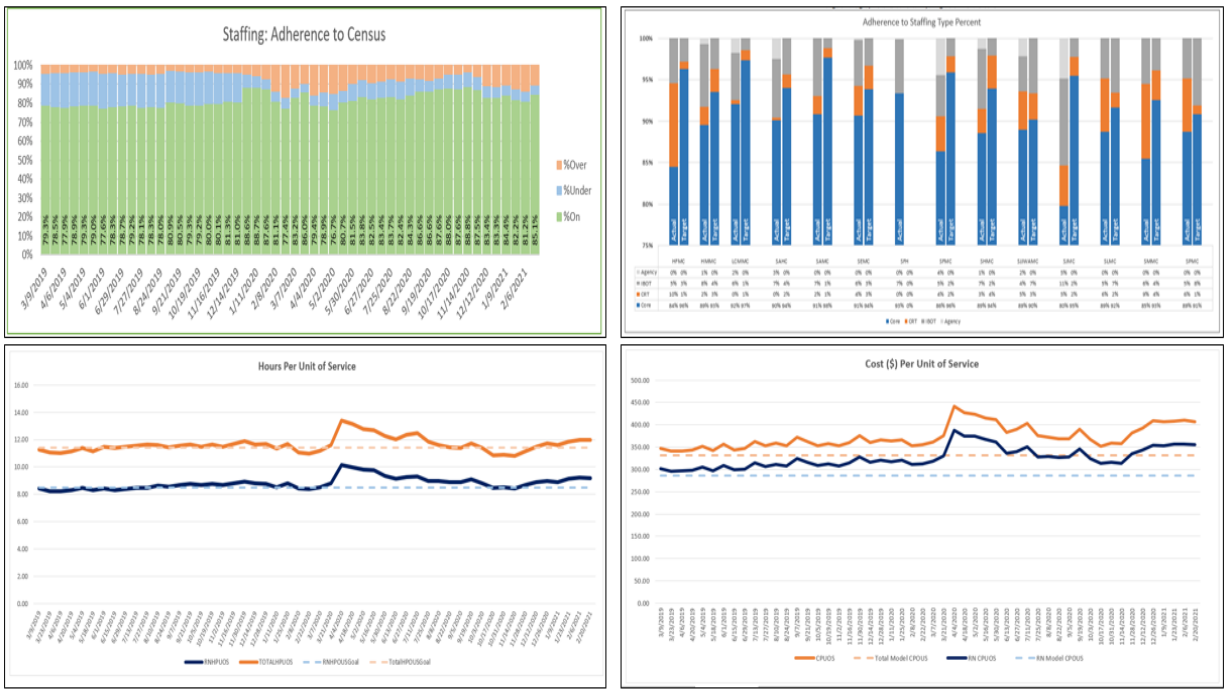
References: 210 ILCS 85/10.10

Quality Performance Metrics

Nursing Dashboard

The model is measured for quality performance by adherence to the daily staffing plan, adherence to the hiring targets, daily execution on Hours per Unit of Service, and the outcome of Cost per unit of Service.

Table 1.10 Quality Performance Metrics



OSF HealthCare Nurse Care Staffing Plan

Staffing Grievance Process

Staffing grievances are managed in real time using the escalation process.

- Charge nurse-balance assignments and workload to meet care needs
- Nursing Leader (Manager or Director)- balance staffing across units, consider overtime and incentive strategies to fill gaps
- Administrator on Call (CNO during day or admin on call at night)- Review and manage the patient volume, consider additional incentives to fill shifts

Bedside nurse may enter formal grievance

- A nurse may submit a staffing grievance in writing to the shared governance by completing the form on the hospital shared governance staffing care portal

Nursing Staffing Care Council

- Review complaint and validate or dismiss as appropriate
- Review Hours Per Unit of Service (HPUOS)
- Close the loop and enter findings into the form on the portal
- Analyze the trends to make recommendations to the written staffing plan

CNO

- Review complaints
- Review recommendations to the written staffing plan

Any staffing issues identified between meetings will be shared, reviewed and addressed at the local committee meeting. All episodes will be reviewed and tracked through the event reporting system utilized by OSF HealthCare and discussed at the ministry nurse care staffing council. Meeting minutes will be taken to summarize key issues, discussion and recommendations. All reports will identify the recommended resolution or actions taken to resolve and if it should be dismissed. All meeting records will be kept for 5 years. A registered nurse may report to the local nursing care committee any variations where the assignment in an inpatient area is not in accordance with the adopted staffing plan and may make a written report to the committee based on the variation.

OSF HealthCare Nurse Care Staffing Plan

Next steps: Develop and insert here

Meets: 210 ILCS 85/10.10
77 III. Adm. Code 250.1130
77 III. Adm. Code 250.1130

Links