TEXAS NURSES ASSOCIATION

NURSE STAFFING TOOLKIT

TEXAS NURSES ASSOCIATION

NURSE STAFFING FACTS

FACT: The 2009 law gives nurses even more influence in staffing decisions.

- Direct care nurses throughout Texas have an even stronger voice in setting appropriate nurse-to-patient staffing levels at their hospitals.
- The law enhances existing nurse staffing regulations and strengthens the voice of Texas nurses on staffing matters in several ways.
- It adds a legal requirement for hospital governing boards to adopt a nurse staffing policy that considers staffing guidelines set forth by professional nursing organizations.
- The role and status of the nurse staffing committee is elevated to a standing committee that reports directly to the hospital board.
- The nurse staffing committee is to be comprised of at least 60% registered nurses who provide direct patient care at least 50% of the time and that are selected by their nurse peers who also provide direct patient care at least 50% of the time.
- The nurse staffing committee is responsible for identifying the nurse-sensitive outcome measures to be used in evaluating the staffing plan.
- The committee will evaluate and report on the staffing plan's effectiveness at least semiannually to the hospital board.
- Hospitals are required to report annually certain data about their nurse staffing plan to the Texas Department of State Health Services (TDSHS).

FACT: The law also prohibits mandatory overtime.

- The Law includes a prohibition on mandatory overtime in hospitals except in emergency circumstances, such as a natural disaster.

FACT: Direct care nurses know best what their patients need.

- Patient outcomes are linked directly to appropriate staffing, so it makes good sense for nurses to have the opportunity to influence staffing.
- Nurse staffing committees allow nurses to influence appropriate staffing levels at each hospital in Texas based on the unique needs of each patient, the specific expertise and experience of nurses on each shift, and the particular characteristics of each hospital.

FACT: Collaboration works.

Texas has led the Nation in addressing nurse staffing in hospitals, thanks to a collaborative approach that brings nurses and other stakeholders together to best serve patients.

- Texas has been at the forefront of nurse staffing in hospitals.
- For more than 100 years, TNA has advanced the nursing profession and improved nurses' practice environments and patient care by working collaboratively with other stakeholders to effect real, positive change.
- Members of the TNA are Texas registered nurses who advocate for patients, nurses and the nursing profession, and quality care for all Texans. TNA hosts the Nursing Legislative Agenda Coalition (NLAC). Representing more than 20 nursing organizations in Texas, the NLAC identifies significant nursing and health care related issues that the Texas Legislature should address. Since NLAC represents all practice settings and segments of nursing, it serves as the body that builds a unified position on the issues important to nurses and their patients.

HEALTH AND SAFETY CODE

TITLE 4. HEALTH FACILITIES

SUBTITLE B. LICENSING OF HEALTH FACILITIES

CHAPTER 257. NURSE STAFFING

Sec. 257.001. DEFINITIONS. In this chapter:

(1) "Committee" means a nurse staffing committee required by this chapter.

(2) "Department" means the Department of State Health Services.

(3) "Hospital" means:

(A) a general hospital or special hospital, as those terms are defined by Section 241.003, including a hospital maintained or operated by this state; or

(B) a mental hospital licensed under Chapter 577.

(4) "Patient care unit" means a unit or area of a hospital in which registered nurses provide patient care.

Added by Acts 2009, 81st Leg., R.S., Ch. 742 (S.B. 476), Sec. 1, eff. September 1, 2009.

Sec. 257.002. LEGISLATIVE FINDINGS. (a) The legislature finds that:

(1) research supports a conclusion that adequate nurse staffing is directly related to positive patient outcomes and nurse satisfaction with the practice environment;

(2) nurse satisfaction with the practice environment is in large measure determined by providing an adequate level of nurse staffing based on research findings and patient intensity;

(3) nurse satisfaction and patient safety can be adversely affected when nurses work excessive hours; and

(4) hospitals and nurses share a mutual interest in patient safety initiatives that create a healthy environment for nurses and appropriate care for patients.

(b) In order to protect patients, support greater retention of registered nurses, and promote adequate nurse staffing, the legislature intends to establish a mechanism whereby nurses and hospital management

shall participate in a joint process regarding decisions about nurse staffing.

Added by Acts 2009, 81st Leg., R.S., Ch. 742 (S.B. 476), Sec. 1, eff. September 1, 2009.

