

## Project Purpose

Although high-quality, safe patient care is of utmost importance, we have become increasingly challenged with inflated census numbers, an aging population, increasing patient complexities, and a nursing staffing shortage.

Because of this, we developed a **staffing plan, three staffing matrices, and a staffing algorithm** to help us better meet the healthcare needs of our patients.

## Development & Implementation

2017

Leaders from each inpatient unit were included in a daily staffing huddle and there would be anywhere from 10 to 20 staff nurses, lead/charge nurses, managers, and directors in attendance.

January 2020

Change was made to limit participation to a director, or representative, from each inpatient unit, allowing the frontline staff nurses to remain on their respective units caring for patients.

March 2020

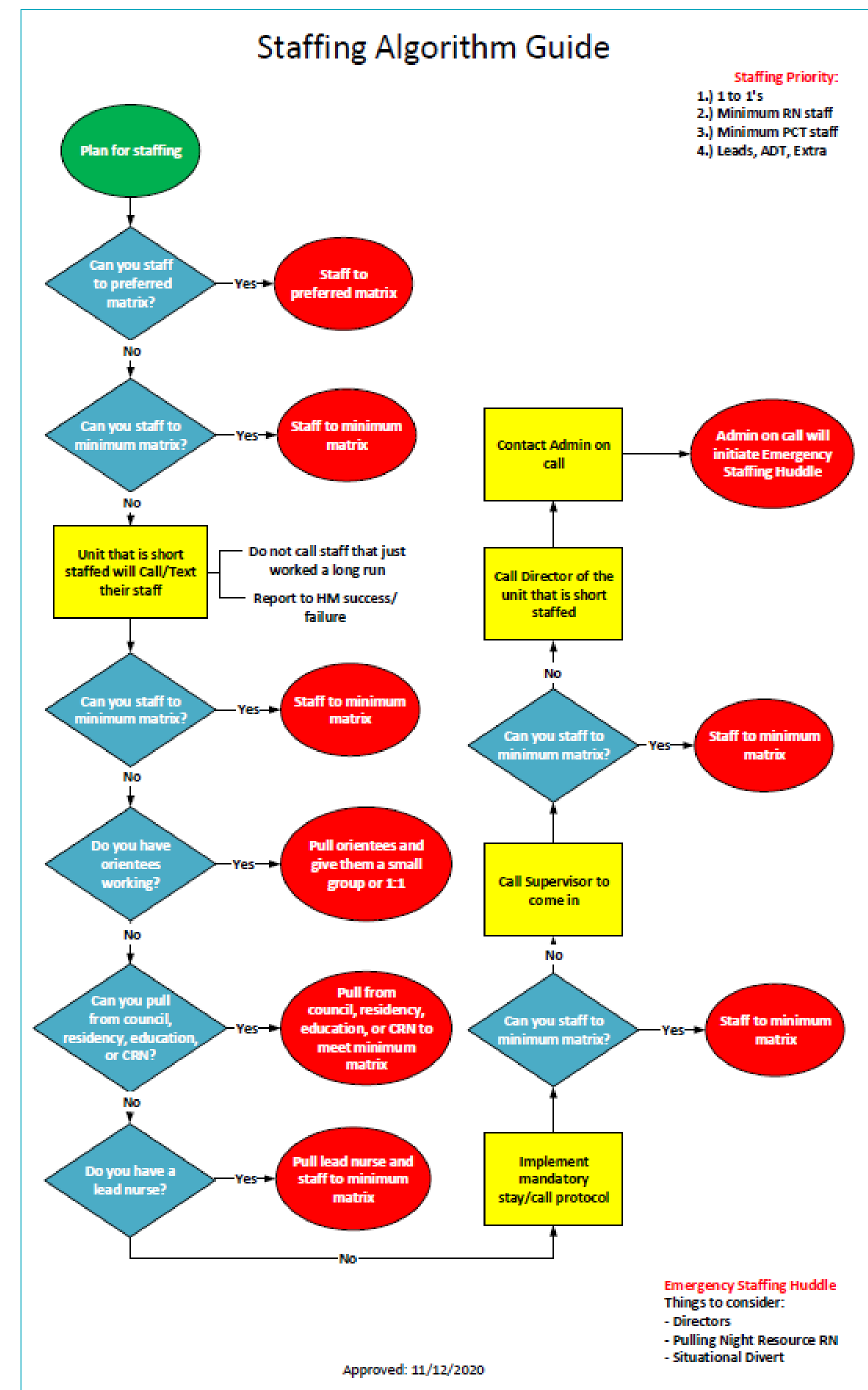
Developed and implemented a staffing plan and preferred, controlled, and minimum staffing matrices. The matrices outline the core staffing requirements specific to each unit, by shift, based on patient census throughout the hospital.

November 2020

Implemented the staffing algorithm to support the house supervisor with extreme staffing decisions. Specifically, when the hospital is below the minimum staffing matrix.

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Special Thanks to the  
Nursing Leadership Team at Mary Greeley Medical Center



## Application in Other Settings

Although we understand the staffing difficulties many organizations face, this project was completed in steps to help ensure successful outcomes at MGMC. We believe the potential for success of one of more of the steps in this project, at both large and small organizations, is achievable.

## Evidence Based Practice

According to The Joint Commission (2019), organizations need to be proactive in preventing burnout and this can be done through creating and fostering resilience in staff nurses and their work environment. This leads to improved patient safety, satisfaction, and outcomes, as well as decreased mortality and healthcare costs. Some stress can be invigorating and motivating, however continued staffing stressors and nursing leaders being called in to care for patients on their days off can be paralyzing and debilitating (Zangerle, 2021). Our nurse leaders are critical in our organization achieving its mission, vision, and values through patient care (Cathcart, 2020). Because leadership is so challenging, we took on this project to decrease burnout and improve our leaders work-life balance and emotional health.

## Outcomes & Evaluation

- The daily staffing huddle occurs Monday through Friday at 1300.
- Focuses on staffing in 4-hour increments at 1500, 1900, 2300, & 0300.
- This daily staff huddle process allows us to see the big picture and better understand and plan for what the next 12 hours looks like.
- This process has improved transparency through identifying which staffing matrix is being utilized and sending, via email, the information to lead/charge nurses, managers, and directors.

### Leader Questionnaire Results:

1. Q-Have you been called in less often to cover a hole since the implementation of the staffing algorithm?  
1. A-88% of respondents answered yes.
2. Q-Have you noticed a difference in the number of times you have had to mandatory extend an employee's shift?  
2. A-76% of respondents answered yes.
3. Q-Should we continue using the staffing algorithm?  
3. A-100% of respondents answered yes.

