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Staffing Committee Best Practices: Incorporating break coverage and ADT into staffing plans

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Managing ADT: A Hospital Experience
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Staffing Committee Best Practices

Objectives

- ❖ Illustrate Staffing Committee's role in incorporating break coverage and ADT into staffing plans
- ❖ Describe process used for one hospital system
- ❖ Wins and Learnings
- ❖ Where we are today
- ❖ Q &A



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The “Why”

- ❖ Risk identified in many arenas around meal and rest breaks
 - ❖ Caregiver fatigue and dissatisfaction impacting patient care
 - ❖ Regulatory concerns (BOLI), Oregon Nurse Staffing Law
- ❖ Long standing need to update inpatient staffing methodology to incorporate workload intensity based on ADT, and meal and rest breaks into NHPPD
- ❖ High functioning staffing committee eager to shepherd these changes

Inpatient Staffing Methodology

Formula to incorporate ADT: Department gets 30 minutes per ADT included in NHPPD reflected in shift target staffing and variable budgets

Labor Management Institute: Scheduling and Staffing for the Unit Leader Seminar. September 26, 2014. Labor Management Institute Bloomington, MN

Formula to incorporate rest periods: Utilized total direct hours (historical snapshot) and divided into 12 hour shifts. Multiplied number of shifts by 45 minutes to provide resources for break coverage (30 minute meal periods currently included in hours).

Inpatient Staffing Methodology

❖ ADT Challenges

- ❖ To develop methodology, we utilized unit-specific data
- ❖ Must work toward electronic ADT data that is reliable; not based on midnight census and with real time visibility

❖ Review process

- ❖ Methodology reviewed by Staffing Committee annually
 - ❖ May be requested at 6 month mark
- ❖ Department staffing plans define use of additional resources to ensure meal and rest breaks covered
 - ❖ Plan effectiveness to be included in department reports at staffing committee

Implementation

❖ Inpatient departments form workgroup

- ❖ Like areas share staff frequently; seek consistent approach
- ❖ Trial multiple solutions
- ❖ Report back to staffing committee
- ❖ Write standard work and document in department staffing plan

❖ Financial / budget final approval and integration

❖ Department operational planning (included in department staffing plans)

- ❖ Roles
- ❖ FTE and hours distribution in schedules

❖ Recruitment / hiring for new positions

Implementation

Rest/Meal Break Plan

Goal:

To provide a resource that ensures caregivers receive uninterrupted rest and meal breaks, while maintaining safe patient care that continues through the meal and rest periods.

Objective:

Develop a Resource Nurse model that provides opportunity for RNs to take their required rest and meal breaks.

Resource RN: Break Relief Responsibilities

- 1) Obtain the rest/meal break schedule from clinical supervisor or charge nurse.
- 2) Adhere to break schedule as closely as possible.
- 3) Track rest and meal breaks utilizing the "Rest Break Data Collection Form".
- 4) Communicate with Charge RN regarding needed assistance in maintaining break schedule.
- 5) For lunch breaks, check in with off going RN 5-10 minutes prior to the start of the meal break. This will minimize time lost during through hand off and facilitate timely maintenance of the break schedule.



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Implementation

Rest/Meal Break Plan

Assigned RN: Break Relief Responsibilities

- 1) Prepare for your break.
 - a. Sign up for and know your scheduled break periods.
 - b. Be prepared for the Resource RN to check in with you 5-10 minutes prior to the start of your meal break.
- 2) Give a *brief* report, understanding much of the important information for your patient should be on the SHARQ form.
- 3) Highlight the list of tasks that should be completed during your break. Note: Keep in mind the Resource RN has a finite period of time to complete these tasks. Give tasks that are reasonable to be completed during your break period – vital signs or diagnostics to be followed up on, scheduled meds, lab draws, procedures, PRN medications, etc.
- 4) Return from your break punctually. A 15 minute break implies you will return to your assignment in 15 minutes. Failing to return punctually will result in the delay of others receiving their break.