Sec. 257.003. NURSE STAFFING POLICY AND PLAN. (a) The governing body of a hospital shall adopt, implement, and enforce a written nurse staffing policy to ensure that an adequate number and skill mix of nurses are available to meet the level of patient care needed. The policy must include a process for:

(1) requiring the hospital to give significant consideration to the nurse staffing plan recommended by the hospital's nurse staffing committee and to that committee's evaluation of any existing plan;

(2) adopting, implementing, and enforcing an official nurse services staffing plan that is based on the needs of each patient care unit and shift and on evidence relating to patient care needs;

(3) using the official nurse services staffing plan as a component in setting the nurse staffing budget;

(4) encouraging nurses to provide input to the committee relating to nurse staffing concerns;

(5) protecting from retaliation nurses who provide input to the committee; and

(6) ensuring compliance with rules adopted by the executive commissioner of the Health and Human Services Commission relating to nurse staffing.

(b) The official nurse services staffing plan adopted under Subsection (a) must:

(1) reflect current standards established by private accreditation organizations, governmental entities, national nursing professional associations, and other health professional organizations;

(2) set minimum staffing levels for patient care units that are:

(A) based on multiple nurse and patient considerations; and

(B) determined by the nursing assessment and in accordance with evidence-based safe nursing standards;

(3) include a method for adjusting the staffing plan for each patient care unit to provide staffing flexibility to meet patient needs; and

(4) include a contingency plan when patient care needs unexpectedly exceed direct patient care staff resources.

(c) The hospital shall:

(1) use the official nurse services staffing plan:

(A) as a component in setting the nurse staffing budget; and

(B) to guide the hospital in assigning nurses hospital-wide; and

(2) make readily available to nurses on each patient care unit at the beginning of each shift the official nurse services staffing plan levels and current staffing levels for that unit and that shift.

Added by Acts 2009, 81st Leg., R.S., Ch. 742 (S.B. 476), Sec. 1, eff. September 1, 2009.

Sec. 257.004. NURSE STAFFING COMMITTEE. (a) A hospital shall establish a nurse staffing committee as a standing committee of the hospital.

(b) The committee shall be composed of members who are representative of the types of nursing services provided in the hospital.

(c) The chief nursing officer of the hospital is a voting member of the committee.

(d) At least 60 percent of the members of the committee must be registered nurses who:

(1) provide direct patient care during at least 50 percent of their work time; and

(2) are selected by their peers who provide direct patient care during at least 50 percent of their work time.

(e) The committee shall meet at least quarterly.

(f) Participation on the committee by a hospital employee as a committee member is part of the employee's work time, and the hospital shall compensate that member for that time accordingly. The hospital shall relieve a committee member of other work duties during committee meetings.

(g) The committee shall:

(1) develop and recommend to the hospital's governing body a nurse staffing plan that meets the requirements of Section 257.003;

(2) review, assess, and respond to staffing concerns expressed to the committee;

(3) identify the nurse-sensitive outcome measures the

committee will use to evaluate the effectiveness of the official nurse services staffing plan;

(4) evaluate, at least semiannually, the effectiveness of the official nurse services staffing plan and variations between the plan and the actual staffing; and

(5) submit to the hospital's governing body, at least semiannually, a report on nurse staffing and patient care outcomes, including the committee's evaluation of the effectiveness of the official nurse services staffing plan and aggregate variations between the staffing plan and actual staffing.

(h) In evaluating the effectiveness of the official nurse services staffing plan, the committee shall consider patient needs, nursing-sensitive quality indicators, nurse satisfaction measures collected by the hospital, and evidence-based nurse staffing standards.

Added by Acts 2009, 81st Leg., R.S., Ch. 742 (S.B. 476), Sec. 1, eff. September 1, 2009.

Sec. 257.005. REPORTING OF STAFFING INFORMATION TO DEPARTMENT. (a) A hospital shall annually report to the department on:

(1) whether the hospital's governing body has adopted a nurse staffing policy as required by Section 257.003;

(2) whether the hospital has established a nurse staffing committee as required by Section 257.004 that meets the membership requirements of that section;

(3) whether the nurse staffing committee has evaluated the hospital's official nurse services staffing plan as required by Section 257.004 and has reported the results of the evaluation to the hospital's governing body as provided by that section; and

(4) the nurse-sensitive outcome measures the committee adopted for use in evaluating the hospital's official nurse services staffing plan.

(b) Information reported under Subsection (a) is public information.

(c) To the extent possible, the department shall collect the data required under Subsection (a) as part of a survey required by the department under other law.

Added by Acts 2009, 81st Leg., R.S., Ch. 742 (S.B. 476), Sec. 1, eff. September 1, 2009.

