



# County of Los Angeles CHIEF EXECUTIVE OFFICE

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May 12, 2014

To: Supervisor Don Knabe, Chairman  
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Supervisor Michael D. Antonovich

From: William T Fujioka  
Chief Executive Officer

Mitchell H. Katz, M.D.  
Director, Department of Health Services

## DEPARTMENT OF HEALTH SERVICES NURSE STAFFING PLAN (ITEM NO. 2, AGENDA OF MAY 14, 2014)

On April 15, 2014, the Board approved positions recommended by the Chief Executive Officer (CEO) for the Department of Health Services (DHS) Nurse Staffing Plan (NSP), but froze for hiring pending additional information to the Board. The Board further directed the CEO, in consultation with DHS, to submit a report for consideration during the FY 2014-15 Budget Hearings on May 14, 2014 to address the general proposal, nurse staffing and hiring, nurse-to-patient ratio, registry and overtime use, and project implementation and fiscal reporting. The Board lastly directed the CEO, in consultation with DHS to submit a proposal for consideration during the FY 2014-15 Final Changes budget hearing in June 2014 that evaluates the potential to fill a portion of the NSP with part-time or as-needed positions, to mitigate the County's long-term salary and benefit obligations.

### BACKGROUND

In the FY 2014-15 Recommended Budget, DHS added 737.0 budgeted positions, as well as 500.0 ordinance only positions, and related funding of \$17.0 million for the system-wide standardized NSP. This was the first year of a four-year plan to address

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continued compliance with mandated staffing ratios for licensed nurses and lift teams, and also includes non-mandated staff to address patient safety and operational needs to ensure DHS operates efficiently and effectively in both inpatient and outpatient areas. The NSP includes staffing for: 1) inpatient units with AB 394-mandated nurse-to-patient ratios; 2) hospital-based clinics; 3) management, education, and employee health services (EHS) restructuring; and 4) health information management (HIM) offsets.

## **GENERAL PROPOSAL**

DHS needs a stable and competent workforce to provide safe, effective, high quality patient care. By ensuring this reliable and sustainable County workforce in the DHS hospitals, and by supplementing core staffing in clinics and procedure areas, the NSP proposal included in FY 2014-15 Recommended Budget will help DHS improve patient outcomes by improving the quality of care delivered, enhancing a patient's experience of care, developing hospital-based Patient Centered Medical Homes, improving operational efficiency, and reducing wait times in outpatient areas. Together, these service-level improvements are a key element of DHS' strategy to attract and retain revenue-generating patients in the post-Affordable Care Act managed care world. The plan also puts in place optimal nurse supervisory and management staffing in both inpatient and outpatient areas of DHS hospitals.

## **NURSE STAFFING AND HIRING**

Detailed information is included in the attached report on DHS' current staffing and registry and overtime costs. In order to quickly ramp up and hire the new positions, DHS will implement an aggressive recruitment plan to ensure hiring throughout the year. The main focus areas of the plan are an aggressive advertising and marketing plan, expedited processes for applications and hiring, improved management of job certification lists, and participation in job fairs and open houses. The Department will also utilize hiring incentives, such as tuition reimbursement and scholarships, employee referral awards, relocation incentives, and specialty training programs for the intensive care unit, emergency room, and operating room.

Training of new nurses and staff will be handled via DHS' existing training infrastructure; the Department confirms they have sufficient capacity to do so. Additionally, nurse recertification is the responsibility of each employee and will not result in additional costs to DHS.

## **NURSE-TO-PATIENT RATIOS**

A major focus of the NSP is to ensure that DHS has sufficient positions available to meet the AB 394 nurse-to-patient ratios using County staff instead of relying on registry staff and overtime. As noted in the attached report, DHS is utilizing a high number of registry staff and existing staff overtime to meet staffing ratios. This can contribute to high turnover, leading to staff training issues and lack of continuity of care, among other challenges. Ensuring DHS has enough positions available to hire these positions will provide a stable, well-trained workforce and help to address this issue.

