Staffing Decision Skills and Tools: What, Who, & How

CHARGE NURSE EDUCATION

Objectives

- ✓ Examine factors that affect staffing decisions
- ✓ Summarize and define appropriate and timely delegation
- ✓ Provide staffing examples and discuss decisions
- ✓ Perform Optilink documentation with precision and accuracy for productivity validation

Agenda

- Test your skills
- Staffing influences
- Case studies
- Delegation
- Optilink

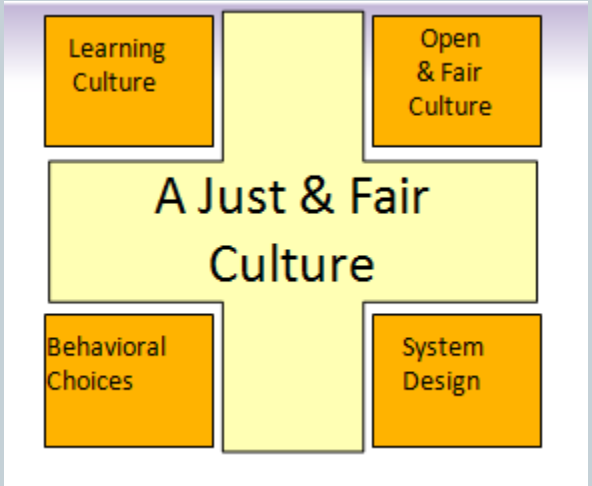
Session 1: Leadership Styles and the Daily Operations of the Charge Nurse

- DISC Profile Assessment
  - Dominance
  - Influence
  - Steadiness
  - Conscientious

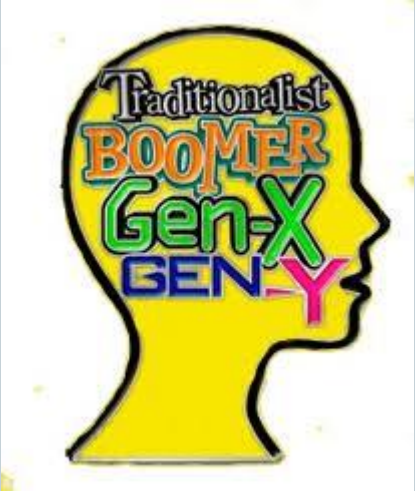
- Productivity=Supply & Demand

Session 2: The Charge Nurse's Role in Managing Conflict, Enhancing the Patient Experience

- Just Culture
- Patient Satisfaction
- Family Feud—S.M.I.L.E. & H.E.A.T.



Session 3: The Charge Nurse Role in Promoting a Positive Environment



- Types of communication
  - Verbal
  - Non-verbal
  - Formal
  - Informal
- Emotional Intelligence
  - Self-Awareness
  - Self-Regulation
  - Motivation
  - Empathy
  - Social Skills

Session 4: Staffing Decision Skills and Tools: What, Who, and How

Now we are here…

- Let's apply this knowledge
- CNs write the checks from your unit accounts
- CNs advocate for patient safety
- CNs know what is really going on
- Where the rubber meets the road

It Takes Two…well sometimes more

What is a Charge Nurse?

Defining the exact role of the charge nurse is not straightforward due to the variation in the definition, scope, duties, and responsibilities across health care facilities (Kerfoot, 2008)

So what are you doing all shift?

What are you thinking about?

- Census
- Patient Acuity
- Staff Skill Mix
  - New Grads
  - Aging workforce
  - NA 1 or NA 2
  - NA/US vs. US
- Discharges
- Admissions
- Lunches
- Huddle
- Bedside Report
- Patient Assignment
- Policies
- TJC
- Hallways clear
- Glucometers clean
- Med carts locked
- Patient Satisfaction
- Staff Satisfaction
- Physician Satisfaction
- Productivity
- Overtime
- Who's turn to float
- Who's turn to be called off
- Optilink
- Falls
- RRTs
- Code Blues
- Assignments

What's Your Biggest Challenge?

