Hiram W. Davis Medical Center

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HWDMC Census-Based Staffing Plan

Executive Summary

This plan outlines a Census-Based Staffing Plan aligned with census levels, care requirements, and patient acuity. Implementation will optimize operational efficiency while maintaining quality care standards and achieving significant cost reductions.

The following chart summarizes the Census-Based Staffing Plan for the Nursing Department:

Census Max	Census Min	Shift	2nd Floor			3rd Floor			Overall for Facility			Facility Total
			RN	LPN	CNA	RN	LPN	CNA	RN	LPN	CNA	
40	31	D	1	3 (2)	4 (3)	0	2	3 (2)	1	5 (4)	7 (6)	13 (11)
		E	1	3 (2)	4 (3)	0	2	3 (2)	1	5 (4)	7 (6)	13 (11)
		N	1	3 (2)	3 (2)	0	2	2	1	5 (4)	5 (4)	11 (9)
All patients to be on 2nd floor when census is =<30												
Census Max	Census Min		RN	LPN	CNA	Facility Total	Staff to Patient Ratios					
30	21	D	1	3	4	8	Census >30		Census >20		Census <20	
		E	1	3	4	8						
		N	1	3	4	8	LPN	CNA	LPN	CNA	LPN	CNA
20	<20	D	1	2	2	5	1:8	1:5.7	1:10	1:7.5	1:10	1:10
		E	1	2	2	5	1:8	1:5.7	1:10	1:7.5	1:10	1:10
		N	1	2	2	5	1:8	1:5.7	1:10	1:7.5	1:10	1:10

1. **Regulatory Requirements (42 CFR §483.35)**:
   - Current CMS Requires:
     - Registered Nurse (RN) coverage 8 consecutive hours per day, 7 days per week
     - Licensed nurse (RN or LPN/LVN) coverage 24 hours per day
     - Sufficient nursing staff to meet residents' needs and maintain their well-being
   - New CMS Requirements (Effective October 2024):
     - Minimum staffing standard of 45 hours per resident day (hprd) for Nurse Aides
     - Minimum staffing standard 55 hours per resident day for RNs
     - Combined minimum staffing requirements of 48 hours per resident day for all nursing staff
   - Compliance Monitoring and Reporting:
     - Regular submission of staffing data through Payroll-Based Journal (PBJ) system
     - Quarterly staffing reviews by CMS
     - Public reporting of staffing levels on Care Compare website

2. **Nursing Census-Based Staffing Plan**:
   - The proposed staffing framework is governed by Nursing Policy AP-26C, which establishes:
   - Census-based staffing ratios for ranges: 31–40, 21–30, and ≤20 (Appendix A)
   - Staffing levels for all levels of care (i.e., SNF, NF, and GM)
   - Operational consolidation to 2nd floor when census falls below 30 (Appendix B)
   - One RN must be always dedicated to GM level of care

3. **Non-Nursing Staffing Plan**:
   - Each Department head will develop a Census-Based Staffing Plan (Appendix C)

    - Plans will evaluate current staffing and detail roles, responsibilities, certifications, licensure, staff-to-patient ratios, and tenure
    - Plans will address minimum staffing requirements, shift distribution, coverage, cross-training needs, and on-call requirements
- Each department head will submit the plan using the template for review by their direct supervisor and CEO approval
- Plan completion deadline is January 17, 2025

4. **Compliance Monitoring**:
- To ensure regulatory compliance and plan adherence:
- Daily tracking of nursing staff-to-patient ratios (Appendix D)
- Monthly reports to ELT by Chief Nursing Officer for nursing
    - Detailed staffing breakdown by category (RN, LPN, CNA)
- Monthly reports will be by each member of the ELT on implementation of departmental census-based staffing plan

5. **Implementation Timeline**:
- Phase 1: Elimination of Contract Nursing Staff – May 25, 2024
- Phase 2: Wage PCA staff reduction notification – January 31, 2025
- Phase 3: Department heads to provide census-based staffing ratios (30–40, 20–30, and 10–20) by January 17, 2025
- Phase 3: Implementation of Wage PCA reductions – February 28, 2025
- Phase 4: Non-nursing wage staff reduction notification – March 1, 2025
- Phase 5: Implementation of all wage reductions, with exceptions for patient safety – March 31, 2025