## **REGISTRY AND OVERTIME USE**

DHS has a goal to reduce registry and overtime spending directly related to the areas impacted by the NSP by eighty (80) percent. As positions are hired into the new NSP positions, nursing management at each facility is expected to demonstrate a corresponding decrease in contract registry positions and overtime hours. Appropriate controls and expectations will be enforced on the use of contracted registry nurses for 13-week assignments. Use of contract nurses for extended assignments will require approval from the DHS Office of Nursing Affairs and use of overtime will require approval from a facility nursing director. Registry and overtime reductions are not reflected in the first year to account for the hiring, on-boarding, and training time of the newly hired positions.

## **CONVERSION OF FULL-TIME TO PART-TIME POSITIONS**

The CEO, in consultation with DHS, will include an adjustment in the Final Change Budget Recommendations to convert 123.0 of the positions requested in the Recommended Budget from full-time to part-time positions. This conversion accounts for variations among the various units and facilities being staffed and recognizes that certain types of unit do not benefit from utilizing part-time staff, such as outpatient clinics that are generally open during normal business hours. A larger proportion of the part-time staff is being request for positions that might need to flex up and down based on hospital census and other factors, such as the nursing attendants that will be used for sitters.

## **CONCLUSION**

Based on the submission of this report as requested in the Board's April 15, 2014 motion, unless otherwise instructed by the Board, the CEO will move forward with unfreezing the NSP positions.

Each Supervisor  
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DHS will submit a quarterly report to the Board on the status of the NSP implementation roughly thirty (30) days after the close of each quarter. The first quarterly report is planned for October 31, 2014 and will include information on the targeted and actual number of new hires by facility. The CEO will evaluate DHS' progress on implementing the first year of the NSP using the quarterly reports. The CEO will only recommend additional positions for the second year of the NSP in the FY 2015-16 Recommended Budget if DHS makes sufficient progress on the first year NSP hiring projections.

If you have any questions or require additional information, please contact me or your staff may contact Gregory Polk at (213) 974-1160 or via e-mail to [gpolk@ceo.lacounty.gov](mailto:gpolk@ceo.lacounty.gov).

WTF:GP  
MM:bjs

Attachment

c: Executive Office, Board of Supervisors  
County Counsel  
Health Services

051214\_HMHS\_MBS\_Nurse Staffing Plan Agenda of 051414

**DEPARTMENT OF HEALTH SERVICES  
REPORT ADDRESSING THE NURSE STAFFING PLAN  
MAY 8, 2014**

**I. GENERAL PROPOSAL**

The Department of Health Services (DHS) Nurse Staffing Plan (NSP) is a system-wide plan to implement standardized staffing models for patient care areas within DHS. The NSP focuses on compliance with mandated staffing ratios for licensed nurses and lift teams and also includes non-mandated staff to address patient safety and operational needs to ensure DHS operates efficiently and effectively. The plan includes the following components: 1) inpatient units with AB 394-mandated nurse-to-patient ratios; 2) hospital-based clinics; 3) management, education, and employee health services (EHS) restructuring; and 4) health information management (HIM) offsets. Further detail on these components is provided below.

1. The inpatient NSP proposes to implement a standardized staffing model for all patient care areas and includes the following components:
  - a. AB 394 staffing plan for inpatient units in all areas covered under AB 394.
  - b. Staffing for lift teams to comply with AB 1136 requirements for safe patient handling. AB 1136 requires replacement of manual lifting and transferring of patients with powered patient transfer devices, lifting devices, and lift teams.
  - c. Staffing for transport teams needed to efficiently move patients between patient care areas (e.g., emergency department (ED), inpatient ward, operating room (OR), radiology).
  - d. Staffing for sitters for patients who are on legal holds or patients who need continuous in-person monitoring for safety reasons.
2. The hospital-based clinic NSP is in response to a critical need to streamline clinic operations, enhance outpatient productivity, and implement Patient Centered Medical Homes (PCMH) and includes:
  - a. Primary Care Clinics – PCMHs for Family Medicine, Adult Medicine, Internal Medicine, and Geriatrics.
  - b. Specialty Clinics – examples include Cardiology, General Surgery, Hematology, Orthopedic, Obstetrics and Gynecology, etc.
  - c. Procedure-based Clinics – examples include Cardiac Catheterization, Interventional Radiology, Bronchoscopy, Endoscopy, etc. Staffing varies by clinic type; clinics in which patients receive sedation during a procedure require more intense nurse staffing than clinics in which patients are not sedated.
3. The restructuring of EHS, nursing management, and nursing education, resulting in an offset of 22 positions.
4. The reassignment of items from the HIM units of each facility, results in an offset of 72 positions.