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Implementation

Rest/Meal Break Plan

Charge RN: Break Relief Responsibilities

- ❖ Assist clinical supervisor in rest/meal break assignments.
- ❖ Support Resource RN in maintaining break schedule.
- ❖ Cover breaks not covered by the Resource RN schedule.

Clinical Supervisor: Break Relief Responsibilities

- ❖ Make sure all caregivers have signed up for all rest/meal break times required for their shift.
- ❖ Ensure rest/meal break times align with St. Charles Policy, ONA contract, and BOLI law:
 - ❖ One 15-minute rest break for every 4 hour segment worked.
 - ❖ For eight hour shifts, meal break should be taken between the 3rd and 6th hour of work.
 - ❖ For twelve hour shifts, meal break should be taken between the 4th and 9th hour of work.



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Current State

- ❖ Implementation of new model
 - ❖ Varying stages in the inpatient departments
- ❖ Challenges
 - ❖ Recruiting & Hiring Process
 - ❖ Many new positions create “domino effect”
 - ❖ Built new NHPPD into daily staffing tool
 - ❖ Until all positions filled, challenge to staff
 - ❖ Perception of understaffing
 - ❖ During time of increasing census



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Implementation

DAY SHIFT LUNCH/BREAK SCHEDULE						
DATE:						
CAREGIVER NAME	BREAK RN NAME	Break#1	Lunch Time (30MIN)	Break#2	Break#3	Refused (caregiver initial)
RN 1			1100-1140			
RN 2			1100-1140			
RN 3			1140-1220			
RN 4			CN 1140-1220			
RN 5			1140-1220			
RN 6			CN 1220-1300			
RN 7			1220-1300			
RN 8			CN 1300-1340			
RN 9			1300-1340			
RN 10			1300-1340			
RN 11			1340-1420			
RN 12			1340-1420			
RN13			1420-1500			
RN 14 (BREAK RN 1)			1220-1300			
RN 15 (BREAK RN 2)			1420-1500			
CAREGIVER NAME		Break#1	Lunch Time (30 MIN)	Break#2	Break#3	
CNA1			1100			
CNA2			1130			
CNA3			1200			
CNA4			1200			
CNA5			1230			
CNA6			1230			
CAN7			1300			
CNA8(1:1)			1230			
CNA9(1:1)			1300			



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Implementation

NIGHT SHIFT LUNCH/BREAK SCHEDULE						
DATE:						
CAREGIVER NAME	BREAK RN NAME	Break#1	Lunch Time (30 MIN)	Break#2	Break#3	Refused (caregiver initial)
RN 1			1230-0100			
RN 2			0100-0130			
RN 3			0130-0200			
RN 4			CN0130-0200			
RN 5			0200-0230			
RN 6			CN 0200-0230			
RN 7			0230-0300			
RN 8			CN 0230-0300			
RN 9			0300-0330			
RN 10						
RN 11						
RN 12 (BREAK RN 1)						
RN 13 (BREAK RN 2)						
CAREGIVER NAME		Break#1	Lunch Time (30 MIN)	Break#2	Break#3	
CNA1			0030-0100			
CNA2			0030-0100			
CNA3			0100-0130			
CNA4			0100-0130			
CNA5			0130-0200			
CNA6			0130-0200			
CNA7			0200-0230			
CNA8(1:1)			0200-0230			
CNA9(1:1)			0230-0300			



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Developing the Approach

Definitions

ADI: Number of admissions, discharges, and transfers (to different level of care)

ADC: Average daily census; calculated using midnight census data

NHPPD: Nursing hours per patient day

Inpatient Staffing Methodology

Q & A

References

Labor Management Institute: Scheduling and Staffing for the Unit Leader Seminar.
September 26, 2014. Labor Management Institute Bloomington, MN
www.lminstitute.com

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