

Nursing Care Committee Semianual Report

Carle Eureka Hospital | December 2025

The purpose of the Carle Eureka Hospital Nursing Care Committee is to provide acuity-based guidelines for nurse staffing levels for inpatient care units. The guidelines for inpatient staffing plans are outlined in [Section 250.1130](#) of the Illinois Hospital Licensing Act. The guidelines recognize evidence-based staffing and care standards established by professional nursing organizations, as well as measurable patient and staffing outcomes, along with nursing-sensitive indicators.

WHAT IS THE NURSING CARE COMMITTEE?

State legislation introduced bill, SB2153, the Nurse Staffing Improvement Act. This bill gives front-line nurses a stronger voice in the organizations where they work related to staffing. The Nurse Staffing Patient Acuity Act requires that Illinois hospitals have a hospital-wide Nursing Care Committee.

THE NURSING CARE COMMITTEE MUST:

- Be co-chaired by a direct care nurse with the CNO. The Co-Chair of the Committee is a direct care nurse selected by the nursing staff on the committee.
- Produce a hospital-wide staffing plan, including inpatient emergency departments.
- Consider issues such as patient outcomes, complaints related to staffing, the number of nursing hours provided compared to the number of patients on the unit, aggregate overtime nursing hours worked, and the degree to which actual shifts worked varied from what is provided for in the staffing plan.
- Design a mechanism for nurses to report variations from the staffing plan with respect to the assignment of nursing personnel and a process for such reports to be reviewed and addressed.
- Meet at least six times annually, with reports to be provided to direct care nurses two times per year.
- Issue an annual report to the Hospital's governing board, including recommendations for future changes to nurse staffing.

CURRENT CARLE EUREKA NURSING CARE COMMITTEE MEMBERS

Amanda Smith, Stacy Barclay, Melissa Reidy, Joni Hornbeck, Holly Ehrhardt, Jason Burnett, Scott Farquhar, Karen Vance, Katie Nelson, Mark Lareau and Laura Wheet.

NATIONAL DATABASE FOR NURSING SENSITIVE INDICATORS (NDNQI)

Carle Eureka Hospital participates in NDNQI patient quality and safety measures. NDNQI provides a national data repository through which hospitals can confidentially compare nursing sensitive indicators at the unit level to similar units in hospitals across the country. They are a measure of where your facility

ranks within its peer group. Patient outcomes are collected through a combination of medical record review and administrative data, according to standard definitions. The American Nurses Association (ANA) established the NDNQI in 1998 to meet the need to evaluate nursing's impact on healthcare, along with what effect workload, workflow, and nurse-patient ratios have on patient outcomes. The ANA determined that data collection should be ongoing as part of the profession's responsibility to monitor itself and promote quality outcomes.

CARLE EUREKA STAFFING PLAN

Carle Eureka Hospital has implemented a written staffing plan that guides the organization and all units in determining the proper level of nurse staffing to ensure the highest quality of patient care and safety conformance within professional nursing standards. The plan follows evidence-based practice, which recommends that nurse staffing in an acute care hospital be determined by the complexity of patient care needs in alignment with available nursing skills.

THE NURSE STAFFING PLAN INVOLVES:

Consideration of the complexity of patient care to assist in making appropriate staffing and adjustment decisions. Each unit's staffing plan is based on patient volumes, patient diagnoses, the scope and level of care required, clinical competency of care providers, and the mix of providers by unit and national benchmarks.

PATIENT ACUITY SYSTEM FRAMEWORK:

Guides the organization in the following:

- Adjusting the volume of nursing staff in accordance with real-time patient acuity.
- Making day-to-day shift assignment adjustments based on patient acuity to ensure each patient has the appropriate level of care.
- Matching caregiver skill variables with the complexity and seriousness of patients' illnesses.
- Consideration of various day-to-day variables based on the characteristics of each patient unit, the experience and skill set of nurses assigned to those units, availability of support services and opportunities for care coordination, discharge planning, and patient education.
- Assignment of decision-making authority to each unit charge nurse to respond to changes in workload due to patient census, department activity fluctuations, and acuity.
- The charge nurse identifies and implements a flexible staffing process to promote clinically appropriate staffing decisions on an ongoing basis.

REVIEW OF THE NURSE STAFFING PLAN

The Nursing Care Committee (NCC) reviews the staffing care plan annually. Fifty-five percent or more of the NCC are nurses who work at the bedside providing patient care.