Beyond the components of the NSP submitted with the Fiscal Year (FY) 14-15 Recommended Budget, the DHS Ambulatory Care Network (ACN) is also completing its portion of the NSP and anticipates submitting its plan in a future budget phase once it is complete. The ACN NSP proposal will help improve patient experience, result in more efficient care, and improve the

quality of care to patients served. As currently structured, the ACN proposal anticipates savings of approximately \$12.0M and a reduction of 104 budgeted positions. Most of the staff occupying these items have already been reassigned to inpatient units within the hospitals.

### **Overall Policy**

DHS needs a stable and competent workforce to provide safe, effective, high quality patient care. By relying on County nurses instead of contract nurses, and through supplemental staffing in specific areas, DHS will enhance patient experience, improve operational efficiency and productivity, improve clinical outcomes, and enhance quality of care. The plan will also evaluate optimal nurse supervisory and management staffing needed in both inpatient and outpatient areas of DHS hospitals.

### **Clinical/Patient Care Impact:**

By ensuring a reliable and sustainable County workforce in the DHS hospitals, and by supplementing core staffing needed in clinics and procedure areas, the NSP proposal included in the FY 2014-15 Recommended Budget will help DHS improve patient outcomes by improving the quality of care delivered, improve a patient's experience of care, develop hospital-based PCMHs, and improve operational efficiency and reduce wait times in hospital-based clinics and procedure areas. Together, these service-level improvements are a key element of DHS' strategy to attract and retain revenue-generating patients.

### **Clinical and Fiscal Objectives**

- Enhance patient satisfaction and improve patient experience as a means of attracting and retaining patients.
- Streamline clinic operations; enhance clinic efficiency and productivity.
- Implement patient-centered medical homes.
- Improve patient outcomes (e.g., reduction in number of patients with pressure ulcers; reduction in patient falls; reduction in medication errors).
- Enhance staff satisfaction and reduce staff turnover.
- Establish lift teams to facilitate compliance with AB 1136 requirement for safe patient handling.
- Establish transport teams to efficiently transport patients throughout the hospital.
- Provide facilities with sufficient number of nursing attendants able to serve as sitters for patients who are on legal holds or patients who need continuous in-person monitoring for safety reasons.
- Restructure and standardize nurse management and supervisor staffing.
- Restructure nursing education to leverage central DHS staff and achieve economies of scale in nursing education.
- Improve cost-effectiveness by establishing a staffing model that relies on all staff working to the top of their skillset and/or license.
- Reduce overtime utilization by 80% over four years.
- Reduce external registry utilization by 80% over four years.

## Program Design and Methodology

A committee made up of nursing management representatives from each hospital conducted an analysis of current staffing at DHS hospitals, including a review of front-line staffing and nurse management structure. The analysis took into account all nursing items in the unit, both direct and indirect caregivers, as well as support staff. The staffing analysis was done by grouping like units into service lines: Medical-Surgical Units; Intensive Care Units (ICU); Inpatient Psychiatric Units; ED; Labor & Delivery; OR; and Post Anesthesia Care Units (PACU).

A description of the major factors taken into consideration for inpatient staffing calculations is provided below.

