Providence St. Mary Medical Center Nurse Staffing Plan Submission 2022

I, the undersigned with responsibility for Providence St. Mary Medical Center, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for 2022 and includes all units covered under our hospital license under RCW 70.41. This plan was developed with consideration given to the following elements (please check):

- ☐ Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
- ☐ Level of intensity of all patients and nature of the care to be delivered on each shift;
- ☐ Skill mix;
- ☐ Level of experience and specialty certification or training of nursing personnel providing care;
- ☐ The need for specialized or intensive equipment;
- ☐ The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;
- ☐ Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
- ☐ Availability of other personnel supporting nursing services on the patient care unit; and
- ☐ Strategies to enable registered nurses to take meal and rest breaks as required by law or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff.

This staffing plan was adopted by the hospital on: December 19, 2022

As approved by Reza Kaleel, Chief Executive

Providence St. Mary Medical Center

Staffing Plan Submission

December 2022

The following is the nurse staffing plan for Providence St. Mary Medical Center, submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420.

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Providence St. Mary Medical Center Nurse Staffing Plan Submission 2022

Nurse Staffing Plan Purpose

This plan was developed for the management of scheduling and provision of daily staffing needs for the hospital, and to define a process that ensures the availability of qualified nursing staff to provide safe, reliable and effective care to our patients. This plan applies to all parts of the hospital licensed under RCW 70.41.

Nurse Staffing Plan Principles

- Access to high-quality nursing staff is critical to providing patients safe, reliable and effective care.
- The optimal staffing plan represents a partnership between nursing leadership and direct nursing care staff.
- Staffing is multifaceted and dynamic. The development of the plan must consider a wide range of variables.
- Data and measurable nurse sensitive indicators should help inform the staffing plan.

*These principles correspond to *The American Nursing Association Principles of Safe Staffing.*

Nurse Staffing Plan Policy

- The nurse staffing committee (committee) is responsible for the development and oversight of the nurse staffing plan to ensure the availability of qualified nursing staff to provide safe, reliable and effective care to our patients.
- The committee's work is guided by its charter.
- The committee meets on a regular basis as determined by the committee's charter.
- The committee's work is informed by information and data from individual patient care units. Appropriate staffing levels for a patient care unit reflect an analysis of:
    - Individual and aggregate patient needs;
    - Staffing guidelines developed for specific specialty areas;
    - The skills and training of the nursing staff;
    - Resources and supports for nurses;
    - Anticipated absences and need for nursing staff to take meal and rest breaks;
    - Hospital data and outcomes from relevant quality indicators; and
    - Hospital finances.

  *The American Nurses Association does not recommend a specific staffing ratio, but rather to make care assignments based on acuity, patient needs and staff competencies.

- The analysis of the above information is aggregated into the hospital's nurse staffing plan. Each individual patient care unit may use the Nurse Staffing Committee Checklist to guide their work.
- Staff continuously monitor individual and aggregate patient care needs and make adjustments to staffing per agreed upon policy and collective bargaining agreement (if applicable).
- The committee will perform a semiannual review of the staffing plan. If changes are made to the staffing plan throughout the calendar year, an updated staffing plan will be submitted to DOH.
- The hospital is committed to ensuing staff are able to take meal and rest breaks as required by law, or collective bargaining agreement (if applicable). The committee considers breaks and strategies to ensure breaks when developing the plan. A global break policy may be used, or individual patient care units may have discretion in structuring breaks to meet specific needs

while meeting the requirements of the law. Data regarding missed or interrupted breaks will be reviewed by the committee to help develop strategies to ensure nurses are able to take breaks.

Nurse Staffing Plan Scope

Acute care hospitals licensed under RCW 70.41 are required by law to develop a nurse staffing plan. The plan must cover areas of the hospital that: 1) are under the hospital's license (RCW 70.41) and 2) where a nurse(s) provides patient care (i.e., "patient care unit").

The following areas of the hospital are covered by the nurse staffing plan:

- Exhibit A – Emergency Department
- Exhibit B – Intensive Care Unit
- Exhibit C – Women's Services
- Exhibit D – Medical Unit
- Exhibit E – Surgical Unit
- Exhibit F – Inpatient Rehab Unit
- Exhibit G – Operating Room
- Exhibit H – Outpatient Procedure Center/PACU
- Exhibit I – GI Services
- Exhibit J – Cardiac Cath Lab
- Exhibit K – Home Health
- Exhibit L – Cancer Center

Nurse Staffing Plan Critical Elements

- The following represents critical elements about the nurse staffing plan:
- Unit census
- Unit activity such as patient discharges, admissions and transfers
- Acuity
- Staff skill mix
- Level of experience and specialty certification/training
- Architecture and geography of patient care areas
- Staffing guidelines adopted by national professional nursing organizations
- Availability of support personnel
- Strategies to allow personnel to take meal and rest breaks

Nurse Staffing Plan Matrices

Matrices are developed as a guide for shift-by-shift unit-based staffing decisions and are adjusted up or down based on patient factors and skill-mix of hospital staff.

Exhibit A – ED (Day Shift, [insert start and stop time])					
Projected Pt. Census	**Charge Nurse**	**RN**	**CNA (as applicable)**	**Health Unit Coordinator (as applicable)**	**Additional Support Staff/Other (as applicable)**
	[insert per plan]	[insert per plan]	[insert per plan]	[insert per plan]	[insert per plan]
*Matrices are developed as a guide for shift-to -shift unit-based staffing decisions and are adjusted up or down based on patient factors and skill-mix of hospital staff.					

- Exhibit A – Emergency Department
- Exhibit B – Intensive Care Unit
- Exhibit C – Women's Services
- Exhibit D – Medical Unit
- Exhibit E – Surgical Unit
- Exhibit F - Inpatient Rehab Unit
- Exhibit G – Operating Room
- Exhibit H – Outpatient Procedure Center/PACU
- Exhibit I – GI Services
- Exhibit J – Cardiac Cath Lab
- Exhibit K – Home Health
- Exhibit L – Cancer Center

Status Active PolicyStat ID 12586796

Providence St. Mary Medical Center

Implementation	09/1974
Last Reviewed	12/2022
Effective	12/2022
Last Revised	12/2022
Next Review	12/2025

Owner	Kathleen Yancey: Manager Emergency Services RN
Policy Area	Emergency Department
Applicability	WA - Providence St. Mary MC

Staffing Plan, Emergency Department

Executive Sponsor:	**Louise Dyjur, CNO**
Policy Owner:	**Melissa Bowe, Director Nursing**
Specialty Contact Person:	**Kathleen Yancey, Clinical Manager Emergency Dept.**

SCOPE

Emergency Department (ED) staffing plan will be based on recommended staffing guidelines set forth by the Emergency Nurse Association (ENA) at a minimum and will also take into consideration elements such as unit census, the needs and acuity of the patient, and the ability to safely provide care needed for each individual patient.

POLICY

There shall be guidelines in place to ensure safe staffing in the Emergency Department 24/7 by qualified caregivers. The ED staffing guidelines and policy will be reviewed annually.

PURPOSE

Staffing guidelines will be developed to meet patient care requirements expected throughout the 24-day for average projected ED volumes. Adjustments in staffing levels may be required to address variability in patient volumes, acuity or special circumstances. This policy addresses volumes of patients less than required to activate the hospital Emergency Operations Plan.

REQUIREMENTS

1. **Emergency Dept. RN core staffing levels** for average daily census of 88 patients are as follows:
    - 0700-1930 4 RN's
    - 0900-2130 2 RN's
    - 1200-0030 2 RN's
    - 1900-0730 4 RN'
2. **Department Overview and Assignments**
    - The ED serves all patient demographics and acuity levels to include health care services required by and provided to a client after the sudden onset of a medical condition.
    - The ED consists of 4 "zones," each with patient capacity of 4-5 patients as well as a Rapid Treatment Unit (RTU) that has capacity to accomodate 6 or more low acuity patients depending on RN availability.
3. **Support staff**
    - Situations may arise in which additional staffing may be identified. These situations may include: unusually high volumes, multiple 1:1 or high acuity patients, multiple behavioral health patients needing 1:1 observation, high number of boarded patients and mass casualty incidents. Support staff may be utilized for these instances and can include, but are not limited to, cross trained RN's, patient care attendants, nurse externs, ED techs, and CNA's.
4. **Training and Specialty Certification of staff**
    - All RN staff will be trained and oriented utilizing a preceptor and the Critical Care classes if needed based on experience. The length of the training and orientation will be based on the experience of the onboarding caregiver.
5. **Staffing Plan**
    - The staffing plan will be evaluated annually at the staffing committee meetings and as necessary. During evaluation, efforts will be made to determine if the staffing plan is appropirate based on the current patient population served. The plan will be adjusted as ncessary.
6. **Meals and rest breaks**
    - Breaks will be provided in accordance with Washington State Laws. The unit coordinator will help with assuring breaks and lunches are taken.
7. **Low census**
    - Low census reduction in staffing is accomplished according to the UFCW3000 RN Collective Bargaining Agreement.
8. **Chain of Command/Staffing Decision Tree**

- A unit coordinator (UC) or charge nurse will be assigned every shift to coordinate patient care. The UC works in cooperation with the team to ensure smooth overall functioning of the unit. The House Supervisor is the first line to help with decision needs of staff and bed availability. Staffing needs are communicated at staffing huddle held twice a day and escalated as appropriate.

