Staffing Issues in Individualized Care

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Introduction

Staffing in the NSCU / NICU is a continuous challenge. The limited availability of nurses to support the workforce is a focus in most units on a daily basis. Families want involvement in care, participation in decision-making, a presence at the bedside, privacy, and a relationship with the caregivers of their baby. Factors that influence the staff composition and numbers include the following:

- The physical design of the space in the unit
- Unit operations
- Workload distribution
- The model of care that is utilized in the unit
- The acuity level of the patients
- The vision, values, and philosophy of the staff and families

The FAQs that follow may be of use as you consider staffing modalities to meet the expectations of families and professional team members while optimizing the outcome of the baby.
Does it take more nurses to staff an NSCU / NICU of single rooms rather than an open room unit of multiple infant stations?

Experience seems to be our best teacher. Units that have moved from the open room concept of multiple infant stations to the single room concept have not found the need to increase their staff numbers if they were not increasing the number of beds. Decentralizing supplies, medications, and care at the bedside has been shown to improve the efficiency of caregivers rather than the number. The unit is designed so that the support space is readily accessible to the single patient rooms. Personal communication devices (eg, wireless phones and beepers) alert the caregiver to telephonic calls and monitor alarms. Visibility has not been an issue since incubator covers and privacy curtains have become a norm in most NSCUs /NICUs regardless of the design. Parents/families tend to be present and more involved in the care of their baby because the space and privacy of the single room is more inviting.
Can NSCU / NICU practice primary nursing during a workforce shortage?

The general thought regarding primary nursing is that one nurse (the same nurse) manages the care and care planning of babies from their admission through their discharge from the NSCU / NICU. Associates were sometimes assigned to the baby on off-shifts to maintain continuity of care planning and education and consistency of caregivers in a relationship with parents/families. This is ideal but hardly feasible in an era when staffs flex their work hours and the majority maintains part-time status. Staff work 4-8-12 hour shifts, perhaps only two consecutive days with a two- to three-day break. If the concept of primary nursing is viewed as a relationship with a nurse (one of a team of nurses), who communicates effectively from nurse to nurse about the plan of care so that the family feels connected with the caregiver, then the practice is maintained. The onus of responsibility falls to the professionals to function as a team to develop a trusting and confident relationship with the parent/family over time. This becomes more meaningful to the parent/family if the concept extends to the interdisciplinary team members.
Can nurse-patient ratios be maintained in light of the workforce shortage?

It is true that the current demand for nurses in the inpatient setting is greater than the supply. Nursing school enrollment has been low and the nursing workforce is aging. Retirees are not being readily replaced. Nurse-patient ratios have been the standard of staffing measure for the past 25 years or more. The ratios provide a basis for numbers, not quality of care. It would seem as though there has been enough of a change in our neonatal knowledge base and our specialization of care as delivered by the interdisciplinary team members that the nurse-patient ratio is no longer the measure of staffing, acuity, and quality that is needed. What measure of quality better reflects the contribution of all of the interdisciplinary team members (the workforce) to improve the outcome of the baby?
References


I just received an e-mail form a colleague seeking information about various designs for nurse stations in long term care settings. I am specifically interested in centralized vs decentralized work spaces.

While I could relay discussions from the Clearwater meetings I did not have any other sources. Are there sources anyone could suggest?

Are you looking for articles or people and/or units as resources?

I'm not sure which Kathleen's looking for for the purposes of her colleague's request, but I'd say both would be helpful for posting here.

Here are some resources that are not limited to NICU. Some of course are. I hope these are helpful.

http://216.239.51.100/search?q=cache:N9Ex23Uz82gC:www.healthfutures.net/pdf/w-rhs.pdf+Decentralized+workspace+in+nursing+units&hl=en&ie=UTF-8

Anthony Community Care Center….Nursing Homes, Health Care. http://www.anthonycares.com/

The Reference Shelf for Healthcare Designs. This is in conjunction with Amazon.com http://www.workspace-resources.com/refheal1.htm

People or units
Rainbow Babies in Cleveland, Ohio-the NICU

Alta Bates Nursery in California

TriHealth, Inc. Nursery
Leslie Altimier, Director of Neonatal Nursing Services
Cincinnati, Ohio

Loyola Medical Center NICU
Terri Russell, NNP, RN
Chicago, IL

I am very interested in knowing how to staff for a nicu with all private rooms.
I have not read where HPPD was compared in facilities that re designed to single rooms and state they did not increase nursing staff. I run a level 3 with an HPPD of 11.3. I do know of several NICUS that already had HPPD of 13.6 to 14.6 that felt transition went well moving to private rooms.

Could you tell us what "HPPD" refers to? I am not used to that terminology.

Dear Anne,
I do not have any data on HPPD (hours per patient day) in open versus private room arrangements. Hopefully, as more units make this conversion, we can get some data on that question. When I have asked if people have had to increase staffing with the change, most have said no, but one unit did have to increase their staffing by about 10%. HPPD sounds like it could be a more accurate way to measure this, so I'll see what I can find out going forward!

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