1. Licensed Nurses (RN and LVN) (mandated) – The number of licensed nurses required was calculated based on AB 394 requirements. The formula used for the calculation is: number of licensed nurse required x 3 shifts x 8 hours per shift x # of days ÷ 1764 productive hours per FTE. For Inpatient units and ED, the # of days used is 365 days. For OR and PACU, the formula used takes into account lower staffing ratios on weekends and holidays.
2. Nursing Attendant (NA): Unit/Procedure Area (non-mandated) – NAs provide critical support to registered nurses by completing specific patient care tasks such as turning, ambulating, bathing, feeding, and other activities that are essential to the patient's recovery. Doing these tasks help the nurses function at the top of their license and focus on skilled patient care activities.
3. Nursing Attendant (NA): Lift Team (mandated) – A lift team is established for all 3 shifts at all facilities in order to comply with AB 1136, "safe patient handling policy". The policy requires replacement of manual lifting and transferring of patients with powered patient transfer devices, lifting devices, and lift teams.
4. Nursing Attendant (NA): Sitters (non-mandated) – NAs are utilized for sitters and 1:1 staffing for patients who are on legal holds or patients who need continuous in-person monitoring for safety reasons. Staffing requirements for sitters are based on the average demand for sitters during FY 2012-13.
5. Clerks (non-mandated) – Clerical staff is key to the operational efficiency of patient care units. Clerks transcribe orders, answer phones, file lab and radiology reports, and keep the nursing units running smoothly so nurses can focus on patient care.
6. Unit Support Assistants: Transport Team (non-mandated) – Unit Support Assistants (USA) will be utilized to staff the transport team. The formula used to calculate the number of FTEs for transport team is based on the number of admissions/discharges and average daily census (ADC) for FY 2012-13. It is assumed that 100% of admitted and discharged patients require transport at 0.5 hour each, and 25% of the ADC require transport to various procedures/studies at 1 hour each on a daily basis.

**II. NURSE STAFFING AND HIRING**

**Current Staffing including Registry Nurses**

DHS hospitals and hospital based clinics have a total of 5,032 budgeted positions, 5,535 ordinance positions, and 5,313 filled positions (RN, LVN, NA, Clerks, and Techs) reporting through nursing in the current item control as of April 14, 2014. DHS hospitals utilized a total of \$43.0M in nurse registry staff in FY 12-13. DHS also used a total of \$29.0M in nursing overtime in FY 2012-13, the majority of which is provided in clinical (vs. administrative) areas. The NSP reflects an 80% reduction in registry and overtime expenditures over the 4-year implementation. Please see Section IV for detail on total registry and overtime expenditures and on steps to be taken to ensure targeted reductions are achieved.

**Projected Overall Hiring Expectations**

Below is a summary of the NSP budgeted positions for the 4-year implementation.

**Table I: Number of New Budgeted Positions for 4-Year Implementation**

	RN	LVN	Techs*	NA	USA	Clerks	CMA	Dental Asst	Subtotal	Other Offsets	Total NSP
Year 1: AB 394; AB 1136 Lift Team; Sitters; Transport Team	154	(48)	(21)	241	104	148	0		578		578
Year 1: Hospital-based Outpatient Clinic/Procedure Areas**	72	165	(8)	(82)	0	20	82	4	253		253
Offset (HIM; Nrsng.Mgmt; Nrsng.Educ; EHS)						(53)			(53)	(41)	(94)
<b>Year 1 Total:</b>	<b>226</b>	<b>117</b>	<b>(29)</b>	<b>159</b>	<b>104</b>	<b>115</b>	<b>82</b>	<b>4</b>	<b>778</b>	<b>(41)</b>	<b>737</b>

Year 2	191	11	4	50	0	115	0	0	371	(14)	357
Year 3	78	2	0	14	0	24	0	0	118		118
Year 4	0	0	0	0	0	0	0	0	0		0

<b>Grand Total</b>	<b>495</b>	<b>130</b>	<b>(25)</b>	<b>223</b>	<b>104</b>	<b>254</b>	<b>82</b>	<b>4</b>	<b>1,267</b>	<b>(55)</b>	<b>1,212</b>
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\* Techs include surgical tech psych tech, ortho tech, etc.

\*\* Hospital-based outpatient areas complete all hiring in year 1 of NSP

### Hiring Target for Year 1 Implementation

DHS' hiring target for the 1<sup>st</sup> quarter is 10%, 20% for the 2<sup>nd</sup> quarter, 40% for the 3<sup>rd</sup> quarter, and 30% for the 4<sup>th</sup> quarter assuming that positions are budgeted and released after approval of NSP (see Table II). The hiring targets are based on historical hiring patterns. For example, nurses typically wait until summer vacation is over before applying for jobs; hiring also is typically slower during the holiday season.