9. **National/Professional guidelines**
    - The Emergency Department utilizes the professional national association ENA (Emergency Nurses Association).

REGULATION

Washington State Legislature WAC182-550-1050

Attachments

Emergency Department Staffing Plan.docx

Approval Signatures

Step Description	Approver	Date
	Louise Dyjur: Chief Nursing Officer	12/2022
	Melissa Bowe: Director Emergency Services RN	12/2022

Providence
St. Mary
Medical Center

Emergency Department Staffing Plan

PSMMC Emergency Department is staffed by registered nurses, Emergency Department Technicians, and patient care attendants.

- Unit Coordinator (Charge Nurse)- is responsible for daily shift operations and patient throughput.
- Intake Nurse- responsible for initial of patients arriving to the ED lobby. (Triage is the sorting by acuity or "severity of illness or injury from most severe to least severe)
- Rapid Treatment Unit- The RTU is designed for rapid assessment, treatment, and disposition of low acuity patients. Operations are from 9am to 9pm. Nurse to patient ratio is 1:6
- Acute Care ED- treatment area for mid to high acuity patients. Nurse to patient ratio in the acute care ED is 1: 4-5

Additional staff:

Emergency department technicians, patient care attendants, registered nurses from other inpatient care departments.

12/13/2022

Status Active PolicyStat ID 12799703

Providence St. Mary Medical Center

Implementation	01/2009
Last Reviewed	12/2022
Effective	12/2022
Last Revised	12/2022
Next Review	12/2025

Owner	Melissa Bowe: Director Emergency Services RN
Policy Area	Intensive Care Unit
Applicability	WA - Providence St. Mary MC

Staffing Plan Intensive Care Unit, 6010.4700

Executive Sponsor:	**Louise Dyjur, CNO**
Policy Owner:	**Melissa Bowe, Director Nursing**
Specialty Contact Person:	**Patty Harmon, Clinical Manager Intensive Care Unit**

SCOPE

Intensive Care Unit (ICU) staffing plan will be based on the American Association of Critical Care Nurses (AACN) recommended staffing guidelines at a minimum and will also take into consideration elements such as unit census, the needs and acuity of the patient and the ability to safely provide care needed for each individual patient.

PURPOSE

To clearly outline the process for staffing and assigning nursing personnel in the ICU.

POLICY

Established guidelines will be followed to ensure that adequate nursing personnel are available to provide safe patient care in the intensive care unit at all times, accounting for variation in the types and acuity levels of patients served.

REQUIREMENTS

1. **Department overview**

- The ICU is an acuity adaptable unit, and all beds are universal, accommodating intensive care, step down and medical or surgical overflow level of care patients. The unit is functional and staffed 24 hours per day, 7 days per week. The ICU provides intensive monitoring, assessment and intensive intervention by critical care trained nurses to patients from infancy through geriatrics. Patients with cardiovascular disease, pulmonary disease, neurological disease or injury, renal disease and inpatient hemodialysis, general surgery, peripheral vascular surgery, multisystem trauma, and acute medical illness are cared for in the ICU. ICU staff also run the hemodialysis patients that are in house.

2. **Chain of Command/Staffing Decision tree**:
    - **Unit Coordinator** A unit coordinator (UC) or charge nurse will be assigned every shift to coordinate patient care. The UC works in cooperation with the team to ensure smooth overall functioning of the unit. The House Supervisor is the first line to help with decision needs of staff and bed availability

3. **Meals and rest breaks**
    - The unit coordinator helps with assuring breaks and lunches are taken. Assigns buddies for break and lunch relief. If available and needed the manager can help with lunch breaks.

4. **Assignments**
    - Assignments are made by the ICU Unit Coordinator (UC) or Charge Nurse considering patient need, patient acuity, technical and clinical skills required and competencies of the staff available. Continuity of care is an important consideration when making patient assignments. Code/Trauma Team/Rapid Response nurse will be assigned by the UC. Float nurses assigned to Stepdown status patients with an ICU nurse assigned as a resource "buddy". The buddy nurse is available as a resource for the float nurse to answer questions and provide guidance around care.

5. **Training and Specialty Certification of staff**
    - All RN staff will be trained and oriented utilizing a preceptor and the Critical Care classes if needed based on experience. The length of the training and orientation will be based on the experience of the onboarding caregiver.
    - ICU RN's are encouraged to obtain their CCRN (Critical Care Registered Nurse) certification after 2 years of working as an ICU nurse.

6. **Low Census**
    - Low census reduction in staffing is accomplished according to the RN Collective Bargaining Agreement. Maintaining an ICU Charge RN and a second RN who is code/trauma team credentialed and able to respond to codes/rapid responses must be in-house at all times even if the ICU is closed due to low census.

7. **Staffing Plan**
    - The staffing plan will be evaluated annually at the staffing committee meetings and as necessary. During evaluation, efforts will be made to determine if the staffing plan is appropriate based on the current patient population served. The plan will be

adjusted as necessary. The unit of service is inpatient days and the annual budget is based on the average daily census.

8. **ICU Staffing Levels** RN Staffing levels for ICU are as follows:
    - Level II 1:1
    - Level I 1:2
    - Stepdown 1:3-4
    - Medical overflow patients are staffed depending on the volume and mixture of other ICU/Stepdown patients.
9. **National/Professional guidelines:**
    - The ICU utilizes the professional national association AACN (American Association of Critical Care Nursing)

LEVEL II: Requires 10-12 hours of direct care per shift

The patient requiring physiological monitoring or treatments more frequently than every hour with instability such as:

- Unstable hemodynamics requiring interventions/assessments every 15-30 minutes, or vasoactive IV infusions requiring frequent titration
- Fibrinolytic therapy for the first 4 hours
- Unstable neurologic status requiring assessments and interventions every 15-30 minutes.
- Unstable respiratory status requiring continuous observation and interventions such as suctioning every 15-30 minutes or frequent ventilator adjustments.

****The patient who is in danger of harming himself where there is extreme confusion and agitation, such as certain drug overdose or neurological trauma cases, may require a constant observer and not a nurse 1:1 depending on the actual patient care needs.

LEVEL I: Requires 6-10 hours of direct care per shift

The patient requiring physiologic monitoring or treatments hourly or less often, but who requires frequent observation and assessment by the ICU nurse. These patients may include:

- Patients requiring vital signs, medications, dressing changes, respiratory care, assessments or interventions every 1-2 hours.
- Hemodynamic assessments no more frequently than every 30 minutes
- Intubated and stable respiratory status with infrequent ventilator or O2 adjustments.
- Patients requiring close monitoring of arrhythmias or response to medications
- Stable on vasoactive IV infusions

STEPDOWN: Requires 4-6 hours of direct care per shift

The patient who does not require direct observation within the ICU, but who requires cardiac monitoring and observation/assessment by the ICU nurse. These patients include:

- Ventilator patients or patients requiring non-invasive positive pressure ventilation (NIPPV)
- Patients who do not require hemodynamic monitoring
- Interventional patients requiring post interventional monitoring
  Every 3-4 hour assessment and monitoring
  Every 3-4 hour IV medication administration, titration, and/or monitoring

Attachments

ICU staffing Plan.dotx

Approval Signatures

Step Description	Approver	Date
	Louise Dyjur: Chief Nursing Officer	12/2022
	Melissa Bowe: Director Emergency Services RN	12/2022
	Melissa Bowe: Director Emergency Services RN	12/2022

Providence

Providence St. Mary Medical Center
Intensive Care Unit Staffing Plan

Level 2 Patients are staffed with 1 Registered Nurse (RN) for every patient

Level 1 Patients are staffed with 1 Registered Nurse (RN) for every 2 patients

Stepdown Patients are staffed with 1 Registered Nurse (RN) for every 3-4 patients depending on the acuity

Updated: December 2022

Status Active PolicyStat ID 12775683

Providence St. Mary Medical Center

Implementation	04/1990
Last Reviewed	12/2022
Effective	12/2022
Last Revised	12/2022
Next Review	12/2025

Owner	Robyn Rivera: Director Women and Children Services
Policy Area	Women's Services
Applicability	WA - Providence St. Mary MC

Staffing Plan, 6085.4700

POLICY

The Women's Services Department is staffed with Registered Nurses and Certified Nursing Assistant/Ward Secretaries. Staffing is determined by volume, needs, and acuity of patients.
Department specific standards for allocation of staff are developed with input from nursing staff, the Department Director and the Chief Nursing Officer. In the OB setting, the number and mix of staff allocated to the department each shift is based on nursing hours per patient day and a staffing matrix utilizing those hours. The matrix provides the number of staff allotted based on the patient census. Personnel hours are evaluated and adjusted on an ongoing basis considering the care needs of the patients, the skill mix and level of competency of the caregiver.