Signatures:

Submitted by:

_____ Date: _____
HWDMC Chief Executive Officer

Approved by:

_____ Date: _____
DBHDS Deputy Commissioner of
Facility Services

Appendix A – Nursing Staff Census-Based Staffing Ratios

Patient Census: 31-40

Day Shift Staffing (# = minimum safe)				
Staff Discipline	2nd Floor	3rd Floor	Overall Staffing Total	Staff-to-Patient Ratio
RN	1	0	1	-
LPN	3 (2)	2 (2)	5	1:8
CNA	4 (2)	3 (2)	7	1:5.7

Evening Shift Staffing (# = minimum safe)				
Staff Discipline	2nd Floor	3rd Floor	Overall Staffing Total	Staff-to-Patient Ratio
RN	1	0	1	-
LPN	3 (2)	2 (2)	5	1:8
CNA	4 (3)	3 (2)	7	1:5.7

Hours Per Resident Day Calculation: 7.8 (exceeding CMS minimum 3.48 for 40-patient census)

Night Shift Staffing (# = minimum safe)				
Staff Discipline	2nd Floor	3rd Floor	Overall Staffing Total	Staff-to-Patient Ratio
RN	1	0	1	-
LPN	3 (2)	2 (2)	5	1:8
CNA	3 (2)	2(2)	5	1:6.7

Hours Per Resident Day Calculation: 6.6 (exceeding CMS minimum 3.48 for 20-patient census)

Patient Census: 21-30

All Shifts Staffing			
Staff Discipline	2nd Floor	Overall Staffing Total	Staff-to-Patient Ratio
RN	1	1	-
LPN	3	3	1:10
CNA	4	4	1:7.5

Hours Per Resident Day Calculation: 6.4 (exceeding CMS minimum 3.48 for 30-patient census)