**Table II: Hiring Target FY 14-15**

Year 1	Classification	1Q	2Q	3Q	4Q	TOTAL
		July-Sept	Oct-Dec	Jan-Mar	Apr-June	
AB394 (mandated)	Registered Nurse	15	31	46	62	154
	Clerk	10	19	28	38	95
Lift Team/AB 1136 (mandated)	Nursing Attendant	8	15	23	31	77
Sitters	Nursing Attendant	8	16	25	33	82
Transport Team	Unit Support Assistant	10	21	31	42	104
Hospital Based Clinic/Procedure Areas	Registered Nurse	7	14	22	29	72
	Licensed Vocational Nurse	12	23	35	47	117
	Certified Medical	8	16	25	33	82
	Dental Assistant	0	1	1	2	4
	Clerk	2	4	6	8	20
<b>Total Hiring</b>		<b>80</b>	<b>160</b>	<b>242</b>	<b>325</b>	<b>807</b>

As we begin to hire into budgeted items, and based on the allocation of items to each nursing unit, various positions may be re-assigned from one unit to another within the same facility. The process governing these re-assignments will be carefully orchestrated by the Office of Nursing Affairs and Human Resources and in consultation with relevant labor representation.

DHS will implement an aggressive recruitment plan to ensure that the positions identified in the NSP are filled. Several strategic initiatives will be implemented by the ONA in collaboration with human resources, recruitment staff, and facility Chief Nursing Officers (CNOs).

1. Advertising and Marketing – DHS will conduct an aggressive advertising and marketing campaign to reach out to nurses locally and at the national level, particularly nurses with experience or specialty training in OR, ED, and ICU. Nurse recruiters will participate in nursing job fairs at each DHS facility and at Community Colleges, especially those colleges supported by DHS' tutoring and mentoring program. ONA will coordinate the hosting of Nursing Job Fairs and Open Houses at each hospital. (See Table III for a summary of sample events.)

**Table III: Recruitment Activities: Job Fairs and Open Houses**

Dates	Job Fairs	Career Fairs	Open Houses
June 2014	Glendale Community College	East Los Angeles Community College	DHS College of Nursing & Allied Health (CONAH)
July 2014	LA Harbor College	El Camino-Compton Community College	LA Valley College
Aug 2014	Trade Tech College	Rio Hondo College	Cal-State LA
Sep 2014	Azusa Pacific University	Cal-State Long Beach	Pierce College
Oct 2014	Cal-State Northridge	UCLA	USC
Nov 2014	Mount San Antonio College	Charles Drew University	Mount St Mary's College
Dec 2014	CONAH	Glendale Community College	East Los Angeles Community College
Jan 2015	El Camino- Compton Community College	LA Valley College	LA Harbor College
Feb 2015	Cal-State LA	Trade Tech College	Rio Hondo College
Mar 2015	Pierce College	Azusa Pacific University	Cal-State Long Beach
Apr 2015	Los Angeles Community College	Cerritos Community College	West Coast University
May 2015	Western University of Health Sciences	East Los Angeles Community College	Glendale Community College
June 2015	LA Valley College	El Camino- Compton Community College	LA Harbor College

2. Expedited Applications – DHS will expedite the processing of applications through human resources (HR). The processing of RNI applications has already been expedited since applicants now complete a Work Style Assessment instead of going through a time-consuming Civil Service interview. ONA will work with HR in exploring the feasibility of having other RN classifications (RNII, RNIII, Relief RN) complete a Work Style Assessment as well as other potential changes to the exam process.

Further, DHS has been working with the County's Department of Human Resources on an electronic program to capture nurse specialties in the online application process. This function will expedite the hiring process by eliminating the need for DHS HR to canvas all applicants when a hiring manager seeks to interview and hire a nurse with a particular specialty. This application enhancement is expected to launch in FY 2014-15.

