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Title: Staffing Matrix and Reflection

Instructions: you are the nurse leader of a 30-bed medical surgical unit and have to account for all staffing, including any discrepancies. using sound financial management principles, complete the staffing matrix (see file attached) and then compose a 1[removed] word reflection and answer the following questions: 1-why is it important to use a staffing matrix in your healthcare setting? 2-briefly describe your staffing matrix. how man ftes on the staffing roster are required to cover daily needs? what units of services of work measurement did you use and why? what financial management principles did you use to determine your staffing matrix? 3. explain how you adjusted your staffing based on changes in the patient census. 4. you receive your financial report for the month. you have used more ftes that what was budgeted for your census. how will you make up the variance? how ould you reallocate resources to make up for the variance and still comply with guidelines?

Benchmark; Staffing Matrix and Reflection

Institution

Student

Course

Instructor

Date

Benchmark - Staffing Matrix and Reflection

For years, medical researchers have noted a correlation between the number of nurses on staff and the quality of treatment provided by hospitals and clinics around the world. One of the biggest problems for nursing executives is finding a good balance between available nursing personnel and the number of patients. If we take the healthcare industry as an example, the vast bulk of available funds are spent on labor. That's why it's incumbent upon nursing administration to do the right thing and create a balanced staffing grid. Similarly, research has shown that an increase in the number of nurses per patient improves patient outcomes (Shanafelt et al., 2019). Therefore, a good nursing leader must learn to strike a balance between ensuring patient safety, maintaining a high standard of care, fostering a positive work environment, and keeping costs low. The primary goal of this paper is to talk about the most effective methods of allocating human resources in accordance with sound principles of financial management and current regulations.

The Importance of a Staffing Matrix

Staffing matrices are essential in healthcare facilities, as they help maintain financial stability while also ensuring that patient demands and nurse competences are met. More hours of care provided by nurses and improved patient outcomes have both been linked to improved staffing levels in hospitals and other healthcare facilities. Using a staffing matrix, hospitals can determine appropriate staffing levels in light of several factors such as patient numbers admitted, needs severity, the number of patients discharged or transferred during a shift, the unit's layout, the experience level of the nursing staff, and the availability of ancillary staff and technology

(Keith et al., 2021). A staffing matrix can help you manage your healthcare operations more effectively by giving you a quick and easy way to determine the right amount of care for any given circumstance.

By keeping track of the number of patients seen by each employee, a staffing matrix makes it simple to track how much time medical professionals spend with each patient. This can help you provide the appropriate degree of care for each patient and make the most efficient use of your healthcare resources. Schrank et al (2020) allude that the reduction of medical errors, hospital readmissions, length of stay, and patient mortality; the prevention of nurse fatigue; the improvement of patient safety by decreasing falls incidents; the decrease of healthcare-associated infections (HAIs); the decrease of pressure ulcers; and the rise in patient satisfaction and HCAHPS scores are all additional advantages of an appropriate staffing matrix in healthcare facilities.

Staffing Matrix Description

It is important to adjust the number of employees in accordance with fluctuations in the facility's patient population. Cutting back on worker hours can save money without compromising patient care. Fewer patients can be seen, but the hospital's resources can be better used elsewhere, such as in administration, billing, scheduling, paperwork, and housekeeping. More personnel are needed to care for patients when hospital volumes are high. My staffing matrix was developed using techniques from the field of financial management, including an analysis of the hospital's current staffing levels, an investigation into the most effective use of available resources, and an analysis of the institution's financial goals. By examining the hospital's current staffing levels and deciding where the money was best spent, I was able to help the institution reach its financial goals despite its limited budget. In a medical-surgical facility,

my staffing matrix considers a wide range of ages from newborns to the elderly (Cooke et al., 2022).

Guests can choose from one of the unit's 30 available beds. Patients with a wide range of medical and surgical needs, such as those with neurology, spinal surgery care, gynecology, endocrinology, oncology, stroke care, general surgery, gastroenterology, pulmonology, orthopedic, vascular, and cardiac conditions, are treated in general medical and surgical facilities. Among the many primary care services offered are those for acute illnesses, intravenous infusion therapy, telemetry monitoring, wound care, pre- and post-operative care, palliative care, medication administration, and parenteral nutrition. Health Unit Coordinator, Certified Nursing Assistants (CNAs), and other nursing personnel are on hand to offer care to patients and manage daily activities in the unit. To meet the requirements of the staffing grid, a minimum of one registered nurse and one additional nursing professionals must be present for every patient (HPPD) (Hasanpoor & Haghgoshayie., 2021). Patient falls, medication errors, pressure ulcers, missed nursing care, pain evaluation, reassessment, restraint use, and staff injuries are all examples of quality metrics.

