

## RECOMMENDED STAFFING-Understanding & Updating Staff Numbers

### Using Recommended Staffing

The **staffing section displays** at the top of the assignment sheet directly under the header row. The unit census displays the number of patients, the date and time of the last update. The census is updated at 15 minutes before each hour.

### Next are four columns:

1. Job – List all budgeted jobs and additional jobs that have an employee scheduled
2. Scheduled – Number of hours of employees scheduled for the shift (1.0 = 12 hours)
3. Recommended – List the recommended staffing based on the current Census
4. Adjusted – Will display any saved adjustments

### Below these four columns is the Budget information in Hours Per Patient Day (HPPD):

- Budgeted HPPD – The team's budgeted HPPD for the current Fiscal Year
- Scheduled HPPD - List the HPPD based on the current schedule
- Recommended HPPD - List the HPPD based on the current Census & Recommended staffing
- Adjusted HPPD – List the HPPD based on the current census, recommended staffing, and your adjustments

*This information allows you to make informed staffing decisions, understanding how they will impact the budget.*

***Budgeted Hours per Patient day (HPPD), for each in-patient unit, is created each fiscal year based on the number of direct care personnel are needed to take care of patients based on an average daily census from the past fiscal year.***

***Hours Per Patient Day (HPPD) is the number of productive hours worked by personnel with direct care responsibilities divided by the current census. This information allows you to make informed staffing decisions, understanding how they will impact the budget.***

### How do you Make Adjustment: ***This is also how you indicate staffing needs!***

1. Select **Recommended** to display the area for making adjustment to staffing - includes a built-in calculator, displays jobs, budgeted staffing, scheduled staffing, recommended staffing, adjusted, reason, and comments. Your user ID and date/time stamp will display when adjustment is saved.
2. **In the adjusted column enter the number of staff needed** for patient care per row if different than the recommended. Some areas enter the number recommended as confirmation, even if no change is needed.
3. Select **Apply and Calculate** [located at the bottom of the window] to view how your decision impacts the HPPD – this is where the built-in calculator does the math for you!
4. If the **\*HPPD is too high or too low, readjust the staffing numbers** until it is something that works for safe patient care and is still fiscally responsible - you can do steps 3 & 4 as many times as necessary until you have the optimal staffing.
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5. **Select a reason** using the dropdown for each job where an adjustment has been made (*see table below of reasons with descriptions*). If the recommended was entered as confirmation, select Model or Census, per your team's policy.
6. **Comments** are optional, **enter as needed**, and then select **Save**. A message displays stating Staffing Adjustments Saved Successfully, select Close.

7. **Select Submit on the Assignment Sheet** to refresh the data and see the changes highlighted in yellow. Hover the computer mouse over a highlighted number to view the original value, reason code/comments, employee ID of employee that made changes with a date and time stamp of change.

The above steps are also used to indicate Pt Care Attend needs for behavioral observation such as fall risk, suicide risks

The adjusted number of staffing displays on the Nursing Scheduling Dashboard as well as the Float Pool and Sitter grids used for floating.

**ADJUSTMENT REASON CODES WITH DESCRIPTIONS**

REASON CODE	DESCRIPTION	REASON CODE	DESCRIPTION
<b>Acuity-H</b>	They acuity is higher (H) than predicted.	<b>Acuity-L</b>	The acuity is lower (L) than predicted.
<b>Vol-H</b>	Changes in volume higher (H) than expected. For use by ED & PACU.	<b>Vol-L</b>	Changes in volume lower (L) than expected. For use by ED & PACU.
<b>BHOBS</b>	Behavioral Health Observation needing sitter or patient care attend, 1:1 constant observation.	<b>Other</b>	Used for any reason not listed in dropdown. Will need comment added for description.
<b>Pend-DC</b>	Pending Discharge (DC).	<b>Pend-ADM</b>	Pending Admission (ADM).
<b>Model</b>	Confirming the recommended value is accurate for current patients (no adjustments need to be made).	<b>Census</b>	Used to confirm recommended staff is good per census listed – no changes needed.

**More about reason codes and justifying changes to the recommended staffing:**

- Recommended Staffing provides Shift Leaders with budget information to assist with daily staffing decisions, based on their knowledge of the staff and patients, while knowing how their decisions directly impact the budget
- These tools are helpful guides for achieving a balance between budget and patient care, but do not consider acuity or the number of discharges, transfers, or admissions
- This is where using the reason codes above useful, ex: Acuity High/CRRTx1 or Stroke or LTPXx2, CAR Tx2
- All staffing decisions are made with considering patient safety first, it is up to you to make the decision and justify your changes
- You have a budgeted number of staff, you flex up and down based on the number of patients, case load or visits, depending on your area.
- Flexing down is as important as flexing up but is usually an unpopular decision – you have had some discharges and are not expecting admissions or transfers to fill the beds – send someone home, booking them off to a cancel time code or place them on call.