3. Expedited Hiring Process – The third initiative is to focus on expediting the interview and hiring process. Each facility has a nurse recruitment office responsible for conducting Civil Service interviews, scheduling selection interviews with nurse managers, and

processing new hires. Nurse recruiters will regularly schedule large-scale interviews with hiring managers, including weekend events. Managers will be expected to make timely selection and contingent job offers after the interviews. Live scans will be expedited by allowing the candidates to complete fingerprinting at any DHS facility. ONA will work with HR and facilities to expedite pre-employment physicals.

4. List Management – Finally, DHS will ensure a large pool of candidates for recruiters and hiring managers to interview. ONA and HR will work closely together to monitor the number of eligible applicants on the list and expand the number for specialty areas (ED, ICU, OR) and other classifications such as CMA and NA.

Table IV provides a snapshot of the number of eligible candidates on the certification list as of May 2014, prior to the anticipated NSP recruitment efforts. Each applicant remains on the certification list for 6 months to 1 year. The certification list is refreshed and updated continuously.

**Table IV: Current Certification List**

NSP Plan Component	Classification	Eligible Applicants on	Year 1
<b>AB394</b>	Registered Nurse I	395	154
	Registered Nurse II	246	
	Registered Nurse III	13	
	Relief RN	306	
<b>Transport Team &amp; Sitters</b>	Clinic Nursing Attendant I (CNA) &	297	186
	Nursing Attendant II	5	
<b>Lift Team</b>	Unit Support Assistant (USA)	Currently using the NA	77
<b>Hospital Based Clinic/Procedure Area</b>	Registered Nurse	See Above	72
	Clinic Licensed Vocational Nurse I	237	117
	Certified Medical Assistant (CMA)	76	82

**Hiring Incentives**

The following programs are in place and funded from the recruitment budget of ONA. The incentives were put on hold for the past two fiscal years due to budgetary constraints. Funds for these programs are included in the FY14-15 budget and the programs will be re-instated by ONA as part of the recruitment plan effective FY 14-15.

1. Tuition Reimbursement Program – Partial tuition reimbursement is provided to permanent DHS employees after successful completion of approved courses toward an advanced degree in nursing. The tuition reimbursement amount does not exceed \$1,000 per semester/quarter and \$3,000 annually per fiscal year and is based on available funding.
2. Employee Referral Award Program – Eligible employees may receive a monetary award of \$1,000 for referring qualified nursing applicants for “hard to recruit” RN positions.

3. Relocation Incentive Program – Eligible RNs appointed to a full-time nursing position who reside outside a 200 mile radius of the Los Angeles County geographical boundary receive a \$750 relocation allowance.
4. Antonovich Nursing Scholarship Program – This program is awarded to students pursuing a career as an RN and who meet specific program requirements. The scholarship award is for \$4,000 and requires the RN to sign up for a 3-year employment commitment.
5. Specialty Training Programs for ICU, ER, OR – Specialty training programs are scheduled at regular intervals at each facility and funded through the hospital's nursing department budget.

Beyond the above DHS incentive programs, there are also State and Federal loan repayment programs available.

### **Examination and Recertification Requirements**

All new hires must meet the minimum requirement for the nursing examination by classification in order to be placed on the certification list. Maintaining RN licensure and mandatory certifications (e.g., BLS, ACLS) is the responsibility of the employee, and re-certifications are completed by nursing staff at their own expense. Re-certification classes are also offered at the College of Nursing at no cost to nursing employees.

### **Training**

Training of newly hired nurses includes HR new employee orientation, hospital orientation, and unit specific nursing orientation. ONA will coordinate a centralized orientation process to reduce the on-boarding time, including centralized HR orientation and a centralized nursing orientation for generic mandatory classes.

Nursing leadership at each facility will be expected to schedule sufficient hospital-based and unit-based nursing orientation and training slots for timely on-boarding of new hires. ONA will work closely with facility CNOs to develop a system wide approach to curriculum development and clinical training for the specialty programs (ICU, ER, and OR).