HEALTH AND SAFETY CODE

TITLE 4. HEALTH FACILITIES

SUBTITLE B. LICENSING OF HEALTH FACILITIES

CHAPTER 258. MANDATORY OVERTIME FOR NURSES PROHIBITED

Sec. 258.001. DEFINITIONS. In this chapter:

(1) "Hospital" means:

(A) a general hospital or special hospital, as those terms are defined by Section 241.003, including a hospital maintained or operated by this state; or

(B) a mental hospital licensed under Chapter 577.

(2) "Nurse" means a registered nurse or vocational nurse licensed under Chapter 301, Occupations Code.

(3) "On-call time" means time spent by a nurse who is not working but who is compensated for availability.

Added by Acts 2009, 81st Leg., R.S., Ch. 742 (S.B. 476), Sec. 1, eff. September 1, 2009.

Sec. 258.002. MANDATORY OVERTIME. For purposes of this chapter, "mandatory overtime" means a requirement that a nurse work hours or days that are in addition to the hours or days scheduled, regardless of the length of a scheduled shift or the number of scheduled shifts each week. In determining whether work is mandatory overtime, prescheduled on-call time or time immediately before or after a scheduled shift necessary to document or communicate patient status to ensure patient safety is not included.

Added by Acts 2009, 81st Leg., R.S., Ch. 742 (S.B. 476), Sec. 1, eff. September 1, 2009.

Sec. 258.003. PROHIBITION OF MANDATORY OVERTIME. (a) A hospital may not require a nurse to work mandatory overtime, and a nurse may refuse to work mandatory overtime.

(b) This section does not prohibit a nurse from volunteering to work overtime.

(c) A hospital may not use on-call time as a substitute for

mandatory overtime.

Added by Acts 2009, 81st Leg., R.S., Ch. 742 (S.B. 476), Sec. 1, eff. September 1, 2009.

Sec. 258.004. EXCEPTIONS. (a) Section 258.003 does not apply if:

(1) a health care disaster, such as a natural or other type of disaster that increases the need for health care personnel, unexpectedly affects the county in which the nurse is employed or affects a contiguous county;

(2) a federal, state, or county declaration of emergency is in effect in the county in which the nurse is employed or is in effect in a contiguous county;

(3) there is an emergency or unforeseen event of a kind that:

(A) does not regularly occur;

(B) increases the need for health care personnel at the hospital to provide safe patient care; and

(C) could not prudently be anticipated by the hospital; or

(4) the nurse is actively engaged in an ongoing medical or surgical procedure and the continued presence of the nurse through the completion of the procedure is necessary to ensure the health and safety of the patient.

(b) If a hospital determines that an exception exists under Subsection (a)(3), the hospital shall, to the extent possible, make a good faith effort to meet the staffing need through voluntary overtime, including calling per diems and agency nurses, assigning floats, or requesting an additional day of work from off-duty employees.

Added by Acts 2009, 81st Leg., R.S., Ch. 742 (S.B. 476), Sec. 1, eff. September 1, 2009.

Sec. 258.005. RETALIATION PROHIBITED. A hospital may not suspend, terminate, or otherwise discipline or discriminate against a nurse who refuses to work mandatory overtime.

Added by Acts 2009, 81st Leg., R.S., Ch. 742 (S.B. 476), Sec. 1, eff. September 1, 2009.

Nurse Staffing Committee Charter

Committee Name	(insert name of facility) Nurse Staffing Committee The Nurse Staffing Committee will be established in accordance with the Texas Health and Safety Code Title 4, Subtitle B, Chapter 257
Committee Membership and Leadership	Chair (Staff Registered Nurse Representative): (insert name and title) Co-Chair: (insert name and title) Committee Membership: 1. (insert name, title, unit for each member) 2. 3. 4. etc. The Nurse Staffing Committee will consist of ____(insert number) members: _____ (insert number) Registered Nurses currently providing greater than or equal to 50% direct patient care (60% of the total committee membership) selected by their peers who also provide greater than or equal to 50% direct patient care and _____ (insert name), Chief Nursing Officer. Each area where nursing care is provided will have the opportunity to provide feedback to the Nurse Staffing Committee. These areas will be called to meetings when their attendance is required. Committee meetings are open and any interested Registered Nurse employed by (insert hospital name) may attend, but only committee members will have a vote. The Committee shall report directly to the Board of Directors at a minimum of semiannually. The Nurse Staffing Committee Chairs will be selected every two years by the Nurse Staffing Committee.
Overall Purpose/ Strategic Objective	The purpose of this Committee is to: protect patients, support greater retention of registered nurses, and promote evidence-based nurse staffing by establishing a mechanism whereby direct care nurse can participate in shared decision making regarding decisions about nurse staffing.
Tasks/ Functions	• Develop / produce and oversee the establishment of an annual patient care unit and shift-based nurse staffing plan based on the needs of patients and use this plan as the primary component of the staffing budget. • Provide semi-annual review of the staffing plan against evidence-based staffing information, including nurse sensitive quality indicators collected by the hospital. • Review, assess, and respond to staffing concerns presented to the committee. • Assure that patient care unit annual staffing plans, shift-based staffing, and total clinical staffing are posted on each unit in a public area. • Assure factors are considered and included, but not limited to, the following in the development of staffing plans: ✓ Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers ✓ Level of intensity of all patients and nature of the care to be delivered on each shift ✓ Skill mix