ACUITY PLUS INTEGRATION TO SUPPORT STAFFING DECISIONS

Acuity Plus is a workload measurement tool that assists charge nurses with staffing decisions. The methodology integrates nursing documentation to forecast staffing requirements while integrating with the

time and attendance system. Staffing is adjusted as required to meet the patient's needs and is evaluated every four hours. Illinois hospital licensing requirement section 250.1130 nurse staffing by patient acuity noncompliance may be reported to IDPH via email idph.ccr@illinois.gov or by phone at the Central Complaint Registry Hotline (800) 252-4343.

COMPLAINTS REGARDING STAFFING

Staff can enter a staffing or acuity concern using RL Datix event reporting on the Carle Health TruNorth intranet page. The CNO or designee sends the generated reports to the Nurse Staffing Committee for resolution.

2025 STAFFING OR ACUITY CONCERN AND RESOLUTIONS

RL events regarding staffing and acuity are discussed at every meeting with resolutions provided by front-line staff. Through RL events reported it was determined by the NCC that the inpatient unit at Carle Eureka will be staffed with two nurses on the weekends as their minimal staffing, due to limited resources on the weekends. A process was put into place for the Eureka Inpatient Unit, which sometimes works with one nurse and one tech, to escalate up the chain of command if they have needs such as blood needing to be obtained for the unit, break coverage, etc.

OTHER STAFFING DECISIONS MADE IN 2025

- CRU will hire new graduate nurses into the pods. CRU staff from Carle BroMenn Medical Center will float to Carle Eureka Hospital to help with staffing.
- Increase agency on the night shift, move nurses who have been waiting to go to day shift to the day shift to increase retention.
- Drive staffing incentivized pay to the night shift, where our greatest vacancy exists.
- Continue staffing every third weekend and every other holiday.
- Reviewed and made changes to the current registry agreement.
- A secondary registry agreement was created for current Carle employees who wish to pick up a secondary position.
- Weekend Option Agreement reviewed and revised for 2026.
- All NCC members will be trained to do Acuity Plus® audit.s
- Determined registry associates will be part of the holiday flex lottery, but they will be prioritized after FTE staff.
- Initiated the Student Nurse Internship Program (SNIP).
- Offered an alternative option for healthcare tech orientation.
- Retention coupon books distributed during Nurses Week.
- Continue to recognize DAISY and Gold Star recognition formats.

CHANGES IN 2025 TO THE STAFFING PLAN BY NURSING CARE COMMITTEE MEMBERS

In 2025, the Nursing Care Committee adjusted the staffing plan. The scope of service for the Eureka Inpatient Unit was reviewed, allowing committee members to point out areas that needed clarification or restructuring based on their current practice, including a description of nursing assessment frequency and patient age limits. The Scope of Service for each unit is attached to the Eureka nurse staffing plan. The nursing care committee also reviewed the nurse staffing plan for Eureka.

Updated items for 2024 to the nurse staffing plan are as below:

The Acuity Plus program was adjusted to better delineate the use of acuity-based rather than ratio-based staffing. The committee members received updates on the training, implementation, and feedback on real-time usage of Acuity Plus at each meeting to ensure that the results aligned with the staffing plan's goals.

- Definitions on each plan have been updated.
- Changes were made with regard to AcuityPlus®.
- There were changes in ratios – maximum level within safety.

ED ACUITY STAFFING PLAN

Emergency Department (ED) leaders identified that because the ED Acuity Plus methodology is retrospective, not prospective and predictive as it is in the inpatient methodology, the data was duplicative and on its own, does not support the Illinois Hospital Licensing Act requirement to staff by acuity. Leaders identified existing tools that are able to be replicated and used to demonstrate ED staffing by acuity. Tools to demonstrate staffing by acuity, providing real-time analytics for operational decisions:

- Emergency Severity Index (ESI®)
- National Emergency Department Overcrowding Scale (NEDOCS®)

The Emergency Severity Index (ESI®) is an ED triage algorithm sorting patients into five categories from most to least urgent (1-5) based on acuity and resources required. The National Emergency Department Overcrowding Scale (NEDOCS®) is a tool used to measure patient throughput and calculate levels of overcrowding.

1. ESI is utilized to evaluate patient acuity and staff assignments.
2. The triage nurse or primary nurse will assign an ESI score based on the validated algorithm, providing necessary acuity information.
3. The ED Charge Nurse is responsible for nurse assignment modifications related to changes in patient acuity.
4. ED Charge Nurse and management are responsible for evaluating the NEDOCS score and making staffing decisions to support nurse/unit workload.

2025 Central Region Annual Data

- RN turnover/vacancy rate – 13.5%

- RN posted positions – 45
- Healthcare Tech turnover/vacancy rate – 42.2%
- Number of RN injuries related to patient handling – 0 (CEH only)
- Number of hospital-acquired pressure injuries – 0 (CEH only)