Tools to help you

- Optilink
- Matrix
- Specialty Practice Standards (AORN, AWHONN, ACCN, etc)
- Board of Nursing
- Scopes of Practice-RN & LPN
- Nurse Practice Acts
- Code of Ethics

Traditional Charge Nurse Roles

- Coordination and delivery of patient care
  - Staffing
  - Patient Assignments
  - Plan of Care
  - Patient Flow
- Supervisor
- Delegator
- Resource

Newly Added Roles

- Educators
- Change Agents
- Innovators
- Mentors
- Leaders

- Mediators
- Financial Stewards
- Performance Evaluators
- Celebrators

Mediators

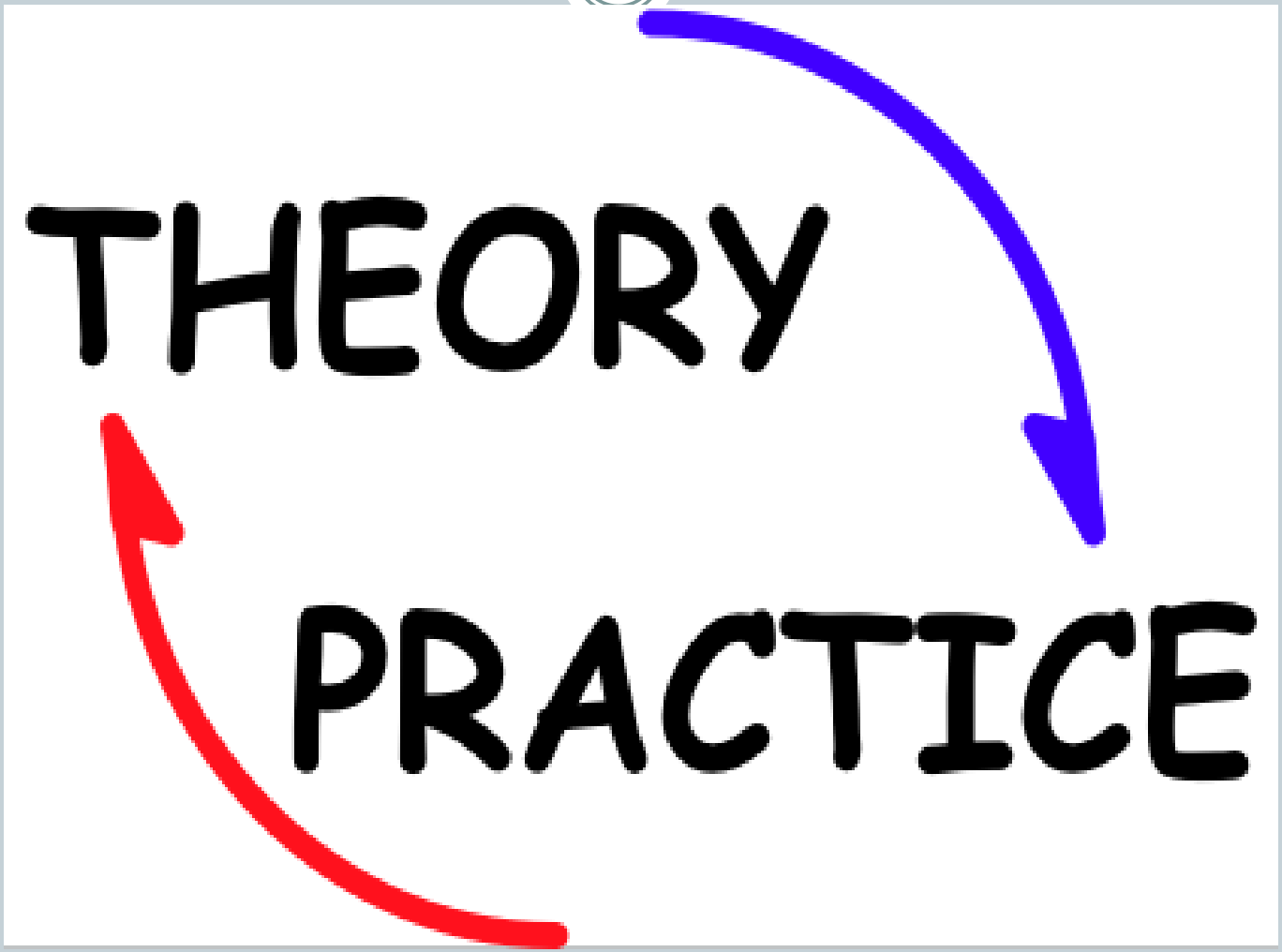
When you try to give a quick medication and your patient's family questions everything you do.