1. Staffing Plans are reviewed and revised annually using ante partum, labor and delivery, post partum and special care nursery volumes, historical data and peer group comparisons. Staffing Plans are posted in public view.

PURPOSE

To provide safe patient care with adequate staffing in compliance with Washington law.

PROCEDURE

Assignment

As providers of Obstetrical, Newborn, Special Care Nursery(SCN) (Level IIA), Gynecological, and other surgical services, we offer inpatient and outpatient care 24 hours per day. A charge nurse who is an experienced perinatal, registered nurse is assigned each shift to make assignments. We will make every attempt to schedule one nurse who is experienced in SCN and one in Post Partum. The charge nurse also assists in determining the amount of staffing required for the oncoming shift. The charge nurse/unit coordinator, in collaboration with the AC and Director or designee, if necessary, will ultimately determine the staffing for Women's Services.

Staffing the Women's Services area: AWHONN National Professional Staffing Guidelines

Core Staffing - Fluctuates Daily Dictated by Patient Acuity and Census

AM Shift Staffing - Monday -Friday - 4/5 RN 1-2 CNA Depending on Patient Acuity and Census

PM Shift - Staffing Monday -Friday - 4/5 RN 1-2 CNA Depending on Patient Acuity and Census

AM Weekend Staffing - 4/5 RN 1-2 CNA Depending on Patient Acuity and Census

PM Weekend Staffing - 4/5 RN 1-2 CNA Depending on Patient Acuity and Census

Staffing requirements may change dramatically and suddenly in any Obstetrical unit. In an effort to assure that skilled nursing is readily available for each patient we have based staffing on the following:

- There shall be two Perinatal nurses in Women's Services at all times.
- Census based staffing matrix guidelines are attached.
- Recognize that individual patient acuity may raise or lower the staffing needs.
- Recognize that triage, admissions, transfers and discharges may raise or lower staffing needs.
- When Women's Service's nurses are unavailable, the float pool provides additional nurses to assist with postpartum staffing needs.

Assignment Guidelines: AWHONN Staffing Standards

Labor	1:2 until in Active Labor
Labor -2nd Stage	1:1
Couplets/Postpartum pairs	1:3-4
Antepartum (stable) & Gyn	1:6
Epidural	1:1 Placement and stabilization
Labor Medically Complicated	1:1
Pitocin	1:2
Stable Newborn	1:3-6
Intermediate Newborns	1:2-3
Unstable newborn/obstetrical patient	1:1
Critical Newborns	1:3
Postpartum mothers	1:5-6 (without complications) 1:3 (with complications but stable)
PACU after Cesarean	2:1 Until stable 1:1 (pair) if stable 2:1 if unstable or critically ill
Triage	1:1-3
Cervical Ripening	1:2
Magnesium Sulfate Infusion	Antepartum: 1:1 During first hour and until no longer contracting to the degree that preterm delivery is of eminent concern. 1:2 there after Intrapartum: 1:1 while Laboring on Magnesium Sulfate Postpartum: 1: 2 (pairs)

Assignment Planning Meals and Breaks and Chain of Command

1. The Unit Coordinator shall determine the nurse/patient ratio based on the patient acuity. They are also responsible to evaluate staffing on an ongoing basis throughout the shift, and make adjustments as patient numbers and acuities change.
2. Unit Coordinators assume responsibility for staffing, break over site, stocking, fiscal accountability, and leadership in all situations. In order to meet the needs of the unit. The Unit Coordinator shall take a lighter post partum/gyn assignment, including triaging of outpatients. Unit Coordinators will relay any staffing issues to the Director if unresolvable.

3. The Unit Coordinator is responsible for developing a plan for meal breaks for each staff member. If staff are unable to get breaks, the Unit Coordinator will notify a Manager/Director or Nursing Supervisor.
4. **Chain of Command:** will be accessed in the event that available staffing and/or room availability options have been exhausted. Need to initiate Surge Capacity Plan will be determined.

Support Services: Including Supporting Departments & Feedback and Evaluation

The following departments support and assist with providing quality patient care when needed:

1. **Respiratory Therapy:** Neonatal resuscitation, oxygen services, treatments and ventilation support.
2. **Surgery/PACU:** Emergent and routine surgical support, post-anesthesia care and labor analgesia/ anesthesia service.
3. **Pharmacy:** Medications, patient teaching, and clinical support.
4. **CPD:** Supplies and processing.
5. **Radiology:** Ultrasound, X-ray, Amniocentesis.
6. **Lab:** Clinical lab services and blood bank.
7. **ER:** Emergency backup 24 hours per day.
8. **Dietary:** Patient nourishment's, patient teaching, clinical dietitian services.
9. **Chaplaincy/Social Services:** Patient and family support, counseling, discharge planning support, adoptions.
10. **Cancer Center Support:** Patient Education and referral.
11. Care Management - Inpatient Case Management Social Services
12. Feedback and Evaluation - Review annual survey results, review at staff annual evaluations, develop action plan for survey fallout, communicate via email

REFERENCE

Guidelines for Perinatal Care "Seventh Edition, 2012, authorized by the American College of Obstetrics and Gynecology.

Charge Nurse Roles and Responsibilities (8720.4610)

Guidelines for Professional Registered Nurse Staffing for Perinatal Units, AWHONN, 2021

Approval Signatures

Step Description	Approver	Date
	Louise Dyjur: Chief Nursing Officer	12/2022
	Robyn Rivera: Director Women and Children Services	12/2022

Status Active PolicyStat ID 12832246

Providence St. Mary Medical Center

Implementation	11/2013
Last Reviewed	12/2022
Effective	12/2022
Last Revised	12/2022
Next Review	12/2025

Owner	Linda Jackson: Director Nursing
Policy Area	Medical/ Pediatric Services
Applicability	WA - Providence St. Mary MC

Acute Medical Unit Staffing plan

Executive Sponsor:	**Louise Dyjur, CNO**
Policy Owner:	**Linda Jackson, Director Acute Inpatient Nursing**
Specialty Contact Person:	**Tiffany Ferroni, Clinical Manager**

SCOPE

This policy applies to the Medical unit and is a management level policy, reviewed and approved by Nursing Leadership and the Nurse Staffing Committee.

PURPOSE

To clearly outline the process for staffing and assigning nursing personnel on the medical unit.

POLICY

The purpose of this policy is to establish guidelines to ensure that adequate nursing personnel are available to provide safe patient care on the medical unit at all times for the variety of patients served and variation in acuity levels.

REQUIREMENTS

1. **Nursing Department Overview**
   The medical unit accommodates general medical patients, pediatric patients and oncology patients. The unit is functional and staffed 24 hours per day, 7 days per week. The medical unit provides monitoring, assessment and intervention by trained nurses to patients from infancy through geriatrics. A multidisciplinary approach is utilized to aid the transition of the patient's care through the health care continuum based upon the individual's physical, social and psychological needs. For further details related to the scope of services provided, please see Philosophy/Scope of Service Policy # 6071.0105
   - Average Daily Census: 29
   - Average number of admits/discharges: 10/10

2. **Medical Unit Staffing**
Staffing will be based on a department specific matrix and the Academy of Medical Surgical Nurses (AMSN) recommended staffing guidelines at a minimum. Staffing will take into consideration elements such as unit census, the needs and acuity of patients and the ability to safely provide care needed for each individual patient. The department specific matrix is determined by using data collected, the scope of service provided, the type of patients served, the method of care delivery utilized, as well as historical trends and strategic planning goals. Core staff of RN's, CNA's, and ward secretary are scheduled based on average daily census and typical acuity of patients.
    1. Staffing levels for Medical Unit are as follows
        - Dayshift: 1 RN for every 5 patients
        - Night Shift: 1 RN for every 6 patients

3. **Chain of Command/Staffing Decision Tree:**
    - **Unit Coordinator** A unit coordinator (UC) or charge nurse (CN) will be assigned every shift, to coordinate patient care. The UC works in cooperation with the team to ensure smooth overall functioning of the unit, lunch/break relief, the development of the staffing plan for the current and next shift and responds to emergent and urgent needs in the unit. The house supervisor or unit manager or on call administration is available 24/7.

4. **Meals and Rest Breaks**
    - The UC/CN helps with assuring breaks and lunches are taken. Unit coordinator assigns buddies for breaks and lunch relief. Resource RN's and tasking RN's can help with meals and rest breaks. If needed and available the Manager can help with lunch breaks.