	✓ Level of experience and specialty certification or training of nursing personnel providing care ✓ The need for specialized or intensive equipment ✓ The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment ✓ Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations • Evaluate staffing effectiveness against predetermined nurse sensitive metrics. • Hospital finances and resources as well as defined budget cycle may be considered in the development of the staffing plan.
Meeting Management	**Meeting schedule:** The Nurse Staffing Committee will meet on at least a quarterly basis. Notices of meeting dates and times will be distributed at least ___ days in advance in order to better accommodate unit scheduling. Participation by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. Members shall be relieved of all other work duties during meetings. Staff Registered Nurse members of the Nurse Staffing Committee will be paid, and preferably will be scheduled to attend meetings as part of their normal full time equivalent hours for the majority of the meetings. It is understood that meeting schedules may require that a Registered Nurse member attend on his/her scheduled day off. **Record-keeping/minutes:** • Meeting agendas will be distributed to all committee members at least one week in advance of each meeting. • The minutes of each meeting will be distributed to all committee members with each meeting agenda, with approval of the minutes as a standing agenda item. • A master copy of all agendas and meeting minutes from the Nurse Staffing Committee minutes will be maintained and available for review on request. **Attendance requirements and participation expectations:** • All members are expected to attend at least 80 percent of the meetings held each year. Failure to meet attendance expectations may result in removal from the committee. • If a member needs to be excused, requests for an excused absence are communicated to _____. Failure to request an excused absence will result in attendance recorded as “absent” in the meeting minutes. • Replacement will be in accordance with aforementioned selection processes. • It is the expectation of the Nurse Staffing Committee that all members will participate actively, including reading required materials in advance of the meeting as assigned, coming prepared to meetings, and engaging in respectful dialogue as professional committee members. **Decision-making process:** • Consensus will normally be used as the decision-making model. • Should a particular issue need to be voted upon by the committee, the action must be approved by a majority vote of the full committee.

TEXAS NURSES ASSOCIATION

Helpful Formulas!

- Average Daily Census (ADC)

  Total pt days

  # of days (week, month, year)

- Average Length of Stay (ALOS)

  Total pt days

  # of discharges

- Percent Occupancy

  Total pt days **OR** **Census or ADC**

  Total Beds Avail. **Total Beds Avail.**

Unit Based Staffing Committee Survey

Welcome to the Unit Based Staffing Committee knowledge and skill self-assessment. We are asking you to complete this survey in order to better plan meeting topics and development opportunities for members.

Please note this is not a performance assessment. Responses will be analyzed for trends and shared with the planning and unit based committees. Information obtained will be used to better meet the diverse needs of committee members.

Knowledge Areas

Please mark the answer that best reflects your current knowledge level about the following topics.