Financial Stewards

- staffing, equipment management, supplies, and the coordination of patient care; eliminate waste
- Staffing must be adjusted according to the patient census and flow for the current and upcoming shifts.
- placing patients in beds in a timely manner is so others areas, such as the emergency department, PACU and procedure areas can continue to operate to their fullest capacity.

Celebrators

Case Studies



Case Scenario 1

You are a CN for a 25 bed telemetry unit. You anticipate to have an ending census of 19 at 1500. Staffing matrix calls for 4 staff with a census of 15-17. Dr. Late is on-call and should round shortly to discharge 2 more patients. You have a charge nurse, 3 nurses and a NA on the schedule for 7p-7a.

1. How would you staff for 7p-7a?
2. What would you report at the 1600 bed meeting? What would you want to know from bed meeting?
3. What if you had an RN call in at 1715?

Case Scenario 2

You are a CN on the Birthing Center. Unfortunately, the norovirus has attacked your unit staff. Your current census is 16 with 3 in active labor and 13 post-partum. The Woman's Clinic is sending over 3 moms to be induced for low fluid and pre-eclampsia. It is 1200 and 3 nightshift nurses have called in leaving the unit short 2 nurses.

1. What do you do?
2. How is the unit different from other units?
3. What other units would have to result in this resolve?

Case Scenario-3

You are the nightshift charge nurse for a 36-bed general postsurgical unit. Your current census is 24 and there are 5 ortho and 5 general surgery patients scheduled for admission the next day.

