Properties

Title

SFMC Written Staffing Plan

Owner
Jen Croland:
VP Chief Nursing Officer-Destination

Document Type Procedure

Approval Workflow:

Departments (that the resource applies to): Acute care services that include impatient, ED, and obstetrics services

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 reflect 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

Guidelines:

OSF HealthCare will utilize Nursing Care Staffing Council to facilitate nurse involvement in the development and improvement of the nurse staffing plans and will be reviewed regularly with the following guidelines:
1. The decision-making body of the Nursing Care Staffing Council will be derived of 55% or greater direct care RNs.
2. One of the Nursing Care Staffing Council members shall be selected annually by the direct inpatient care nurses to serve as "Chair" or "Co-Chair" of the committee.
3. The Nursing Care Staffing Council will meet at least six times annually.
4. Membership on the Nursing Care Staffing Council shall be as broadly representative as the clinical services provided and will represent all the specialty areas served by OSF HealthCare Saint Francis Medical Center as practically reasonable.
5. The Council will contribute to the development and/or recommendation of the written nurse staffing plan and will be reviewed on a regular basis.
6. Rotating representation from specialty areas will take place at least every three years to achieve proper input. Nursing Care Staffing Council will address their responsibilities Semiannually.
7. Nursing Care Staffing Council provides input and feedback on Acuity models.
8. Nursing Care Staffing Council provides input and feedback on the selection, implementation, and evaluation of minimum staffing levels

Overview:

The written staffing plan will be described in detail for acute care services that include impatient, ED, and obstetrics services. Procedural and outpatient department staffing is currently set using traditional methods of analyzing patient acuity, volume, and scheduling demand.

Staffing Model:

The OSF staffing model is a plan for nursing and total 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. This staffing plan works to achieve optimizing every inpatient, ED, and obstetric 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. Census and patient variation with a flexible staffing model are designed to retain our caregivers, achieve quality care and enhance stewardship. This is essential to enable the "greatest care and love" within the OSF HealthCare Mission. 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, real-time reports trended to inform dynamic planning (budget) processes, and outcome-driven informed leaders. The hours per unit of service (HPUOS) standards are established using external health system operational benchmarking data, 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. The recommended staffing standards use benchmarks of like size operating units and departments with similar acuity and services. The benchmark value will be multiplied times the forecasted volume generated by statistical analysis. This
will provide hiring targets that will be used to 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.

Forecast:

The forecast looks at Average Daily Census and length of stay (LOS) 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 which is utilized as a departmental staffing grid. Deviation from the forecast is made when there is expected growth or decline in a population that is not demonstrated in historical volume.

Staffing Grid:

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.

Schedule PAR:

The OSF staffing model produces an optimal schedule plan using PAR levels for self-scheduling for charge nurse, RN, and PCT.

FTE Results:

The OSF staffing model factors in standards of time to allow the department to hire for and plan for nonproductive time so that it does not pull staffing away from direct care. The standards are set for orientation time, by level of care, meeting and education time. From there each department selects their turnover rate based on historical and predicted turnover. The non-productive rate is based on history and predicted utilization. The settings produce 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 predicted to be over or understaffed.

Schedule Structure and Work Rules at SFMC:

Topic	Guideline
Scheduling Groups	• Groups A & B, Groups C & D, CRT & PRN • Timing of scheduling, if not done, causes inaccurate gaps and the downstream self-scheduling of PRN and CRT are not matched to true needs. • Mission partners are required to enter their self-schedule every 6-week period.
Schedule Length	• 12-hour shifts:0700A-1930P; 1900P-730A, 9A-9P, 11A-11P, 3P-3A • 10-hour shifts: 0700-1730, 1230-2300, 2230-0700 • 9-hour shifts: 0600-1530, 0630-1600,0700-1630, 0800-1730. • 8-hour shifts: 0700-1530, 1500-2330, 2300-0730 • Additional shift times may be added to departments with fluctuating census levels such as the ED for agility and flexibility with cross coverage RN's. • Mission Partners are not to be scheduled for three (3) different work shifts in one pay period, with the exception of those working a nontraditional schedule
Shift Time Intervals Offered	• Acute Care = 4, 8, 12 • ED =Variable• Ambulatory/HOD = 4, 8, 9, 10, 12 Procedural & Surgical = 8,9,10, 12
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