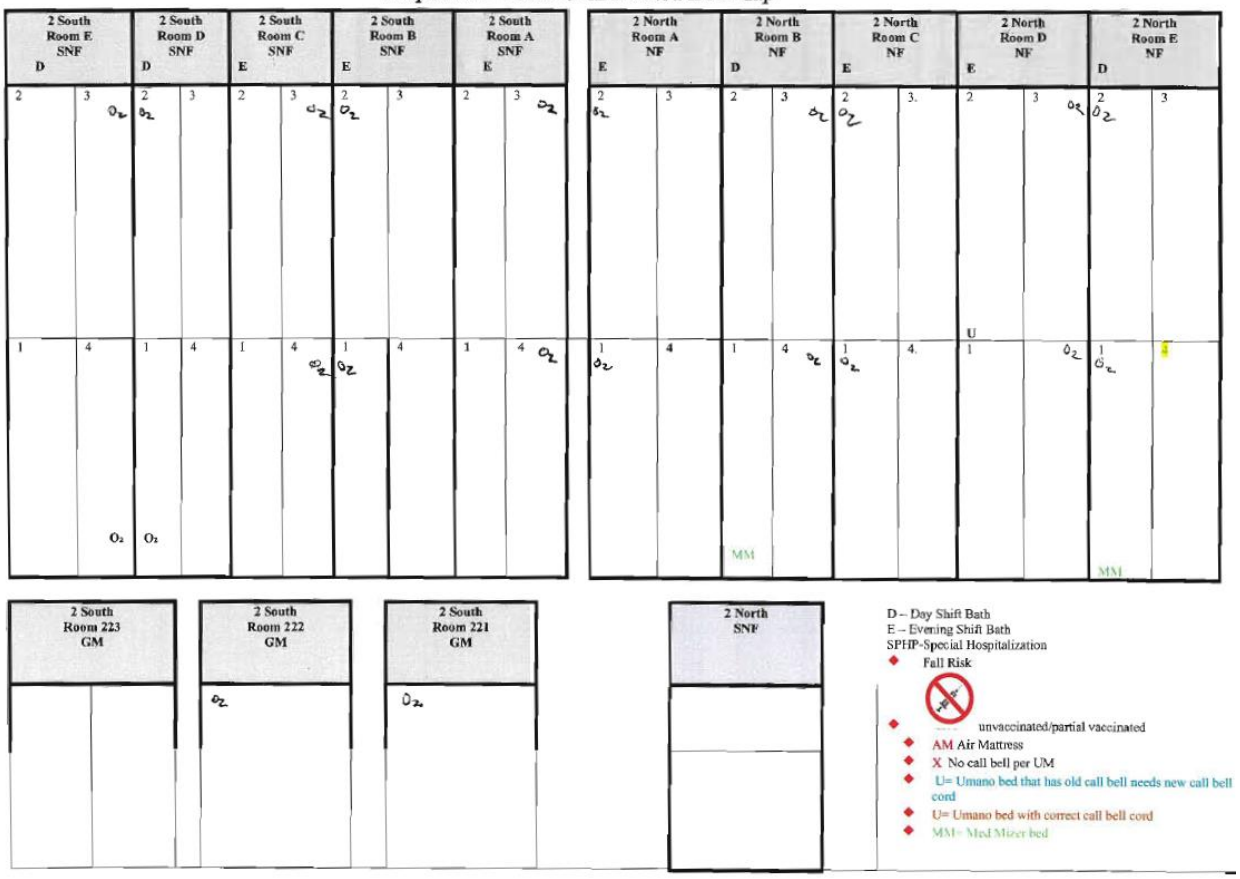
Patient Census: ≤20

All Shifts Staffing			
Staff Discipline	2nd Floor	Overall Staffing Total	Staff-to-Patient Ratio
RN	1	1	-
LPN	2	2	1:10
CNA	2	2	1:10

Hours Per Resident Day Calculation: 6.00 (exceeding CMS minimum 3.48 for 20-patient census)

Appendix B – Operational consolidation to 2nd floor when census falls below 30

Proposed 2nd Floor Consolidated Bed Map



Census-Based Staffing Plan

1. **Department Information:**
    a. **Department Name:**
    b. **Department Head:**
    c. **Date Submitted:**

2. **Department Mission Statement:** [Write a brief statement explaining what your department does and whit it aims to accomplish]

3. **Department Vision Statement:** [Describe your department's aspirational future State and Long-term goals]

4. **Department Responsibilities:** [List key functions and services provided by your department]

5. **Current Staff Overview:** [Please provide detailed information for each staff member within your department. Include all relevant experience, certifications, and specialized skills in the key responsibilities section.

Employee Name	Classified/Wage	Position/Role Title	Position #	Years of Service	Key Responsibilities

6. **Staffing Plans by Census**
    a. **30-40 Residents & Patients:**
        i. **Required Staff Count**: [Specify the total number of staff needed for this census range, broken down by role/shift]
            - Consider peak hours and quiet hours
            - Include minimum staffing requirements
            - Account for both direct care and support staff
        ii. **Staff Distribution**: [Detail how staff should be allocated across the different areas/functions]
            - Specify staff-to-patient ratios
            - Include shift distribution
            - Note any specialized position requirements
        iii. **Coverage Plan:** [Outline how continuous coverage will be maintained]
            - Define primary and backup coverage assignments
            - Detail what if any responsibilities that will be redistributed

- Include cross training needed
- Specify any on-call requirements if applicable

b. **20-30 Residents & Patients:**
   i. **Required Staff Count**: [Specify the total number of staff needed for this census range, broken down by role/shift]
      - Consider peak hours and quiet hours
      - Include minimum staffing requirements
      - Account for both direct care and support staff
   ii. **Staff Distribution**: [Detail how staff should be allocated across the different areas/functions]
      - Specify staff-to-patient ratios
      - Include shift distribution
      - Note any specialized position requirements
   iii. **Coverage Plan:** [Outline how continuous coverage will be maintained]
      - Define primary and backup coverage assignments
      - Detail what if any responsibilities that will be redistributed
      - Include cross training needed
      - Specify any on-call requirements if applicable

c. **20-30 Residents & Patients:**
   i. **Required Staff Count**: [Specify the total number of staff needed for this census range, broken down by role/shift]
      - Consider peak hours and quiet hours
      - Include minimum staffing requirements
      - Account for both direct care and support staff
   ii. **Staff Distribution**: [Detail how staff should be allocated across the different areas/functions]
      - Specify staff-to-patient ratios
      - Include shift distribution
      - Note any specialized position requirements
   iii. **Coverage Plan:** [Outline how continuous coverage will be maintained]
      - Define primary and backup coverage assignments
      - Detail what if any responsibilities that will be redistributed
      - Include cross training needed
      - Specify any on-call requirements if applicable