1. What things would impact your staffing decision?
2. What mix of roles would you use?

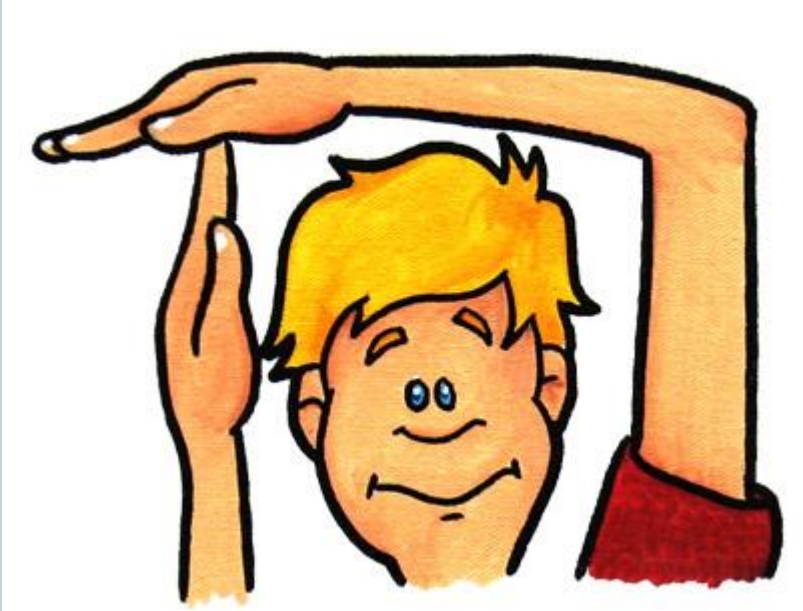
Case Scenario 4-AOD Bed Meeting

CATAWBA VALLEY MEDICAL CENTER
Bed Meeting

DATE 1/25	Current Census	Charge Nurse	# RN's	# NA's	# US's	SA/Room	Available Staff	Staff Sent To	Staffing Needs	Staff in OT/XS
ONCOLOGY	11	LAURA	1	1	1				1 RN 1 Sitter	
ORTHO	12	Kim	2	1	1	—	—			
MEDICAL	30	Shannon	6	3	1		1 XS RN		1 NA	
REHAB	5	Annette	—	1			1 NA			
IMCU	18	Heather S.	3	1	1	—	—	—	2 NA	
CCU	12	Leon	5	3	1		5 RN's			
COU	8	Teresa	1		1		1 RN 12:30-19:30		—	
SURGICAL	11	Lisa	2	1	1	—				
PSYCHIATRY	33+3	Annette	4	4	1				NA 3p-9p	
Other Department Needs										

EMERGENCY DEPT		IRT AVAILABLE	SENT TO	NEXT DAY ADMITS
Number of Admits	Receiving Unit	Amie		6 ortho 3 Surg 1 OOC
		Patricia		

Break



Delegation

- *Delegating - Transferring to a competent individual the authority to perform a selected nursing activity in a selected situation*. The nurse retains accountability for the delegation. The RN and LPN delegate to UAP.
- *UAP (Unlicensed Assistive Personnel) - Any unlicensed personnel, regardless of title, who may participate in patient care activities through the delegation process*. This may include Nurse Aide I, Nurse Aide II, Medical Office Assistant, Medical Assistant, etc.

UAP Role

- Affirm acceptance and understanding of delegation based on personal competence.
- Perform the delegated activities correctly.
- Seek clarification as needed.
- Request additional training and guidance as needed.
- Report care results to nurse in a timely manner.

Direct vs. Indirect Delegation

- Direct delegation is usually a verbal direction by the RN delegator regarding an activity or task
- Indirect delegation is done using an approved listing of activities
- Under delegation occurs when a person is in a new role: trying to avoid resentment, not knowing who to delegate to, seeking approval by demonstrating competency.

5 Rights of Delegation

- Right task
- Right circumstances
- Right person
- Right direction/communication
- Right supervision-- "provision of guidance or direction, evaluation, and follow-up by the licensed nurse for accomplishment of a nursing task delegated to an unlicensed assistive personnel (National Council for States Boards of Nursing, 1995).

www.ncbon.com

THIS WEBSITE IS YOUR FRIEND AND EXCELLENT RESOURCE

Decision Trees

https://www.ncbon.com/myfiles/downloads/position-statements-decision-trees/decision-tree-delegation-to-uap.pdf

What's the Difference?

NA1 vs. NA2

Key word is competency

Delegation #1

https://www.youtube.com/watch?v=_YeKSuPGksc

Delegation #2

https://www.youtube.com/watch?v=yCQHHkh75us

Delegation #3

https://www.youtube.com/watch?v=iIVQHG_v7HU

Roadblocks to Delegation

thank you
danke
謝謝
ngiyabonga
teşekkür ederim
gracias
tapadh leat
спасибо
bedankt
dziękuję
obrigado
merci
go raibh maith agat
mochchakkeram
sukriya
kop khun krap
grazie
arigatô
takk
dakujem
мерси
terima kasih
감사합니다
ありがとう
ευχαριστώ
рахмат
Баярлалаа
faafetai lava
kiitos
dankie
dhanyavad
hvala
maururu
köszönöm
gràcie
bayarlaa
enkosi
nanni
nandii
sagolun
sobodi
dèkuji
mèsi
didi madloba
najis tuke
kam sah hamnida
তোমাকে ধন্যবাদ
rahmat
xièxie
diolch
dhanyavadagalu
shukriya
merce
trugarez
tanemirt
rahmet
chnorakaloutioun
gratias ago
gràcies
sulpáy
akun
dankon
aciû
djiere dieuf
tau
дякую
mamnun
chokrane
murakoze
tenki
obrigada
asante
manana
хвала
paldies
grazzi
mahalo
matondo
misaotra
dank je
blagodaram
спасибі
vinaka
kia ora
barka
mersi
welalin
tack
spas
taiku