5. **Assignments**
    - Assignments are made by the UC/CN based on patient need, patient acuity, technical and clinical skills required and competencies of the staff available. Continuity of care is an important consideration when making patient assignments.
    - Resource RN will be responsible for Code Response, if no resource RN available Code Response will be assigned to UC/CN on dayshift.

6. **Competency**
    - All RN staff will be trained and oriented utilizing a preceptor. New graduate nurses and nurses new to the acute care setting will be enrolled in the Medical/Surgical Residency. The length of training and orientation will be based on the experience of the on boarding caregiver. Staff members will be fully oriented and credentialed as competent when functioning independently on the medical unit.

7. **Scheduling**
    - Scheduling is based on a 6-week cycle that maintains core staffing and includes charge assignments each shift. Kronos staffing and scheduling is used. The unit schedule is created based on average daily patient census data and unit capacity with staffing levels evaluated and adjusted for actual census at regular intervals each day.

8. **Contingency Staffing/Low Census**
Low census reduction in staffing is accomplished according to the RN Collective Bargaining Agreement. High census coverage is accomplished by the following process :
    a. Staffing is supplemented by the Float Pool or staff from other units are floated or called in depending on the needs of the department and ability to match skill mix to patient need.
    b. On call or part-time staff called in from home.

c. Staff on overtime (voluntary) work over or come in extra
d. Inpatient Clinical Managers called into staffing
e. Department closure procedure initiated for lack of bed availability or lack of qualified staff.

9. **Staffing Plan**

The staffing plan will be evaluated semi-annually at the staffing committee meetings and as necessary. During evaluation, efforts will be made to determine if the staffing plan is appropriate based on the current patient population served. The plan will be adjusted as necessary. The unit of service is inpatient days and the annual budget is based on the average daily census.

Attachments

Acute Medical Staffing Plan (1).pdf

Approval Signatures

Step Description	Approver	Date
	Louise Dyjur: Chief Nursing Officer	12/2022
	Louise Dyjur: Chief Nursing Officer	12/2022

Providence

Providence St. Mary Medical Center
Medical Unit Staffing Plan

Staffing - day shift:

- 1 Registered Nurse for every 5 patients
- 1 Certified Nursing Assistant for every 8 patients
- 1 Ward Secretary

Staffing - night shift:

- 1 Registered Nurse for every 6 patients
- 1 Certified Nursing Assistant for every 9 patients
- 1 Ward Secretary

Additional Staffing:

- Additional staff are available for higher acuity patients as required and may include:
  - Additional RN
  - Additional Certified Nursing Assistant (CNA)

Updated November 2022

Status (Active) PolicyStat ID (12832401)

Providence St. Mary Medical Center

Implementation	12/1998
Last Reviewed	12/2022
Effective	12/2022
Last Revised	12/2022
Next Review	12/2025

Owner	Linda Jackson: Director Nursing
Policy Area	Surgery - Neuro/ Ortho
Applicability	WA - Providence St. Mary MC

Staffing Plan Acute Surgical Unit

Executive Sponsor:	**Louise Dyjur, CNO**
Policy Owner:	**Linda Jackson, Director Acute Inpatient Nursing**
Specialty Contact Person:	**Linda Jackson, Director Acute Inpatient Nursing**

SCOPE

This policy applies to the Surgical Unit, is a management level policy, reviewed and approved by Nursing Leadership and the Nurse Staffing Committee.

PURPOSE

To clearly outline the process for staffing and assigning nursing personnel on the surgical and IPR unit.

POLICY

The purpose of this policy is to established guidelines to ensure that adequate nursing personnel are available to provide safe patient care on the surgical/IPR unit at all times, accounting for variation in the types and acuity levels of patients served.

REQUIREMENTS

1. **Nursing Department Overview**
   The Surgical Unit accommodates general surgical, ortho and neuro patients. The unit is functional and staffed 24 hours per day, 7 days per week. The Surgical unit provides monitoring, assessment and intervention by trained nurses to patients from youth through geriatrics. A multidisciplinary approach is utilized to aid the transition of the patient's care through the health care continuum based upon the individual's physical, social and psychological needs. For further details related to the scope of services provided, please see Philosophy/Scope of Service Policy # 6071.0105
   - Average Daily Census: 18
   - Average number of admits/discharges: 8/8

2. **Surgical Unit Staffing**

Staffing will be based on a department specific matrix and the Academy of Medical Surgical Nurses (AMSN) recommended staffing guidelines at a minimum. Staffing will take into consideration elements such as unit census, the needs and acuity of patients and the ability to safely provide care needed for each individual patient. The department specific matrix is determined by using data collected, the scope of service provided, the type of patients served, the method of care delivery utilized, as well as historical trends and strategic planning goals. Core staff of RN's, CNA's, and ward secretary are scheduled based on average daily census and typical acuity of patients.

1. Staffing levels for Surgical Unit are as follows
    - Dayshift: 1 RN for every 5 patients
    - Night Shift: 1 RN for every 6 patients

3. **Chain of Command/Staffing Decision Tree:**
    - **Unit Coordinator** A unit coordinator (UC) or charge nurse (CN) will be assigned every shift, to coordinate patient care. The UC works in cooperation with the team to ensure smooth overall functioning of the unit, lunch/break relief, the development of the staffing plan for the current and next shift and responds to emergent and urgent needs in the unit. The house supervisor or unit manager or on call administration is available 24/7.

4. **Meals and Rest Breaks**
    - The UC/CN helps with assuring breaks and lunches are taken. Unit coordinator assigns buddies for breaks and lunch relief. Resource RN's and tasking RN's can help with meals and rest breaks. If needed and available the Manager can help with lunch breaks.

5. **Assignments**
    - Assignments are made by the UC/CN based on patient need, patient acuity, technical and clinical skills required and competencies of the staff available. Continuity of care is an important consideration when making patient assignments.
    - Resource RN will be responsible for Code Response, if no resource RN available Code Response will be assigned to UC/CN on nightshift.

6. **Competency**
    - All RN staff will be trained and oriented utilizing a preceptor. New graduate nurses and nurses new to the acute care setting will be enrolled in the Medical/Surgical Residency. The length of training and orientation will be based on the experience of the on boarding caregiver. Staff members will be fully oriented and credentialed as competent when functioning independently on the medical unit.

7. **Scheduling**
    - Scheduling is based on a 6-week cycle that maintains core staffing and includes charge assignments each shift. Kronos staffing and scheduling is used. The unit schedule is created based on average daily patient census data and unit capacity with staffing levels evaluated and adjusted for actual census at regular intervals each day.

8. **Contingency Staffing/Low Census**
   Low census reduction in staffing is accomplished according to the RN Collective Bargaining Agreement. High census coverage is accomplished by the following process :
    a. Staffing is supplemented by the Float Pool or staff from other units are floated or called in depending on the needs of the department and ability to match skill mix to patient need.
    b. On call or part-time staff called in from home.
    c. Staff on overtime (voluntary) work over or come in extra
    d. Inpatient Clinical Managers called into staffing

e. Department closure procedure initiated for lack of bed availability or lack of qualified staff.

9. **Staffing Plan**

The staffing plan will be evaluated semi-annually at the staffing committee meetings and as necessary. During evaluation, efforts will be made to determine if the staffing plan is appropriate based on the current patient population served. The plan will be adjusted as necessary. The unit of service is inpatient days and the annual budget is based on the average daily census.

Attachments

Surgical Unit staffing plan.pdf

Approval Signatures

Step Description	Approver	Date
	Louise Dyjur: Chief Nursing Officer	12/2022
	Linda Jackson: Director Nursing	12/2022

Providence

Providence St. Mary Medical Center
Surgical Unit Staffing Plan

Staffing - day shift:

- 1 Registered Nurse for every 5 patients
- 1 Certified Nursing Assistant for every 8 patients
- 1 Ward Secretary

Staffing - night shift:

- 1 Registered Nurse for every 6 patients
- 1 Certified Nursing Assistant for every 8 patients

Additional Staffing:

- Additional staff are available for higher acuity patients as required and may include:
  - Additional RN
  - Additional Nursing Assistant
  - Nurse Extern
  - Patient Attendant

Updated 10/24/17

Status Active PolicyStat ID 12833480

Providence St. Mary Medical Center

Implementation	12/2022
Last Reviewed	12/2022
Effective	12/2022
Last Revised	12/2022
Next Review	12/2024

Owner	Linda Jackson: Director Nursing
Policy Area	Surgery - Neuro/ Ortho
Applicability	WA - Providence St. Mary MC

Inpatient Rehab Staffing Plan

Executive Sponsor:	**Louise Dyjur, CNO**
Policy Owner:	**Linda Jackson, Director Acute Inpatient Nursing**
Specialty Contact Person:	**Linda Jackson, Director Acute Inpatient Nursing**

SCOPE

This policy applies to the Inpatient Rehab Unit (IPR), is a management level policy, reviewed and approved by Nursing Leadership and the Nurse Staffing Committee.