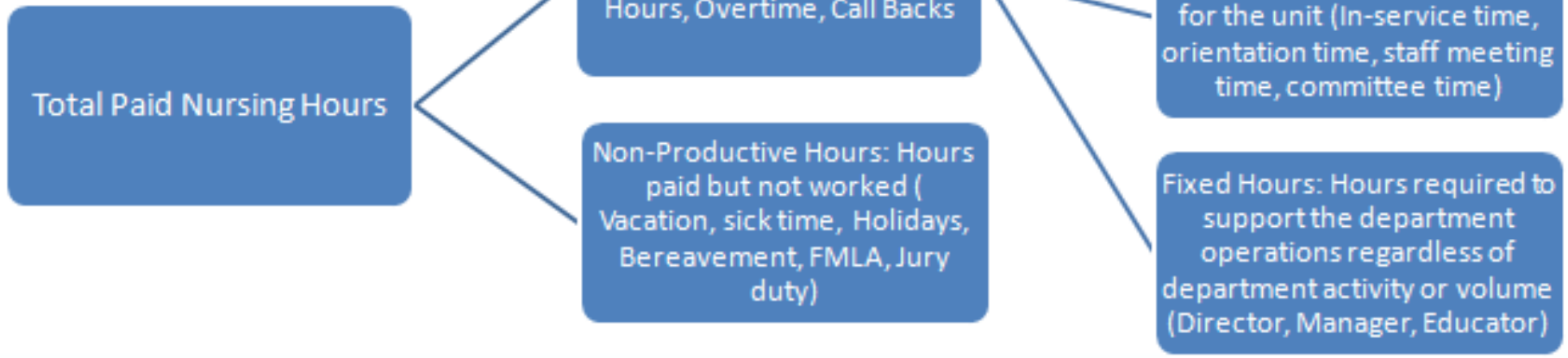
Knowledge definitions:
Expert: Possess depth and breadth about the subject
Proficient: Know enough to be conversant
Limited: Some understanding
N/A: Not sure or no exposure to subject

	Expert	Proficient	Limited	N/A
Legal				
Legislation: Staffing legislation enacted into law in 2009				
Nurse Practice Act (Texas)				
My role as a member of the Unit Based Staffing committee				
Financial				
Knowledge of unit/department budget process				
Understanding of how the budget and staffing are connected				
Reading and understanding financial reports				
Research				
Evidence based practice				
Nursing sensitive quality indicators				
Benchmarking standards				
Able to locate data sources and understand reports				
Comfort in using computer-based literature search engines (Medline, Pubmed, and CINAHL) and locating key websites				
Patient Classification *(Answer only if your unit/area utilizes a tool)*				
Understand how the acuity component relates to staffing				
Understand patient classification guidelines				
I understand what is expected of the staff nurse to support patient classification as a staffing tool				
Knowledgeable of patient classification reports and how to use them for staffing analysis				
Meeting Facilitation				
Develop and design a meeting agenda				
Facilitate a small group meeting (10 or less participants)				
Facilitate a large group meeting (11 to 20 participants)				
Monitor time and notify meeting facilitator				
Capture meeting actions items and report to participants				

What other educational opportunities do you need to be a successful member of the Unit Based Staffing Committee?

TEXAS NURSES ASSOCIATION

Variable & Fixed Staff:
Variable: Staff whose hours of work flex with patient census/volume/acuity.
Fixed: Staff whose hours are set without consideration of patient census/volume/acuity.



HOW ARE NURSING HOURS BUDGETED?

Professional Nursing Organizations' Staffing Standards

Professional Organization	Recommended Standards	Ratio	Comments
Association of Women's Health, Obstetrics & Neonatal Nursing - AWHONN	Yes		
Intrapartum		1:1 - 1:2	
1st Stage Labor		1:2	
2nd Stage Labor		1:1	
With Complications		1:1	
Induction or Augmentation		1:2	
Initiation of Epidural Anesthesia		1:1	
Circulation for C-Section		1:1	
Antepartum - Postpartum			1:2 for Post-Op Recovery/ 1:6 for care w/o complications
Antepartum-Postpartum without complications		1:6	
Postoperative Recovery		1:2	
Antepartum-Postpartum with complications but stable		1:3	
Newborns and those requiring close observation		1:4	
Newborns		1:1 - 1:6	1:1 for unstable infants/ 1:6 for routine care only
Newborns requiring routine care		1:6-8	
Mother-Baby Couplets		1:3-4	
Newborn requiring continuing care		1:3-4	
Newborns requiring intermediate care		1:2-3	
Newborns requiring intensive care		1:1-2	
Newborns requiring multisystem support		1:1	
Unstable newborns requiring complex critical care		1:1 or greater	
American Association of Critical Care Nurses - AACN	No		Staffing Blueprint - recommends using acuity, experience, system to determine staffing
National Association of Neonatal Nurses - NANN	Yes		Core Staffing - at least two registered nurses with neonatal experience
Emergency Nurses Association - ENA	Yes		Core staffing - minimum of two registered nurses with ER experience
Oncology Nursing Society - ONS	No		Endorses patient classification system
American Society of Perianesthesia Nurses - ASPAN	Yes		A minimum of 2 RNs in room at all times
American Society of Gastrointestinal Endoscopy - ASGE Society of Gastroenterology Nurses & Associates - SGNA	Yes		If pt under deep sedation, 2 RNs necessary
Association of peri-Operative Registered Nurses - AORN	Yes		
Intraoperative		1:1	
Postoperative		1:1-2	A minimum of 2 RNs in room at all times
Post-Op Phase II level of care		1:1 - 2:1	1:1 for critically ill/2:1 critically ill, unstable
Post-Op Phase III level of care		1:3-5	
Radiologic Society of North America - RSNA	No		
Society of Pediatric Nurses - SPN	No		
Society of Urologic Nurses & Associates - SUNA	No		
Academy of Medical-Surgical Nurses - AMSN	No		

