Hospital Staffing
Budget
Development

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Objectives

We will:

• Review how hospitals typically determine budgets for staffing hours
• Explore areas of potential concern/need for further clarification
• Discuss practical strategies for ensuring Staffing budgets address unit needs
What do you need to know to develop a staffing plan?
Units Of Service (UOS)

> Average Daily Census (ADC) – usually defined by midnight census
> Minutes (i.e. OR)
> Visits (i.e. ED, Outpatient clinic)
> Procedures (i.e. GI lab, cath lab)
> Other examples:
  • Meals served = dietary
  • Work orders - maintenance
Finance typically provides:

Targeted* HUOS for year

X

Anticipated volume for year

= Total number of staffing hours/day

* Clarify what target means, i.e. direct care or total HUOS? includes sitters?
Beginnings of Staffing Plan
Census = 36   HPPD = 8.5   1 RN: 4 Patients

<table>
<thead>
<tr>
<th>Mix</th>
<th>Chg RN</th>
<th>RN</th>
<th>LPN</th>
<th>CNA</th>
<th>HUC</th>
<th>Total Hours</th>
<th>HPPD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shift</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>7 – 3pm 36%</td>
<td>1</td>
<td>9</td>
<td></td>
<td>3</td>
<td>1</td>
<td>112</td>
<td></td>
</tr>
<tr>
<td>3 – 11p 36%</td>
<td>1</td>
<td>9</td>
<td></td>
<td>3</td>
<td>1</td>
<td>112</td>
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</tr>
<tr>
<td>11 – 7a 28%</td>
<td>1</td>
<td>8</td>
<td></td>
<td>2</td>
<td></td>
<td>88</td>
<td>8.67</td>
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</tbody>
</table>

RN: Registered Nurse
LPN: Licensed Practical Nurse
CNA: Certified Nursing Assistant
HUC: Health Unit Coordinator
Defining Nursing Hours

Total Paid Nursing Hours

Productive Hours
(Hours worked)
- Regular scheduled hours
- Overtime hours
- Premium pay hours
- Call back hours
- Registry/Traveler hours

Direct Care Hours
(Variable Staff)
Hours worked by nursing staff assigned to a unit who have direct patient care responsibilities for greater than 50% of their shift** – for the pt
- Staff counted in staffing matrix or core staffing
- Replaced if calls in sick
- Hours worked are charged to the unit cost center

Indirect Care Hours
(Hours worked on or off the unit/department but for the unit/department)
- Inservice education time
- Orientation hours
- Staff meeting time
- Shared Governance meetings or activities
- Unit related project work – QI/QA, standards development, etc
- Committee meeting time or work

Non-Productive Hours
(Hours paid but not worked)
- Vacation time
- Sick leave
- Holiday time
- Bereavement time
- FMLA
- Jury Duty
- Education/Professional leave

Fixed Hours
(Hours required to support department operations regardless of department activity or volume)
- Director/Manager
- CNS or unit-based Educator
- HUC, Monitor Tech
- Scheduler
- Central Supply Tech

Variable and Fixed Staff
Variable:
Staff whose hours of work flex with patient census, volume, or acuity, i.e., RN, LPN, NA-C, Surgical Tech

Fixed:
Staff whose hours of work are set without consideration of patient census, volume or acuity, i.e., Manager, HUC, unit-based Educator/CNS, Monitor Tech

Direct Care Hours are:
“Patient centered nursing activities by unit-based staff in the presence of the pt or activities that occur away from the pt, but are pt related:
- Med administration & nursing treatments
- Admit, Discharge, Transfer activities
- Pt teaching
- Pt communication
- Coordination of pt care and nursing rounds
- Documentation time
- Treatment planning***

**NDNQI Guidelines for Data Collection
### Beginnings of Staffing Plan

Census = 36  
HPPD = 8.5  
1 RN: 4 Patients

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<th>Shift</th>
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<th>RN</th>
<th>LPN</th>
<th>CNA</th>
<th>HUC</th>
<th>Total Staff</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 a.m.–3 p.m. 36%</td>
<td>1</td>
<td>9</td>
<td>3</td>
<td>1</td>
<td>14</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>3 – 11 p.m. 36%</td>
<td>1</td>
<td>9</td>
<td>3</td>
<td>1</td>
<td>14</td>
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<td>14</td>
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<tr>
<td>11 p.m.–7 a.m. 28%</td>
<td>1</td>
<td>8</td>
<td>2</td>
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<td>11</td>
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</table>

\[39 \times 1.4 = 54.6\]
12 Hour Shifts

12 hr shift \times 7 \text{ days/wk} = 84 \text{ hrs/wk} \div 40 \text{ hrs} = 2.1
The Non-Direct Care hours factor

Unit history:

Paid time – not worked:

Vacation = 4860 hours
Sick = 4124 hours
Holidays = 3240 hours
Jury duty = 80 hours
Bereavement = 216 hours

Paid time – not Direct Care

Education/unit meetings = 3314 hours
Residency hours = 4800

TOTAL Hours = 20,634
Divide by 2080* = 9.92 additional FTEs needed

*2080 = number of total paid hours per 1.0 FTE

Coverage for rest and meal break coverage still needs to be added
### Position Control Review/Analysis

**Name of Employee:** _____________________  
**Position:** _____________________ (e.g. Staff RN)

<table>
<thead>
<tr>
<th>FTE: (ex. 0.9)</th>
<th>Seniority Level: (ex. Step 20)</th>
<th>Planned PTO: (ex. 4 weeks Europe or pregnant so planning maternity leave)</th>
<th>Avg Short Notice Off hrs/employee (e.g. sick calls):</th>
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<table>
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<tr>
<th>Required Education*</th>
<th>Hours/year</th>
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<tr>
<td>Skills Day</td>
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<td>Online modules</td>
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<tr>
<td>Other CE: (list each)</td>
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<tr>
<td>BLS Recertification</td>
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<thead>
<tr>
<th>Meetings</th>
<th>Hours/year</th>
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<tbody>
<tr>
<td>Staff meetings</td>
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<tr>
<td>Charge RN meetings</td>
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<tr>
<td>Committees: (list each)</td>
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<tr>
<td>- Staffing committee</td>
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<tr>
<td>- Shared Governance</td>
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**TOTAL Hours**

**Overall Total:**
Benchmarking processes and pressures

Mapping to find “peer groups”

Organization determination of what performance level to achieve i.e. “better than 75% of peers” = 25th percentile goal

National databases

Limitations:

• How know targets are “good”?
• Who is included in the database? Large enough peer groups?
• What characteristics are “mapped”?
• Is quality outcome data included in the mapping?
Additional “tips and tricks”

- Can Residency programs be in a separate cost center?
- Truly review in detail “required” education
- What is your “churn” factor (ADT)?
- How many hours are being spent “off unit” for codes, etc.?
- What other data can you collect to help tell the story, e.g. miles walked/shift, missed care, time spent getting supplies, etc.
It’s all about our patients!
THANK YOU!