PURPOSE

To clearly outline the process for staffing and assigning nursing personnel on the IPR unit.

POLICY

The purpose of this policy is to established guidelines to ensure that adequate nursing personnel are available to provide safe patient care on the IPR unit at all times, accounting for variation in the types and acuity levels of patients served.

REQUIREMENTS

1. **Nursing Department Overview**
   The Inpatient Rehabilitation Center serves the needs of patients with disabilities, chronic illness and others who have experienced a decrease in function. An interdisciplinary approach is utilized to aid the transition of the patient's care through the health care continuum based upon the individual patient's medical, physical, social, spiritual and psychological needs. The goal of medical rehabilitation is to assist the individual in returning to community life at the highest functional level. The unit is functional and staffed 24 hours per day, 7 days per week. Nursing care of the patients, includes the Skilled Rehabilitation Nursing care needs of the patients. All nursing care providers are under the supervision of a designated Registered Nurse in the rehabilitation care of the patient, demonstrating appropriate experience and training to provide rehabilitation through as a collaborative team membe. For further details related to the scope of services provided, please see Philosophy/Scope of Service Policy # 6080.0105

- Average Daily Census: 4
- Average number of admits/discharges: 8/8

2. **IPR Unit Staffing**
   Staffing will be based on a department specific matrix. Staffing will take into consideration elements such as unit census, the needs and acuity of patients and the ability to safely provide care needed for each individual patient. IPR staffing is shared with the surgical unit. Core staff of 1RN and 1 CNA are scheduled based on average daily census and typical acuity of patients.
   1. Staffing levels for IPR are as follows
      - Dayshift: 1 RN for every 8 patients
      - Night Shift: 1 RN for every 8 patients
3. **Chain of Command/Staffing Decision Tree:**
   - **Unit Coordinator** A Surgical unit coordinator (UC) or charge nurse (CN) will be assigned every shift, to coordinate patient care. The UC works in cooperation with the team to ensure smooth overall functioning of the unit, lunch/break relief, the development of the staffing plan for the current and next shift and responds to emergent and urgent needs in the unit. The house supervisor or unit manager or on call administration is available 24/7.
4. **Meals and Rest Breaks**
   - The Medical unit UC/CN helps with assuring breaks and lunches are taken. Unit coordinator assigns buddies for breaks and lunch relief. Resource RN's and tasking RN's can help with meals and rest breaks. If needed and available the Manager can help with lunch breaks.
5. **Assignments**
   - Assignments are made by the Surgical Unit UC/CN based on patient need, patient acuity, technical and clinical skills required and competencies of the staff available. Continuity of care is an important consideration when making patient assignments.
6. **Competency**
   - All RN staff will be trained and oriented utilizing a preceptor. New graduate nurses and nurses new to the acute care setting will be enrolled in the Medical/Surgical Residency. The length of training and orientation will be based on the experience of the on boarding caregiver. Staff members will be fully oriented and credentialed as competent when functioning independently on the medical unit. One RN per 24 hour must be Rehab Certified when census includes a trauma patient.
7. **Scheduling**
   - Scheduling is based on a 6-week cycle that maintains core staffing and includes charge assignments each shift. Kronos staffing and scheduling is used. The unit schedule is created based on average daily patient census data and unit capacity with staffing levels evaluated and adjusted for actual census at regular intervals each day.
8. **Contingency Staffing/Low Census**
   Low census reduction in staffing is accomplished according to the RN Collective Bargaining Agreement. High census coverage is accomplished by the following process :
   a. Staffing is supplemented by the Float Pool or staff from other units are floated or called in depending on the needs of the department and ability to match skill mix to patient need.
   b. On call or part-time staff called in from home.
   c. Staff on overtime (voluntary) work over or come in extra
   d. Inpatient Clinical Managers called into staffing

e. Department closure procedure initiated for lack of bed availability or lack of qualified staff.

9. **Staffing Plan**

The staffing plan will be evaluated semi-annually at the staffing committee meetings and as necessary. During evaluation, efforts will be made to determine if the staffing plan is appropriate based on the current patient population served. The plan will be adjusted as necessary. The unit of service is inpatient days and the annual budget is based on the average daily census.

Attachments

IPR staffing plan 2022.docx

Approval Signatures

Step Description	Approver	Date
	Louise Dyjur: Chief Nursing Officer	12/2022
	Linda Jackson: Director Nursing	12/2022

Providence

Providence St. Mary Medical Center
IPR Unit Staffing Plan

Staffing - day shift:

- 1 Registered Nurse for every 8patients
- 1 Certified Nursing Assistant for every 8 patients

Staffing - night shift:

- 1 Registered Nurse for every 8 patients
- 1 Certified Nursing Assistant for every 8 patients

Additional Staffing:

- Additional staff are available for higher acuity patients as required and may include:
  - Additional RN
  - Additional Certified Nursing Assistant (CNA)

Updated 10/24/17

Status Active PolicyStat ID 12718913

Providence St. Mary Medical Center

Implementation	08/2008
Last Reviewed	12/2022
Effective	12/2022
Last Revised	12/2022
Next Review	12/2023

Owner	Vanissa Bender: Manager Surgical Services RN
Policy Area	Surgical Services
Applicability	WA - Providence St. Mary MC

Staffing, 7020.4021

2023 Staffing Unit Plan Overview

Department: Surgical Services Cost center:

Date: 12/5/2022 Indicate: Semi annual review or Annual review

Author: Vanissa Bender RN/Nurse manager

1. **Nursing Department Overview**
   Basic staffing for one operating room will consist of one RN and one surgical technologist. Staff members will be fully oriented and credentialed as competent when functioning independently in the intraoperative environment. The nurse and the surgical tech will be meet all requirements within the job description prior to working independently within the intraoperative area.
2. A unit coordinator or charge nurse will be assigned on a daily basis. They will work in cooperation with anesthesia to develop a plan to assure smooth efficient turnovers, lunch and break relief, a staffing plan for the next day, and respond to emergent/urgent needs in OR.
3. The care delivery components are pre operative, intraoperative and post operative. Refer to policy 7020.1600 for explanation of each care delivery component.
4. The RN functions as the circulating nurse. His/her primary responsibilities include, but are not limited to:

- Application of the nursing process in directing and coordinating all nursing activities related to the care and support of the patient within the OR to meet individualized patient needs.
- Creation and maintenance of a safe and comfortable environment for the patient through implementing and continual monitoring the principles of asepsis, and safety.
- Provision of assistance to any member of the OR team in any manner. This requires knowledge of instrumentation, equipment and supplies as well as available resources.

- Identifies potential environmental danger or stressful situation and acts in an efficient, rational manner in emergency situations.
- Maintains the communication link between events and team members at the sterile field and persons not in the OR but concerned with the outcome of the operation.

The surgical technologist who functions as the scrub person. His/her primary responsibilities include, but are not limited to:

- Maintaining the integrity, safety and efficiency of the sterile field throughout the operation.
- Prepare and arrange instruments and supplies and assist the surgeon throughout the operation by providing the sterile instruments and supplies required.

1. Daily Assignments:
    a. Registered nurses and scrub techs are assigned to cases by either a designated unit coordinator or a member of OR management. Additional Staff needs will be provided on a case by case basis, dependent on operational needs of the department. Cases deemed complex or high in acuity may have additional staff assigned to include additional RN, ST, anesthesia techs or PSA's.
    b. Factors taken into consideration when making assignments are:
        i. Technology to be utilized during case.
        ii. The individual needs of the patient.
        iii. Patient acuity
        iv. Skills and ability of assigned nursing staff to fulfill requirements of patient and surgeon with little or limited supervision.
        v. Ongoing competency needs of staff.
        vi. The safety needs of the patient in the intraoperative environment.

2. A formal process to evaluate and initiate limitations on admission or to divert a patient when unable to meet their needs will exist. Refer to Scope of service policy 7020.1600.
3. Staffing will be based on AORN recommended staffing guidelines at the minimum and, will also take into account the needs of the patient, the needs of the department and the ability to safely provide the care needed for each individual patient.
4. The staffing plan will be evaluated semi-annually at the staffing committee meetings and as needed. During evaluation, efforts will be made to determine if the staffing plan is appropriate based on the current patient population served. The plan will be adjusted as needed.
5. Staffing Plans are reviewed and revised annually using historical data and peer group comparisons.
   The unit of service for OR is patient minutes and the annual budget is based on hours of surgery.

Day shift

Census	RN's	Surgical techs	Anes. aids	PSA's
5 OR's	7-8	7	2	2

Evening Shift : This shift is based on surgery block times. Each evening shift the OR has 6 staff scheduled until 1930 and the call team takes over at this time if there are still surgical cases to finish.