Staffing needs were estimated by figuring out how many full-time employees would be needed to fulfill the workload. A typical NHPPD would have a bed capacity of 30, be open seven days a week, and see 95% occupancy. The need for 120 nursing hours per day was calculated by taking the ADO of 30 and multiplying it by the NHPPD of 6.0 hours. The total weekly nursing hours were then determined by multiplying the daily nursing hours required by 7. This resulted in a total weekly nursing time commitment of 840 hours. We then increased that result by 52 weeks to reach an annual average of 43,680 nursing hours. The FTE was then calculated as follows:

Full-Time Equivalents (FTE) = yearly Nursing Hours ÷ (38 hrs./week. x 52 weeks/year.) = 43,680 ÷ (38x52) = 22.1 Full Time Equivalents. The unit profile would be:

Morning duty = 6 workers x 8 hrs = 48.0 labor hrs/day

Evening duty = 5 workers x 8 hrs = 40.0 labor hrs/day

Night duty = 3 workers x 10 hrs = 30.0 labor hrs/day

Total = 118 labor hrs/day, equivalent to 118x7 days = 826 hours per week.

A budget was developed, contingency plans were made, personnel needs were assessed and projected, funds were allocated for training and communication with employees was kept open, and research was conducted on emerging health care trends.

Staffing Adjustments

A patient census is taken at the start of each shift to determine how many patients will need attention. Patient volume must be considered while determining an employee's needed work schedule. If you have a large number of patients, you might want to consider increasing the number of staff members on duty. In order to better serve patients at lower population densities, it may be necessary to shorten shifts or reduce the number of hours worked per day. If there is a decline in the patient population, it may be necessary to shorten shifts or lower the number of hours worked per day. This method of personnel adjustment, known as "patient rationing," is useful for handling sudden spikes in patient volume (Littleton & Stanford., 2021). Effective staff management can be achieved through the use of patient rationing as part of a bigger plan. Guidelines for hospital staffing can help decide how many people to hire. Adequate staffing is crucial for delivering high-quality care while keeping costs down. The most current census is just

one of many factors considered when making staffing selections. As the number of patients that need care fluctuates, so too may the required number of staff members. Increases in patient volume may necessitate longer shifts or more patients each shift.

When the number of patients in a hospital decreases, the number of hours that staff members work in a shift must be reduced or the length of a shift lengthened to meet the reduced patient volume. Reducing the total number of patients on the ward at once is another option for easing the burden of caring for patients throughout a shift. When the number of patients in need of care drops, it may be necessary to lower staffing levels or even eliminate overtime altogether. If the number of patients in need of care increases or decreases, the clinical staff should be aware of the situation. As the number of patients admitted to a hospital fluctuates, it's crucial to demonstrate flexible staffing strategies that don't break the bank while still providing top-notch service. Employment changes should be made according to patient census, and one way I envision this being done is through succession planning, in which qualified nurses are groomed for future positions, and seasonal staffing, which is especially useful when the patient census is high. We have implemented an 80/20 staffing ratio to better accommodate our ever-changing patient load. Finally, layoffs and internal transfers may be required to maintain an appropriate staffing level (Korman & Mujtaba., 2020). Thus, the staffing strategy can benefit from including elements like core staffing consideration, estimated budget, and patient acuity system.

Variance

The variance measures how much actual costs deviated from the original budgeted total. One or two negative values can be associated with the variance. No extra money for the new FTEs is factored into the variance. In order to fulfill the organization's goals, one must either locate surplus resources inside one's own division or draw upon a reserve. The change from one

reporting period to the next must be clearly labeled as such. A justification for the deviation from the norm must be provided, as must a plan for avoiding a repetition. In such a case, an explanation for the discrepancy will need to be provided to the organization's board of directors. When redistributing assets, the best guess is as good as any. The modification will be helpful for one's facility. First, it's important to be sure the change won't have a negative impact on the company's test results generally.

Spending more on Full-Time Equivalents (FTEs) than was allotted for in the census budget is a red flag in the monthly financial report (Haugland & Hegg., 2020). Therefore, it is essential to collect data on the entire number of nursing care hours, the average hourly rate of the staff, and the total number of patient visits, so as to determine the underlying discrepancy. Identifying the source of the discrepancy is the first step in developing solutions to address it. Among these methods are making reasonable changes to the budget, considering the anticipated revenue by modifying the cost and care process, boosting customer demand by enhancing the quality of care offered, and modifying the procedure to make it less west full and more effective and efficient.

Conclusion

In healthcare facilities, the staffing matrix plays a crucial role. Identifying the department's desired outcomes is the first step in creating a staffing matrix. When one has established their objectives, the next stage is to assess the state of their division. It is important to know how many hours each employee is putting in at the moment, how much time is being spent on direct patient care, and how many people are being seen by each physician in an hour. It aids nursing administration in striking a fair ratio of nurses to patients, while also protecting the healthcare facility's bottom line. The matrix also aids nursing administration in anticipating

fluctuations in patient population to provide adequate staffing levels. Because of this, both the quality of care and the outcomes for patients continue to improve while costs remain stable or even decrease.

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