



# Minnesota Organization of Leaders in Nursing

*“Nurses dedicated to shaping the future of health care”*

## **Staffing in the Hospital**

The goal of safely staffing a patient care unit is to match patient needs with the competency, skill and number of staff. All settings have well developed staffing guidelines with measurable quality outcomes. An entire team is assembled to care for the patients, in partnership with the registered nurse.

The process in staffing begins with a schedule; uniquely developed for each unit by anticipating the average census and the severity, intensity, acuity and urgency of the patients' care with a group of staff designated to care for them. It is challenging and dynamic to forecast the number of patients on a unit as it varies by day of week, time of year and many uncontrollable factors (influenza outbreaks, changes in surgery schedule, births). Schedules are often created for four to six week periods and are posted ahead of time to accommodate anticipated staff needs (appointments, educational classes, vacations). Despite the ever-changing census and peaks in admissions; competent staff need to be available to care for the patients. To respond to the dynamic changes of patient need/census and the changing availability of the staff (personal leave of absence, jury duty, illness); updates are made to the posted schedule. The changes begin weekly, move to daily and then eventually shift-by-shift and sometimes, hour-to-hour.

In addition to the staff assigned directly to each unit; there are additional resources to create responsiveness and flexibility to this dynamic process.

1. There is a lead nurse (charge nurse) on the patient care unit that is an experienced staff nurse who assists with matching patient needs with staff competency, anticipating future needs and problem solving with the unit leadership to create safe staffing and achieve quality outcomes.
2. There are staff unassigned to a specific unit who are cross-trained and competent to provide care in multiple areas (float or resource staff) that are then placed on the unit with the greatest staffing need. Then, if there is not enough staff available; nurses are offered a chance to work extra shifts, work overtime, and if needed, an outside agency is contacted for staff.
3. Interprofessional support is provided to the patient care units through pharmacy, laboratory, case management, respiratory care and other therapies. Often, a cross department huddle/team meeting, including many support departments, occurs in very high census to work collaboratively to best meet the patient needs and staffing requirements.

Appropriate nurse staffing is critical to the delivery of quality health care. The staffing and scheduling process is complex, challenging and requires a partnership of the clinical staff and leaders. Anticipating the volume, acuity, severity and urgency of patients and their care is not easy; yet the commitment to provide the highest quality care by expert, competent and caring staff, in the most cost effective way, is a common goal of nurses and leaders.

Visit [www.moln.org](http://www.moln.org) or call 651-659-1425 for details.