Registered Nurse:

- 0700-1530 Registered Nurse
- 0700-1730 Registered Nurse
- 1100 -1930 Registered Nurse

Surgical Technician:

- 0700-1530 Surgical tech
- 0700-1930 Surgical tech

Psa/aids

- 0600-1430 PSA
- 0700-1530 PSA
- 1100-1930 PSA
- 1500-2100 PSA
- 0600-1430 anes aid
- 0700-1530 anes. Aid
- 1000-1830 anes. aid

1. **Meals and rest breaks**
   Every RN and surgical technician receives 2 paid 15 minute breaks and a 30 minute lunch break. Additional breaks are given for extended shifts or 12 hrs shifts. There are 2 additional staff that are utilized for breaks as well as surgery coordination of supplies and room organization.
   Charge nurse and nurse manager are available to provide breaks when needed.
   Level of Experience, specialty certifications or training of the nursing staff
   All staff in the Operating Room are required to keep BLS current.
2. **Architecture and geography**
   N/A
3. **National or professional guidelines**
   Recommendations for core staffing include one RN for circulating and one scrub person per Operating Room.
4. **Feedback and evaluation**

Staff huddle/communication session happens every morning. We discuss safety issues, supply needs, staffing assignment decisions, announcements are invited by anyone. Review survey results with staff at staff meetings, shift huddles, and via email

We have implemented a voluntary call schedule that would be utilized when staff have worked extended hours and need a break. This call calendar is also utilized when there is a COVID positive and symptomatic patient that needs emergency surgery and staff are call to come in and assist as needed. This has made a positive impact to decrease work burn-out and relieve stress during the pandemic.

Nurse staffing rep:

Unit manager:

CNO:

Signatures and date with date/ year.

Approval Signatures

Step Description	Approver	Date
	Louise Dyjur: Chief Nursing Officer	12/2022
	David Stites: Director Surgical Services RN [PL]	12/2022
	Vanissa Bender: Manager Surgical Services RN	12/2022

Status Active PolicyStat ID 12727687

Providence St. Mary Medical Center

Implementation	11/2011
Last Reviewed	12/2022
Effective	11/2022
Last Revised	12/2022
Next Review	12/2022
Owner	Cindy Moramarco: Manager Surgical Services RN
Policy Area	Post Anesthesia Care Unit (PACU)
Applicability	WA - Providence St. Mary MC

Staffing, 7030.4021

2023 Staffing Unit Plan Overview

Department: PACU Surgery & Procedure Department Cost center: 74270

Date: 12/8/2022

Indicate: Semiannual review or Annual review

Author: Cindy Moramarco RN/Nurse Manager

1. **Nursing Department Overview**
   To assure that adequate staffing and nursing personnel are available to always render preoperative and postoperative anesthesia nursing care. Staffing guidelines are in line with ASPAN standards of care for nursing care. Staffing to flex with census.
2. **Key Quality Indicators**
   Correct site identification, correct procedure, antibiotic administration prior to procedure, scanning of patient and medications, medication errors, patient satisfaction and throughput, on time starts, reduced wait times.
3. **Staffing Grid for Patient Census**

The PACU Department is an outpatient department that has a staffing model based on a variable daily patient census. The SPC department UC makes daily staffing assignments for the day and flexes with the volume of patients. Staff are assigned to that day making according to patient needs staff training, competency, and experience. The PACU Unit Coordinator Nurse is available to assist with patient care, breaks and lunches.

AM Shift

Shift	RN's	CNA's

5 - 1330		1
6 - 1430	5 - 6	1
7 - 1530	1	
8 - 1630	3 - 7	1
9 - 1730	2 - 3	
9:30 - 1730	1	
10 - 1830		1

Evening Shift

Shift	RN's
11 - 2030	1
11 – 2330	2 - 3
13 - 1530	1

1. An RN with phase I recovery training and experience will always be present during the recovery of patients. The UC/Charge Nurse designated for SPC Monday – Friday 0600-2330, will have oversight for PACU as well.
2. All phase I recovery staff will have ACLS and PALS training.
3. Any patient who has had surgery with general, spinal, or regional anesthesia may be admitted to PACU for recovery from anesthesia. Any patient who has had surgery with local or MAC (monitored anesthesia care) with significant medical history with problems intraoperatively or at high risk for problems post-operatively may be monitored in PACU, per the discretion of Anesthesiologist or Surgeon (if local case) involved in case.
4. The following is a guideline for staffing in the PACU. It is the responsibility of the registered nurses in the PACU to assess patient acuity and allow for flexibility in assignments based on patient acuity, discharges, and new admissions. Two Registered nurses, one of whom is an RN competent in phase I post anesthesia nursing, are in the same room/unit where4 the patient is receiving phase I level of care.
   CLASS 1:2 ONE NURSE TO TWO PATIENTS WHO ARE
   a. one unconscious, stable without artificial airway and over the age of 8 years; and one conscious, stable, and free of complications.
   b. two conscious, stable, and free of complications
   c. two conscious, stable, 8 years of age and under; with family or competent support staff present
      CLASS 1:1 ONE NURSE TO ONE PATIENT
   d. at the time of admission, until patient is critical elements are met*
   e. requiring mechanical life support
   f. any unconscious patient 8 years of age and under
   g. unstable airway**
   h. a second nurse must be available to assist as necessary

CLASS 2:1 TWO NURSES TO ONE PATIENT

i. one critically ill, unstable, complicated patient
**Critical elements can be defined as:*

- *report has been received from anesthesiologist, questions answered, and the transfer of care has taken place.*
- *patient has a secure airway.*
- *initial assessment is complete.*
- *patient is hemodynamically stable.*
  ***Examples of an unstable airway include, but are not limited to:*
- *requiring active interventions to maintain patency such as manual jaw lift or chin lift.*
- *evidence of obstruction, active or probable, such as gasping, choking, crowing, wheezing, etc.*
- *symptoms of respiratory distress including dyspnea, tachypnea, panic, agitation, or cyanosis.*

5. Phase I recovery is done 0800-2330 in the PACU Monday – Friday and 24 hours a day on weekends and holidays in either the PACU or ICU based on staffing considerations. All Regular SPC staff will participate in a call rotation during these times.
6. All Regular SPC RN's in are cross trained to work three phases of care: preoperative, phase I recovery, and phase II recovery.
7. Meal and rest periods will be provided in accordance with state law. Each staff member will receive an unpaid 30-minute meal break during any shift longer than 5 hours. Each staff member will be allowed one rest period of 15 minute during each four hours of work. These breaks may be intermittent, including coffee, bathroom breaks, and personal phone calls. It is the responsibility of the charge nurse to ensure each staff member receives their meal break. If unable to do so, the Clinical Manager will be notified to provide coverage or approve the staff to stay on duty. The missed meal break will be documented by staff to be reflected on their timecard. Documentation of meal breaks will be daily on the staffing white board and documented by the care giver on their timecard.

Preoperative Staffing: For every 1-5 patients depending on patient acuity

- *1 RN*
- *1 CNA as needed*

Phase I Recovery: For every 1-2 patients depending on patient acuity

- *2 RNs are in the same room or unit as the patient receiving phase 1 level of care at all times*
- *1 RN per patient for the first 15 minutes of phase 1 recovery*
- *1 RN for every 1-2 patients after the first 15 minutes of phase 1 recovery*

Phase II Recovery: For every 1-5 patients depending on patient acuity

- *2 personnel are in the same room or unit as the patient receiving phase II level of care at all time*

- *2 RN's -or-*
- *1 RN and 1 CAN*

1. **Architecture and Geography:** NA
2. **National or Professional Guidelines:**
   Recommendations and guidelines are Supported by ASPAN Standards of care.
3. **Feedback and Evaluation:**

Staff communication happens daily with weekly updates to all staff and monthly staff meetings to discuss updates, staffing, supplies, issues, concerns, and survey results. These are posted via email and the TEAMS SharePoint site for transparency of information provided and discussed.

Approval Signatures

Step Description	Approver	Date
	Louise Dyjur: Chief Nursing Officer	12/2022
	David Stites: Director Surgical Services RN [PL]	12/2022
	Cindy Moramarco: Manager Surgical Services RN	12/2022

Status Active PolicyStat ID 12727562

Providence St. Mary Medical Center

Implementation	03/1993
Last Reviewed	12/2022
Effective	11/2022
Last Revised	12/2022
Next Review	12/2022
Owner	Cindy Moramarco: Manager Surgical Services RN
Policy Area	GI Services
Applicability	WA - Providence St. Mary MC

Staffing, 7238.4021

2023 Staffing Unit Plan Overview

Department: Endoscopy Department Cost center: 77610

Date: 12/7/2022 Indicate: Semiannual review or Annual review

Author: Cindy Moramarco RN/Nurse Manager

1. **Nursing Department Overview**

- Basic Staffing for one endoscopy room will consist of 1 RN and 1 GI/RN technician when Anesthesia providing sedation and 2 RN's and 1 GI/RN technician when conscious sedation is provided by an RN. Staff members will be fully oriented to the endoscopy environment. The nurse and the technician will meet all requirements within their job description before working independently in the area.
- A unit coordinator is assigned daily. The unit coordinator will work in cooperation of all stakeholders to develop a plan to assure smooth day to day operations and coordinate any changes or urgent/emergent cases. The unit coordinator will provide and or assign lunch and break relief as needed in accordance with House Bill 1155 and have a staffing plan in place every 6 weeks.
- The RN functions as the circulating/sedation nurse depending on the sedation required for the procedure to be completed. His/her primary responsibilities include but are not limited to:

a. Application of the nursing process in directing and coordinating all nursing activities that relate to the care of the patient to meet individualized patient needs.

b. Creation and maintenance of a safe and comfortable environment for the patient through implementing and continual monitoring to keep the patient safe while in their care.

c. Identifies potential environmental danger or stressful situation in an efficient, rational manner in emergency situations.

d. Maintains the communication link between events and team members as well as keep informed those that are concerned with the outcome of the procedure.

