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FAQ's About Staffing Plans

Have hospitals always compiled staffing plans and reports?

Yes, hospitals have always compiled staffing plans and reports. Under PatientCareLink these plans and reports are being developed in a uniform way so the public can see the different factors that go into the development of a plan.

How are staffing plans and reports determined?

Staffing plans and reports are determined based on patients needs. The nurse manager together with other staff develops the plan based on the anticipated needs of the patients who will be assigned to the unit. The plans and reports need to be flexible to account for changes that occur. Patients' needs change over the course of a day and staffing is adjusted to account for those changes. Every patient needs the right care, not the same care.

Are staffing plans and reports only for nurses?

Staffing plans and reports involve the team of professionals who may be involved in the care of a particular patient and are based on the patient's individual clinical needs. Nursing plays an important role in the care of every patient but nurses are just one part of a larger team of caregivers who work together to make sure that patients receive the highest quality of care.

Why do some hospital staffing plans and reports list licensed practical nurses (LPNs) separately and others group them with registered nurses (RNs)?

In those hospitals with only a few LPNs on staff, it is difficult to predict when they will be working. These hospitals have included the LPN numbers into the overall licensed staff numbers, which include both RNs and LPNs.

Can any conclusion be drawn if the staffing on one unit is higher or lower than another?

Direct comparisons like that cannot be made between or across units. Staffing is based on the needs of a particular patient unit and can differ from unit to unit within the same hospital. For example, staffing in an intensive care unit is higher than staffing in a general medical surgical unit because of the critical needs of patients that are in intensive care units. They require more hours of nursing care and close monitoring for changes in condition. Staffing across similar units can also vary based on the experience and education of the registered nurses and the availability of other clinical caregivers, such as therapists. When looking at a staffing plan, it is important to look at the indirect resources that also provide care, and to look at other attributes of the unit, such as technicians or specialists who may provide care and services.

Why do staffing numbers differ from hospital to hospital and unit to unit?

Staffing numbers vary because patient care needs differ and can change minute- to-minute, hour-to-hour. Staffing has to be closely watched and adjusted from based on the changing needs of the patients.

The plan is based on averages. There are times when more staff will be needed and times less staff will be needed.

Activity on a patient care unit changes constantly and, therefore, patient needs change constantly. For example, admissions, transfers and discharges occur on a regular basis, changing the make-up of a unit, and patients may

become sicker during a day and need more nursing care than previously expected.

Nurse staffing is frequently evaluated and readjusted to make sure patients are properly cared for. The staffing plans and reports, therefore, are not meant to compare one hospital to another or one unit to another, but are a planned baseline from which patient care needs are adjusted.

Why is a particular inpatient medical and/or surgical unit in a hospital missing?

Some units may not be posted on the website. For example, units that have opened since the posting of the plans and reports are not included.

Why are some units missing, such as obstetrical, and post anesthesia care?

We began with inpatient medical, surgical, intensive care, rehabilitation. behavioral health and skilled nursing care units first. We later added emergency departments, and we are exploring the feasibility of adding other units in the future.

Why does it seem there are fewer staff on the evening and night shifts?

On some units, there is fewer admissions, transfers and discharges on the later shifts. Also, during the evening and night, patients may receive fewer treatments, tests and transporting, and may have fewer needs for assistance with daily activities, such as bathing or eating. However, some units have the same number of RN staff on all shifts, such as intensive care units (ICUs) where the care needs are less varied.

How frequently will the staffing plans and reports be updated?

At the hospital level, these plans are constantly changing depending upon the needs of the patients on a particular unit. On an annual basis, this website will be updated to include the next year's staffing plans and the prior year's staffing reports. The staffing reports will also include information about why the staffing delivered on a given unit may be different from the plan.





PatientCareLink is a joint effort of the Massachusetts Hospital Association (MHA) and the Organization of Nurse Leaders, MA-RI.

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Unit Sample (see ED Sample below Unit Sample)

Each unit in a hospital has their staffing plans outlined in pages such as these. When you click on a unit page, you will see at the top: The Name of the Hospital, the type of unit you are viewing (ICU, Oncology, etc.), and the number of the hospital's licensed beds.

Please remember: Each patient is unique and his or her conditions may change from hour-to-hour, shift-to-shift, thereby requiring changes to the staffing plans outlined on this site. Also, remember: the following are staffing plans. Massachusetts hospitals are committed to filing their actual plans beginning next year and to explain what actions were taken if there is a significant variation from the plan (+/-5%).

Hospital Name

B3

(Unit Name)

Adult Medical - Oncology

(Unit Type)

200 Hospital Licensed Beds

This Blue Box containing the words "Average Number of Patients Per Day" tells you how many patients are, on average, on the unit floor per day.

Date of Services Budgeted FY

Average Number of Patients Per Day:

17.9

Look below this Direct Caregivers Box. Registered Nurses (RNs) are listed with Other Caregivers. Scroll to the right. You'll see that at this hospital unit the day shift runs from 7 a.m. to 3 p.m., and that a shift for an RN is eight (8.0) hours. Then look at each day of the week (Monday through Sunday) to see how many RNs and other personnel are staffing the unit. In this case, it's four (4.0) RNs and two (2.0) Other caregiver.

			Number of Staff						
Direct Caregivers	Scheduled Hours	Shift Length	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	Day Shift								
RN / LPN	7am-3pm	8.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0
Unlicensed Assistive Personnel	7am-3pm	8.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0

You can see the staffing levels for the Evening Shift and Night Shift too.

Evening Shift 3pm-RN / LPN 8.0 4.0 4.0 4.0 4.0 4.0 4.0 4.0 11pm 3pm-Unlicensed Assistive Personnel 8.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0 11pm

Night Shift RN / LPN 11pm-7am 8.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 Unlicensed Assistive Personnel 1.0 1.0 11pm-7am 8.0 1.0 1.0 1.0 1.0 1.0

The number in the box to the right tells you the unit's Worked Hours Per Patient Day (WHPPD) - i.e. the number of hours of direct care a patient can expect to receive from an RN, along with LPNs and nursing assistants in a twenty-four hour period. Worked hours per patient day is a measure that is nationally recognized and part of the National Quality Forum's Nurse Sensitive Measure Set.

Plan / Budgeted Direct WHPPD (Worked Hours Per Patient Day)

7.11

In the box below are Additional Team Members that are available on the Day, Evening, and Night Shifts (depending if the box next to their title has an "x" in it). To learn more about these caregivers do, visit this Who's Who page.

Additional Care Tean	n Members						
Click here for Care Team Me	ember definitions						
<u>Skills</u>		Shift Coverage					
	Day	Evening	Night				
Unit Nurse Management	X						
Staff Educator	Х						
Clinical Nurse Specialist	X						
Unit Clerical Support	X	Х					
1:1 Patient Observer	X	Х	Х				
Admissions Nurse							
Patient Transport Team	X						
IV Therapy Team / Line Access	×	Х					
Monitor Technician							
Rapid Response Team							
Respiratory Therapy Support	X	Х	×				
Nutritionist	×						
Rehab Activities (OT, PT, Speech)	×						
Clinical Pharmacist	X	Х					
Licensed Social Services / Case Management	×						
Spiritual Services	×	Х	Х				
Hospitalist / NP / PA	×	Х	X				
intensivist / Neonatologist							
Nursing Student	×	Х					
Recreation / Milieu Therapist							
ntern / Resident							

The list of caregivers in these boxes were provided to all hospitals.