### **Supervision and Mentorship Capacity**

DHS will utilize existing nursing resources (Supervising Staff Nurses, Managers, RN preceptors) to supervise and mentor the new hires at no added cost to DHS. DHS will also utilize existing nursing instructors and Clinical Nurse Specialists at each DHS facility for hospital-based and unit-based orientation.

### **Expected Job Start Timing**

Pending approval of the NSP, ONA will work with HR and facility Chief Nursing Officers to start the recruitment process including posting of recruitment flyers and hosting job fairs and open houses. The hiring process will be expedited and orientation for new hires will start promptly upon completion of live scan and employee physical.

Start dates for nurses will depend on the particular position they are hired on and their prior experience. New employees with experience typically need a two-week orientation. New graduates with no experience require a longer orientation which could last from six to eight weeks. New hires for specialty care areas require training which could take from three to six months for medical/surgical area and the Emergency Department. Training for new OR nurses lasts from six to nine months. ONA will work with facility nursing management to streamline the orientation and training period by establishing a standardized curriculum for didactic and clinical rotations.

**Annualized Cost Impact of Recertification, Training, and Supervision**

As explained above, there is no cost impact to DHS for nurse recertification. Maintaining certification is the responsibility of the employee. Although nursing orientation will be scheduled more frequently to accommodate the increased number of new hires, there is no cost impact anticipated. Hospitals have existing nursing education staff that coordinate new hire orientation. The cost of books for ICU and ED training will be covered by the recruitment budget.

**III. NURSE TO PATIENT RATIO**

**State–Mandated Nurse-to-Patient Ratios**

AB 394 was introduced by Assemblyperson Kuehl, and signed into law by Governor Davis in the Fall of 1999. The law is the nation's first law mandating nurse staffing ratios for acute care hospitals. The ratio was amended in 2005 for changes to take effect in 2005 and 2008 as reflected in the table below.

**Table V. Hospital Minimum Nurse to Patient Ratio as Required by AB 394**

Hospital Unit	Nurse Patient Ratio
Behavioral Health and Psychiatric Units	1:6
Emergency Departments	1:4
Triage (RN only)	1:1
Radio (RN only)	1:1
Trauma (RN only)	1:1
Critical Care	1:2
General Medical-Surgical	1:5 (1:6 pre 01/01/05)
ICU/CCU	1:2
Labor and Delivery	1:2
Ante Partum (Not Active Labor)	1:4
Postpartum	1:6 (mothers only)
Couplets (moms and babies)	1:4
Combined Labor and Delivery	1:3
Mixed Units	1:5 (1:6 pre 01/01/05)
Neonatal ICU (RN only)	1:2
Operating Room (RN only)	1:1
Pediatrics	1:4

Hospital Unit	Nurse Patient Ratio
Post Anesthesia Care Unit	1:2
Specialty Care (Oncology and Dialysis)	1:4 (1:5 pre 01/01/08)
Step-Down Unit	1:3 (1:4 pre 01/01/08)
Telemetry Unit	1:3 (1:4 pre 01/01/08)
Well-Baby Nursery	1:8

**Current Nurse-to-Patient Ratios**

DHS is in compliance with the State mandated nurse-to-patient ratio by supplementing core staffing with overtime and contract nurses from the registry. Supervising Staff Nurses provide periodic coverage for meals and breaks.

**Impact of Nurse Staffing Plan Hiring on Projected Nurse- to-Patient Ratios**

DHS will continue to utilize supplemental staffing with overtime and contract nurses from the registry in order to maintain compliance with AB 394 nurse-to-patient ratios. There is no intermediate nurse-to-patient staffing ratio needed since we are expected to maintain compliance with AB 394 nurse-to-patient ratios at all times. As we hire new nurses we will continue to decrease overtime and registry utilization.

**IV. REGISTRY AND OVERTIME REDUCTION**

Contract nurses from the registry and overtime hours are utilized to supplement staffing at all DHS hospitals. A summary of nurse registry and overtime expenses is provided below.