- The GI Technician functions as a technician assistant. His/her primary responsibilities include but are not limited to:

a. Maintaining the integrity, safety, and efficiency of the field during the procedure.

b. Prepare and arrange the supplies and equipment needed and assist the endoscopist throughout the procedure by providing the equipment and supplies needed to care for the patient during their procedure.

Daily Assignments:

1. Registered Nurses and GI Technicians are assigned to cases by the unit coordinator and rotated daily to maintain competencies of each and operational needs of the department.
2. Factors taken into consideration when making assignments are:

a. Technology being used during cases

b. Skills and ability of assigned staff to fulfill requirements of the patient and endoscopist with little or limited supervision

c. Patient acuity

d. The safety needs of the patient during their procedure

1. Staffing is based on ASPAN recommended staffing guidelines at the minimum and will also consider the needs of the patient, department, and the ability to safely provide for the care delivery for each patient.
2. The staffing plan will be evaluated semi-annually at the staffing committee meetings and as needed. During evaluation efforts will be made to determine if the staffing plan is appropriate based on the current patient population served. The plan will be adjusted as needed.
3. Staffing plans are reviewed and revised annually using historical data and peer group comparisons.

Day Shift

2 Endoscopy Labs – each room is staffed with 1 RN and 1 GI tech if providing conscious sedation in either lab a 2nd RN will be provided to deliver safe sedation.

Registered Nurse:

0700 – 1530 x 3

GI Technician:

0700 – 1530 x 3

1. Meals and Rest breaks
   Every RN and GI Technician receives 2 paid 15-minute breaks and a 30-minute lunch break. Unit coordinator is available to provide breaks and lunches when needed. All Staff in the Endoscopy suite are required to keep BLS current. Registered Nurses are to keep current in addition ACLS and Sedation credentialling.
2. Architecture and Geography: NA
3. National or Professional Guidelines
   Recommendations for core staffing include one Registered Nurse and one GI Technician for general anesthesia procedures. 2 Registered Nurses and one GI Technician for conscious sedation procedures.
4. Feedback and Evaluation

Staff huddle/communication occurs daily prior to procedures. Safety concerns, supplies, staffing assignments and announcements are invited from anyone. Staff meetings are quarterly, and updates are sent via email when needed.

Staff are on call for add ons and emergencies Monday through Friday 1530 – 1900 and Saturday and Sunday 0800 to 1400.

Approval Signatures

Step Description	Approver	Date
	Louise Dyjur: Chief Nursing Officer	12/2022
	David Stites: Director Surgical Services RN [PL]	12/2022
	Cindy Moramarco: Manager Surgical Services RN	12/2022

Status Active PolicyStat ID 12823840

Providence St. Mary Medical Center

Implementation	12/2020
Last Reviewed	12/2022
Effective	12/2020
Last Revised	12/2022
Next Review	12/2025

Owner	David Stites: Director Surgical Services RN
Policy Area	Patient Care Services
Applicability	WA - Providence St. Mary MC

Staffing Plan Cardiac Catherization Lab

Purpose:

The purpose of this policy is to establish guidelines to assure that adequate nursing personnel are available to render safe patient care in the intraoperative area at all times for a variety of patient acuity and patient populations served. The scope of service provided by the Cardiac Catheterization lab includes diagnostic, invasive, and therapeutic cardiac procedures, vascular procedures, and ancillary procedures. Except when specifically defined, staffing and assignment of nursing personnel will follow nursing administration policy 8720.4702. Hours of operation are from 0600 to 1630.

PROCEDURE

A. Basic staffing for one procedural lab will consist of 4 person care team per case consisting of either 2 RNs and 2 Radiology Techs or 1 RN and 3 Radiology Techs depending upon case type. A minimum of 1 RN will be present in the case when RN sedation is required. Ancillary procedures not requiring full team support will consist of 1 RN for sedation and 1 Radiology Tech (if needed for additional procedural care, monitoring, and/or documentation).

B. Staff members will be fully oriented and credentialed as competent when functioning independently in the procedural environment. RNs and Radiology Techs will meet all requirements within the job description prior to working independently within the procedural area.

C. A unit coordinator or charge nurse will be assigned on a daily basis. They will work in a team based collaborative approach to develop a plan to assure smooth efficient turnovers, lunch and break relief, a staffing plan for the next day, and respond to emergent/urgent needs within the Cath Lab and ancillary areas in which they support.

D. The care delivery components are pre operative, intraoperative and post operative. Refer to Perioperative policy 7020.1600 for explanation of each care delivery component.

E. The RN functions as the sedation nurse and/or circulator depending upon case type. These roles are not served simultaneously by only 1 RN. Primary responsibilities include, but are not limited to:

- Application of the nursing process in directing and coordinating all nursing activities related to the care and support of the patient to meet individualized patient needs.
- Creation and maintenance of a safe and comfortable environment for the patient through implementing and continual monitoring the principles of asepsis and safety.
- Provision of assistance to any member of the team in any manner. This requires knowledge of instrumentation, equipment and supplies as well as available resources
- Identifies potential environmental danger or stressful situation and acts in an efficient, rational manner in emergency situations
- Maintains communication with team members, physicians, and other caregivers to ensure timely, efficient, and effective patient care.

F. The Radiological Technologist functions as the scrub person, monitor, and/or circulator depending upon case type. These roles are not served simultaneously by only 1 Radiology Tech. Primary responsibilities include, but are not limited to:

- Maintaining the integrity, safety and efficiency of the sterile field throughout the operation.
- Prepare and arrange instruments and supplies and assist the physician throughout the operation by providing the sterile instruments and supplies required.
- Monitor patient vital signs and record all necessary readings, pressures, assessments, and interventions to comprise a complete procedural log.
- Maintains communication with team members, physicians, and other caregivers to ensure timely, efficient, and effective patient care

G. Daily Assignments:

- Registered nurses and scrub techs are assigned to cases by either a designated unit coordinator or a member of OR management. Additional Staff needs will be provided on a case by case basis, dependent on operational needs of the department. Cases deemed complex or high in acuity may have additional staff assigned to include additional RN, ST, and or Anesthesiologists
- Factors taken into consideration when making assignments are:
    1. Technology to be utilized during case.
    2. The individual needs of the patient.
    3. Patient acuity
    4. Skills and ability of assigned nursing staff to fulfill requirements of patient and surgeon with little or limited supervision.
    5. Ongoing competency needs of staff.
    6. The safety needs of the patient in the intraoperative environment.

H. Evaluation of procedural limitations and the need to transfer a patient when unable to meet their needs will be the primary responsibility of the physician operator.

I. Staffing will be based upon Society for Cardiovascular Angiography and Interventions (SCAI) recommended staffing guidelines (2016, Naidu et al., *SCAI Expert Consensus Statement: 2016 Best Practices in the Cardiac Catheterization Laboratory*) at the minimum and will also take into account the needs of the patient, the needs of the department and the ability to safely provide the care needed for each individual patient.

J. The staffing plan will be evaluated semi-annually at the staffing committee meetings and as needed. During evaluation, efforts will be made to determine if the staffing plan is appropriate based on the current patient population served. The plan will be adjusted as needed

K. Staffing Plans are reviewed and revised annually using historical data and peer group comparisons.

L. The unit of service for OR is patient minutes and the annual budget is based on hours of surgery

M. References: (2016, Naidu et al., *SCAI Expert Consensus Statement: 2016 Best Practices in the Cardiac Catheterization Laboratory*)

Approval Signatures

Step Description	Approver	Date
	Louise Dyjur: Chief Nursing Officer	12/2022
	David Stites: Director Surgical Services RN [PL]	12/2022

Status Active PolicyStat ID 12595363

Providence St. Mary Medical Center

Implementation	12/1998
Last Reviewed	12/2022
Effective	12/2022
Last Revised	12/2022
Next Review	12/2025

Owner	Rachel Manchester: Executive Director Providence At Home Services
Policy Area	Home Health
Applicability	WA - Providence St. Mary MC

Scope of Service, Staffing Plan for Home Health, 7400.4702

POLICY

Department Directors and the Chief Nursing Officer develop department specific standards for the allocation of staff. These standards consider the scope of practice and type of patients served for each department, the method of care delivery utilized, as well as historical trends and strategic planning goals. Individual staffing assignments in home health are made by the schedulers overseen by Clinical Managers. Staffing is determined by assessing patient care requirements, the skill mix and documented level of competency of the health care clinician and standards of practice.