d. 10-20 Residents & Patients:
   i. **Required Staff Count**: [Specify the total number of staff needed for this census range, broken down by role/shift]
      - Consider peak hours and quiet hours
      - Include minimum staffing requirements
      - Account for both direct care and support staff
   ii. **Staff Distribution**: [Detail how staff should be allocated across the different areas/functions]
      - Specify staff-to-patient ratios
      - Include shift distribution
      - Note any specialized position requirements
   iii. **Coverage Plan:** [Outline how continuous coverage will be maintained]
      - Define primary and backup coverage assignments

- Detail what if any responsibilities that will be redistributed
- Include cross training needed
- Specify any on-call requirements if applicable

e. 0-10 Residents & Patients:
   i. **Required Staff Count**: [Specify the total number of staff needed for this census range, broken down by role/shift]
      - Consider peak hours and quiet hours
      - Include minimum staffing requirements
      - Account for both direct care and support staff
   ii. **Staff Distribution**: [Detail how staff should be allocated across the different areas/functions]
      - Specify staff-to-patient ratios
      - Include shift distribution
      - Note any specialized position requirements
   iii. **Coverage Plan:** [Outline how continuous coverage will be maintained]
      - Define primary and backup coverage assignments
      - Detail what if any responsibilities that will be redistributed
      - Include cross training needed
      - Specify any on-call requirements if applicable

7. Review and Approval:

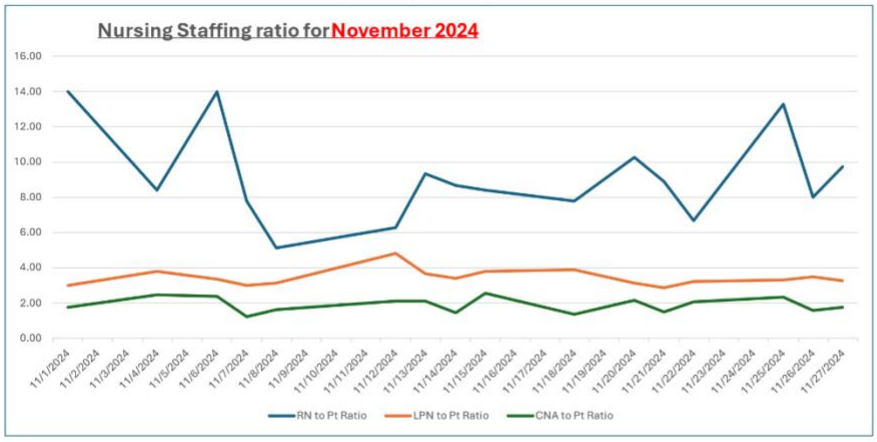
Department Head Signature: _____ Date: _____

Department Head Supervisor Signature: _____ Date: _____

Chief Executive Officer Signature: _____ Date: _____

Appendix D – Nurse Staffing Ratio Tracking

Quality Dept. Data



Monthly Staffing Average

RN 1: 9.1
LPN 1: 3.4
CNA 1: 1.9

Data

Nurse Staffing Ratio	11/1/2024	11/4/2024	11/6/2024	11/7/2024	11/8/2024	11/12/2024	11/13/2024	11/14/2024	11/15/2024	11/18/2024	11/20/2024	11/21/2024	11/22/2024	11/25/2024	11/26/2024	11/27/2024
RN to Pt Ratio	14.00	8.40	14.00	7.80	5.13	6.30	9.33	8.66	8.40	7.80	10.25	8.88	6.66	13.30	8.00	9.75
LPN to Pt Ratio	3.00	3.81	3.36	3.00	3.15	4.82	3.65	3.39	3.81	3.90	3.15	2.85	3.20	3.33	3.47	3.25
CNA to Pt Ratio	1.75	2.47	2.40	1.23	1.64	2.10	2.10	1.44	2.54	1.34	2.15	1.50	2.05	2.35	1.56	1.77