Mondays and Fridays	To ensure adequate staffing coverage, team members are required to self-schedule a minimum of two (2) Mondays and two (2) Fridays within each six-week scheduling period. Exceptions may be granted at the discretion of management. • Those mission partners who are 0.6 FTE or less are required to self-schedule themselves an equivalent of 1 Monday and 1 Friday within a 6-week self-scheduling period. If Mondays/Fridays are not self-scheduled by the mission partner, then Mondays/Fridays will be assigned by the manager based on unit needs or unit volume. • Additional coverage on Mondays and Fridays may be required as needed to ensure safe patient care. • Scheduled paid benefit time on Mondays/Fridays can cover the Monday/Friday requirement if the unit volume allows. • Self-request will be acknowledged, but schedules will always need to be balanced.
Call in Penalty	• To provide adequate coverage while maintaining every 3rd weekend to work, call in penalty starts at 7:00pm Friday through Monday at 7:00am. Staff will be expected to make up a Friday, Saturday, Sunday, or Monday in which they call in sick or absent within the current or next schedule. Staff will be assigned to work a Friday, Saturday, Sunday, or Monday at the discretion of their manager. The makeup shift will occur within the next 6-week schedule period and staff will be notified of the assigned make up shift. • Low activity will not be given for rescheduled shifts.
Maximum number of hours a full-time nurse can be scheduled per week	Currently no limit on the # of extra shifts a nurse can pick up. • Need to maintain the One Day Rest in Seven (ODRISA) rule in accordance with Illinois State Law • 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 number 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 One Day Rest in Seven (ODRISA) rule in accordance with Illinois State Law • Extra shifts are picked up at the end of the scheduling cycle and with Manager approval
Exchanging shifts allowed	•Part-time and Full-time are allowed to exchange shifts • Must be pre-approved through API and must provide equitable unit coverage to assure competency as required and must not incur overtime

Weekend Program:

Topic	Guideline
	• Three standard weekend programs are used, as necessary, to compensate Mission Partners for the personal inconvenience associated with working most weekends. • For all weekend programs the Mission Partner must be set up with a specific job classification to receive the premium pay on top of their base rate. The time and attendance system must also be configured so that the department in which the Mission Partner regularly works is identified as an eligible department. • Requesting time off: weekends must be declared in advance for the rolling calendar year. • When entering the weekend program, previously approved paid benefit time is not automatically honored and must be re requested when joining the program. • Weekends must be 2 days (shifts) in a row to count as a weekend worked (not able to request 4 Saturdays off for example). • Two shifts (not occurrences) of unscheduled absence on a weekend shift in any weekend program will result in a going down a level or moving out of program. All weekend call offs will be made up. • If the holiday falls on the Weekend, the weekend program must work (unless previously approved PTO). The weekend program participants will remain in the holiday rotation. ◦ 0.6 FTE Weekend program participants will not be in the regular Holiday Rotation as they are not committed to shifts outside of the weekend. ◦ 0.75 FTE and above Weekend program participants will remain in the regular Holiday Rotation as they are committed to working more than weekend shifts.

Weekend 5/6	Non-exempt Mission Partners who commit to working 5 out of every 6 weekends and a holiday rotation may be eligible for the 5/6 weekend program.
Weekend 11/ 12	Non-exempt Mission Partners who commit to working 11 out of every 12 weekends and also a holiday rotation may be eligible for the 11/12 weekend program.
Weekend 50/ 52	Non-exempt Mission Partners who commit to working 50 out of every 52 weekends and a holiday rotation may be eligible for the 50/52 program.

Weekends

Topic	Guideline
Weekend rotation / of weekends per schedule	Mission Partners working every other weekend can request off the equivalent of 2 weekend shifts or 1 additional weekend for vacation. Mission Partners are required to meet their weekend requirement based on years of licensure. If the unit has a greater than 5% employee vacancy or the unit needs cannot be met the MP must arrange a trade in order to take the weekend off, including weekends during extended vacation requests. Years of Licensure weekend commitment: • 15 years plus-no weekend requirement • 7-14 years equivalent of 2 weekend shifts • 4-6 years equivalent of 3 weekend shifts • 0-3 years equivalent of 4 weekend shifts
Maximum number of consecutive weekends a nurse can work	None
Are weekend shifts 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.
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 supersedes 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 MPs to cover important days to the unit's culture; Manage scheduling to the pre-defined patterns to ensure CRTs availability to help cover
Holiday call in penalty	To provide adequate coverage while maintaining a rotating holiday schedule, staff will be expected to make up holidays in which they call in as sick or absent. Staff will be assigned to work another holiday shift of need at the discretion of their manager excluding WBS. Staff will be notified of assigned make-up shift.

Overtime

Topic	**Guideline**
Definition	Over 40 hours a week

Extra Shifts:

Topic	**Guideline**
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. MP's 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.

Paid Benefit Time Eligibility:

Topic	Guideline
Must the amount of paid benefit time requested already be accrued at the time of request, including extended lengths of time (e.g., 3 weeks)?	No. Must be able to accrue prior to time off. Special circumstances would be at the discretion of the manager and director.
What happens if the nurse's accrued time drops below the requested amount in the interim?	If there is not enough paid benefit time, then nurse needs to work the shift.

Paid Benefit Time/Unavailability Requests:

Topic	Guideline
How far in advance of the current scheduling cycle can a nurse request paid benefit time	• No limit • Follow API Calendar for all paid benefit time and unavailability
Minimum notice required to request paid benefit time	One (1) week before schedule opens for self-scheduling
How to request paid benefit time	Through API
Unavailability	The number of unavailable shifts or requests off that a MP can enter within a 6-week schedule is 3; other guidelines related to Monday and Friday requirements are at the discretion of the manager

Weekend Paid Benefit Time Request	Weekend programs are offered based on unit needs. MP's who elect to participate in a weekend program are expected to fulfill all associated requirements. Failure to meet these obligations may result in removal from the weekend program at management's discretion.