PHILOSOPHY

The philosophy of St Mary Home Health is based on the mission, values and beliefs of the community of people working together at Providence St. Mary Medical Center along with Home and Community Care and will be demonstrated through safe patient care and staff relationships.

SCOPE OF SERVICE

The Home Health Department provides acute, chronic, palliative and end of life care to patients of all ages. We serve patients 18 years and older. Regular hours of operation are 0800-1630 Monday through Friday. St Mary Home Health contracts with *CareXm* for after hour calls. *CareXm* triages each call per established algorithms, the RN staff rotates call after hours, *CareXm* contacts the RN on call if a visit is needed. Skilled services provided on an intermittent basis include nursing, physical, occupational and speech therapy, social service and personal care.

BASIC COMPETENCY

All staff working for the home health department will meet the basic qualifications as outlined in their job descriptions. General knowledge and experience with medical/surgical geriatric patients is required as a baseline to build upon. Clinical competency of staff is initially assessed and documented as part of orientation for age group competencies, and updated as needed for safe patient care.

PROCEDURE

Staffing Plan:

Staffing is based on the intermittent needs of the current census. The service area is divided into 4 geographic areas, and caseloads are assigned by team. A general eight hour work day consists of minimum points per day per discipline:

- ST/SLP = 5 points minimum per day
- MSW = 5 points minimum per day (depending on ministry needs; could do phone visits/virtual visits).
- HHA's = 5 points minimum per day
- RN's, PT's, OT's = 5.5 points minimum per day
- WOCN's = 5 points minimum per day
- LVN/LPN's, PTA's, COTA's = 6 points minimum per day

Staffing is based on an expected minimum number of visits daily/weekly and per pay period, based on discipline and weight of visits, assigned by geographic location/team. Most professional staff maintain their own caseload of patients to assure continuity of care and maintain a weekly schedule of visits. The schedulers review each days schedule and assigns staff and visits as needed, based on patient need, skill level required and competency of staff available. The scheduler is responsible to manage schedules, assuring each clinician scheduled hasthe minimum # of points that day. The scheduler consults with the Clinical Manager and or triage RN as needed.

OASIS/EVAL Criteria:

- OASIS = 2 points (including discharge), Non-Oasis SOC = 2 points
- Re-visits are 1 point.
- All other evals are 2.0 points.

New admissions are delegated to appropriate staff based on geographic team. Per diem staff are available to cover higher than normal fluctuations of visits, vacations and/or medical leaves. The Unit Coordinator/triage RN is also available to provide direct patient care visits if needed. Staffing is supplemented by contracted travelers based on agency need.

The Clinical Managers are accountable for ongoing review, analysis, and follow-up of staffing needs and productivity issues and trends.

Support Services:

PHCC shared services include the Care Management team, CDS team, PI team, PHCC Education team, as well as discharge planning and Population Health at St Mary Medical Center.

Approval Signatures

Step Description	Approver	Date
	Louise Dyjur: Chief Nursing Officer	12/2022
	Ann Halstrom: Director Home Health	11/2022
	Rachel Manchester: Executive Director Providence At Home Services	11/2022

Status Active PolicyStat ID 12465360

Providence St. Mary Medical Center

Implementation	07/2009
Last Reviewed	10/2022
Effective	10/2022
Last Revised	10/2022
Next Review	10/2025
Owner	Natasha Delano: Director Oncology
Policy Area	Medical Oncology
Applicability	WA - Providence St. Mary MC

Staffing Plan, 7152.4007

POLICY

To establish guidelines to assure sufficient number of qualified nursing personnel to provide safe, high quality nursing care to Outpatient Oncology patients in the Cancer Center.

PROCEDURE

1. Staffing is based on daily unit census, patient acuity, and qualifications of available staff.
2. **Assignments**
   Registered nurse (RN) assignments in the infusion suite are coordinated by the Charge RN who considers patient need, technical and clinical skills required and competencies of available staff.
3. **Workload and Hours of Operation**
   See Cancer Center Philosophy/Scope of Service Policy 7155.0100
4. **Base Staffing**
   A. Infusion Suite
      1. A minimum of two Oncology Nursing Society (ONS) chemotherapy/ biotherapy certified RNs will be present whenever chemotherapy patients are scheduled for treatment.

   B. Medical and Radiation Oncology
      1. A nurse or medical assistant (MA) will be present for each physician on-site.
      2. One triage nurse will be scheduled at all times during normal phone hours.

5. **Scheduling**
   Scheduling is done at least monthly and updated as unit census and patient acuity fluctuate. Scheduling will maintain the base staffing and include acuity assignments for each day the clinic is open. The Cancer Center clinic manager provides scheduling oversight.
6. **Contingency Staffing**
   A. Low census reduction in staffing is accomplished according to the UFCW RN Nursing Contract and is based on need as determined by the Acuity Matrix. All efforts will be made to cross-train Medical Oncology RNs for the Radiation Oncology unit in the Cancer Center so that they are also a resource to Radiation Oncology as the daily RN staffing calculation allows.
   B. High census coverage is accomplished by supplementing staff with Medical Oncology oriented and trained per-diem RNs on staff or from the Float Pool as available. All efforts will be made to cross-train RNs from the Radiation Oncology unit in the Cancer Center so that they are also a resource to Medical Oncology as the radiation therapy patient census allows.
7. **Schedules**
   The Cancer Center clinical schedule is maintained by the clinic manager in coordination with the Charge RN and is located in Teams using the Shifts application.
8. **Chemotherapy Staffing Matrix**

Level I: less than 30 minutes. Nursing time: 20 minutes. **1 Acuity Point** Includes but not limited to: • Laboratory tests • Nurse assessment • IV access and/or removal • Central line access • Dressing changes • Coordination of care • Arranging blood transfusions • Laboratory-only port draw (performed by nurse) • Ambulatory infusion pump paperwork • Discontinuing ambulatory pump	**Level II: 30-90 minutes. Nursing time: 45 minutes.** **2 Acuity Points** Includes but not limited to: • Port, line troubleshooting • Hydration with or without assessment • Administration of IV medication including pain, antibiotic & antiemetics • Phlebotomy • Platelet transfusion • Patient needing assistance (fall risk)
Level III: 1-2 hours. Nursing time: 60 minutes **3 Acuity Points** Includes but not limited to:	**Level IV: 2-4 hours. Nursing time: 90 minutes** **4 Acuity Points** Includes but not limited to: • Chemotherapy lasting 4 hrs with multiple

• Chemotherapy lasting 1-2 hrs • Patient tx with symptom management or multiple needs • Patient and family education (cycle 1, day 1 chemotherapy)	drugs • Blood products requiring frequent monitoring • Tx with high potential for allergic reaction • Patient needing fever/neutropenia work-up (with fluids, antibiotics, possible admission) • First tx on clinical trial requiring frequent monitoring
Level V: more than 4 hours. Nursing time: 180 minutes **5 Acuity Points** Includes but not limited to: • Complex chemotherapy lasting greater than 4 hours • Patient needing complex symptom management/possible admission • Intraperitoneal chemotherapy	**Daily Staffing Calculation** 1. Enter acuity from table 2. Add avg daily acuity for add-ons 10 3. Add 5 points for chemo order entry/ scheduling 4. Add 2 points for NP or Pt Educ 5. Add items 1-4 for total acuity points 6. Divide by 18 (ideal acuity points/RN) 7. Result = number of RNs needed

In order to cover high-volume morning and chemo order entry activities, each day will begin with all available RNs on duty. To meet the calculated staffing level as determined by the Daily Staffing Calculation above, the appropriate number of RNs will take low-census time off in the afternoon.

9. **Patient Assignment**

The Charge RN will make assignments by examining Individual skills of available nurses and the patient's level of complexity. Continuity of care is an important consideration when making assignments.

Float nurses should be assigned to acuity level 1 when possible. To ensure treatment accuracy and patient safety, a two-RN check will be performed by chemotherapy/biotherapy trained nurses when performing post-chemo order entry and prior to administration of chemotherapy or biotherapy at patient chairside .

Approval Signatures

Step Description	Approver	Date
	Mary Crawford: Executive Director Nursing	10/2022

Louise Dyjur: Chief Nursing Officer	10/2022
Oliver Batson: Physician	10/2022
Natasha Delano: Director Oncology	10/2022