A. **Budgets and position control drive hiring targets**	Low	Med	High
1. Inpatient position controls have been updated reflecting budget projections			
2. Hiring targets have been individualized for each units' characteristics i.e. volume swings, seasonal patterns			
3. Based on summary of hiring targets, float pool structure and size is defined.			
4. Nursing and Human Resource are aligned about best practice in position control structure by unit and overall float pool.			
5. Units have the tools and data they need to manage their workforce			
B. Recruitment and hiring processes are clear and effective			
1. Nursing and Human Resource are aligned about best practices in having a solid pipeline of nurses (recruitment, interviewing, selection)			
2. Unit vacancies are posted in Human Resources			
3. Human Resource understands of how many new grads and techs to hire in next year.			
4. Nursing and Human Resource are aligned about best practices in integrating new nurses into our culture (central orientation, unit orientation, preceptoring including length of orientation)			
C. Staffing & scheduling system has effective structure			
1. Has clear roles, standardized processes & is well managed according to defined roles.			
2. Core staffing pattern have been individualized for each units' characteristics i.e. acuity, census by day of week, skill mix etc.			
D. Census and patient placement is planned for & managed to the degree possible			
1. Patient throughput trends are regularly assessed and staffing plans adjusted			
E. Use of agency & premium pay in reduced			
1. Traveler, agency and on-call hours use match FMLA and vacancy (not used for core schedule)			
2. Use of agency and premium is monitored, understood and problem solving is underway to reduce usage where possible and appropriate			
F. Productivity is managed and controlled			
1. We know where sick time is high and are addressing the issues where possible			
2. Units are effectively staffing to budgeted HPPD			
G. Technology supports key processes			
1. Staffing and scheduling technology is being effectively utilized			
2. Timekeeping technology is being effectively utilized			

TEXAS NURSES ASSOCIATION

GENERAL MEDICAL UNIT		
Bed Capacity	36	
Pt Days	11,790	
ADC % occupancy	32.3 89.7%	11,790 pt days/365 days 32.3 ADC/36 beds X 100
Nursing Hours/Pt Day	8.14	Standard
Nsg Hours Required/Yr FTES	95,971 46.1	11,790 pt days X 8.14 95,971 hrs/2080
Nsg Hours Required/Day # Staff	262.93 32.9	32.3 ADC X 8.14 262.93/8 hr shifts

AN EXAMPLE OF BUDGETED FTES FOR STAFFING PLAN CONSIDERATION

NATIONAL QUALITY FORUM

National Voluntary Consensus Standards for Nursing-Sensitive Care: An Initial Performance Measure Set

National Voluntary Consensus Standards for Nursing-Sensitive Care*

FRAMEWORK CATEGORY	MEASURE
Patient-centered outcome measures	1. Death among surgical inpatients with treatable serious complications (failure to rescue) 2. Pressure ulcer prevalence 3. Falls prevalence** 4. Falls with injury 5. Restraint prevalence (vest and limb only) 6. Urinary catheter-associated urinary tract infection for intensive care unit (ICU) patients** 7. Central line catheter-associated blood stream infection rate for ICU and high-risk nursery (HRN) patients** 8. Ventilator-associated pneumonia for ICU and HRN patients**
Nursing-centered intervention measure	9. Smoking cessation counseling for acute myocardial infarction** 10. Smoking cessation counseling for heart failure** 11. Smoking cessation counseling for pneumonia**
System-centered measures	12. Skill mix (Registered Nurse [RN], Licensed Vocational/Practical Nurse [LVN/LPN], unlicensed assistive personnel [UAP], and contract) 13. Nursing care hours per patient day (RN, LPN, and UAP) 14. Practice Environment Scale—Nursing Work Index (composite and five subscales) 15. Voluntary turnover

* See full report for specifications, risk adjustment (if applicable), additional background, and reference material.
** Also an NQF-endorsed voluntary consensus standard for hospital care.