

MASSACHUSETTS GENERAL HOSPITAL  
Department of Nursing

**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 directors, 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 on-line 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 Central Resource Team (CRT) 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 manager 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 Directors 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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