Paid Benefit Time 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. • Vacation time may not be used in advance of its accrual. However, advanced requests may be submitted prior to the accrual. The MP must have enough paid benefit time accrued prior to the vacation being taken, if not the vacation will be revoked.
Priority / Breaking Ties	• Use date and time of request to break ties, first in first approved. •When multiple vacation requests are submitted for the same time period and cannot all be approved, selections will be made based on the operational needs of the department. Hospital seniority, determined by the employee's current hire date, will be used as a factor in assessing departmental operational needs.

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 the time and does not end, but if request entered in API after 1 week before scheduling process begins, it is less likely to be approved than requests entered prior to the cutoff.
Limit to the number of preferences requests a nurse can make per schedule	None.

FMLA/LOA:

Topic	Guideline
Anticipated leave, such as 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 when FMLA/LOA is complete.

Sick Calls/Unscheduled Absences:

Topic	Guideline
Who to notify	• MPs are to contact the MP Hotline to call-in at (309) 308-0400 • After MP notifies MP Hotline, they are to notify their unit. • Ministry Staffing Analyst notifies local Administrative Supervisor via TEAMs of call ins. • All records of call-ins will be maintained by the Business Support Analysts entering the call off in API.
Cutoff Time	2.5 hours prior to scheduled shift start time
Replacement of the absent nurse	First by competency then by least expensive labor

Low Activity:

Topic	Guideline
Decision accountability	Local Administrative Supervisor • In the event supply exceeds demand, the following should be considered: ◦ Before offering MP's "low activity" due to decreased census/acuity on their specific unit, each nursing unit will collaborate with the local Administrative Supervisor to determine if staff is needed on another unit. ◦ MP's will be notified of low activity two hours prior to the start of shift. • Low Activity will be evaluated every 4 hours at 0700, 1100, 1500, 1900, and 2100. • MP's placed on low activity will be notified if they are needed for the next 4 hour increment of their scheduled shift by their unit charge nurse. ◦ If you are given low activity, you may be asked to come in and work. Example: If you are scheduled for a 7:00AM shift you will be notified by 5:00AM if you are being placed on low activity. Low activity is reviewed every 4 hours. Plan on coming to work unless you are called off by your unit for the next 4 or 8 hours. ◦ ICU Low Activity: will follow the above and the MP will know if they are needed or given low activity for the remainder of the shift.
Decision algorithm	• Agency-if contract allows • OT and incentive • OT this shift only • Volunteer • Working extra shifts above their FTE • PRN • Unit Rotation • Agency-if contract doesn't allow
Unit Guidelines	Regular scheduled department staff-per unit guidelines (turn based on dates) Consider competency

	and skill set needs for unit when determining Low Activity

Floating/Reassignment:

Topic	Guideline
Decision accountability	• Local Administrative Supervisor shall be responsible for assessing and coordinating staffing needs between nursing units. • Local Administrative Supervisor will collaborate with CareHub Administrative Supervisor to determine CRT needs in the region prior to offering Low Activity to units. • Prior to each shift the Local Administrative Supervisor will collaborate with the unit charge nurse regarding the staffing needs based on the activities and the census of the unit.
Rotation	• Each nursing unit will determine their floating and low activity rotation in an equitable manner and keep it in a convenient place (API). • CRT will follow nursing units' determined process for calling off for Low Activity as part of their unit. • Low activities will be given in 4-hour increments on all units (with the goal of canceling for the full 12-hour shift as soon as possible). • ED/ICU will use Low Activity in 2-hour increments.
Floating	Every effort will be made to prevent staff from taking more than 2 assignments in a scheduled shift. • Anyone floated for 4 hours or more will be documented as a float turn on their unit. • If the unit pulled from has an increase in census and acuity, the Administrative Supervisor should be notified to determine the need for staffing readjustments at the 4-hour increment. • Assignments for floating MP's must be made by the Charge Nurse and ensure appropriate competencies for the MP. • Staff must clock in using the department number where they are floating.

Decision algorithm for floating	Agency-if contract allows CRT Follow unit based floating policy
Floating between levels of care	If a need is determined, MP's will be floated within their level of care, however MP's can also float to a different level of care if they are competent and deemed appropriate. • ED staff to float using team RN model • ICU staff to lower level of care would be assigned no more than 4 patients on general medical units. • CHOI, FBC, L&D, Mom Baby, Women's care • GI and OPS • PAT, PACU, and ODS • IR and Cardiac Cath Lab

Acuity Model:

Acuity Model: Acuity is factored into the staffing model. External benchmarking is used for hours per unit of service that compares size and type of facilities with similar types of units. 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 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:

Epic Assignment Wizard is the Acuity and assignment tool in place at OSF HealthCare. Documentation elements were reviewed by MP 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 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.

Staffing Grievance Process:

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 local 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 (Nursing Advisory) 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.

Approval Signatures

Step Description	Approver	Date
VP Chief Nursing Officer	Jennifer Croland, VP Chief Nursing-Destination	
Director Clinical Operations	Mary C. Fisher, Director Clinical Operations	

Applicability

OSF Saint Francis Medical Center

Standards

No standards are associated with this document