**Table VI: DHS Nurse Registry Expenditure, FY2012-2013 in Millions**

Position	Hours	Estimated FTE	Expense
RN	289,249	139.0	\$19.4
LVN	70,158	34.0	\$2.6
CNA	774,033	372.0	\$18.7
Surg Tech	46,807	22.0	\$2.0
Psych Tech	22,279	11.0	\$1.0
<i>Total</i>	<i>1,202,526</i>	<i>578.0</i>	<i>\$43.7</i>

**Table VII: DHS Nurse OT Expenditure, FY2012-2013 in Millions**

Position	Hours	Estimated FTE	Expense
RN	479,087	229.5	\$23.1
LVN	35,486	17.0	\$1.0
CNA	178,891	85.7	\$3.5
Surg Tech	11,631	5.6	\$.4
Clerk	52,414	25.1	\$1.3
Psych Tech	-	-	\$0
<i>Total</i>	<i>757,508</i>	<i>362.9</i>	<i>\$29.3</i>

The NSP reflects an 80% reduction in registry and overtime expenditures over the 4-year implementation. ONA will oversee the process for ensuring that DHS meets its target registry and overtime reduction. A dashboard will be developed to demonstrate monthly reductions by facility. As nurses are hired into vacant positions, nursing management at each facility is expected to demonstrate a corresponding decrease in contract registry positions and overtime hours. Appropriate controls and expectations will be enforced on the use of contracted registry nurses for 13-week assignments. Use of contract nurses for extended assignments will require approval from ONA. Use of overtime will require approval from a nursing director.

Registry and overtime reductions are not reflected in year 1 to account for the hiring, on-boarding, and training time of the newly hired nurses. It should also be noted that registry nurses and overtime will be utilized by the hospitals over the next 2 years to backfill nurses who are functioning as subject matter experts for the ORCHID EHR implementation. ONA will clearly track the ORCHID registry and overtime hours separately from other non-ORCHID registry/overtime hours.

**Table VIII: Projected Overtime and Registry Reduction in Millions and approximate FTEs**

Projected Savings	FY 14-15		FY 15-16		FY 16-17		FY 17-18		Total	
	\$	FTEs	\$	FTEs	\$	FTEs	\$	FTEs	\$	FTEs
Overtime	--	--	\$10.0	152.0	\$6.4	101.0	\$3.2	51	\$19.6	304.0
Registry	--	--	\$16.0	257.0	\$11.0	171.0	\$5.5	86	\$32.5	514.0
Total	--	--	\$26.0	409.0	\$17.4	272.0	\$8.7	137	\$52.1	818.0

**V. PROJECT IMPLEMENTATION AND FISCAL REPORTING**

DHS will submit a quarterly report to the Board on the status of the NSP implementation 30 days after the close of each quarter. The quarterly report that will be used to monitor DHS' progress will show the target and actual new hires and the target and actual registry and overtime reduction.

**VI. CONVERSION OF FULL-TIME POSITIONS TO PART-TIME**

As currently planned in the Recommended Budget for year 1, there are 725 budgeted "A" items and 12 "F" items. The budgeted "A" items will support continuity of care and facilitate hiring of nurses with experience in ICU, ED, and OR who often prefer full time employment with benefits.

In response to the Board's input, DHS will work with CEO on a solution to allocate a greater number of the items in the nurse staffing plan as part time/temporary items, balancing the need to reduce long-term financial obligations with the need to attract and retain staff. Given the need to improve continuity of care in outpatient settings, DHS will focus part-time/temporary item allocation on the following position classification: RNs in the inpatient units; LVNs in procedure clinics; NAs in medical surgical units; Sitters; and Unit Support Assistants.

Table IX: Proposed Conversion of Full-time Positions to "F" Items

	Position	Recommended Budget	Conversion	New "F" Items	Remaining "A" Items
<b>AB394</b>					
Inpatient	Registered Nurse	154	25%	39	115
Lift	Nursing Attendant	77	25%	19	58
Sitter	Nursing Attendant	82	40%	33	49
Transport	Unit Support	104	25%	26	78
<b>Hospital-Based Clinics</b>					
Procedure	Licensed Vocational	23	25%	6	17
<b>TOTAL</b>		440	—	123	317