

Nurse Staffing Plan

COVER PAGE

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

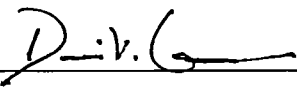
I, the undersigned with responsibility for Providence St Peter Hospital, attest that the attached staffing plan was developed in accordance with RCW 70.41.420 for 2023 and includes all units covered under our hospital license under RCW 70.41.

This plan was developed with consideration given to the following elements:

- 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: 11.23.2022

As approved by Darin Goss, Chief Executive



Darin Goss, MPH, FACHE

Chief Executive
South Puget Sound
Providence Swedish

Nursing Administration
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Pursuant to the Nurse Staffing Law (Patient Safety Act. HB 1714), the following is provided to meet the regulatory compliance standard.

1. Matrix by Unit and Shift
2. Chief Executive Attestation Form

Please reach out to me if there are any questions, clarifications, or concerns. I am happy to respond and provide clarification as to the staffing plan for Providence St. Peter Hospital.



Date: 12/21/2022

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Chief Nursing Officer
Providence St. Peter Hospital
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Status **Active** PolicyStat ID **7328269**



Implementation 9/1/2005
Last Reviewed 12/9/2019
Effective 12/9/2019
Last Revised 12/9/2019
Next Review Due 12/8/2022

Owner Cari Pearson:
Director Nursing
Policy Area Patient Care
Services
Applicability WA - Providence
St. Peter Hospital

Nursing Staffing Plan

Policy Number: 86100-PCS-076

PURPOSE:

The purpose of the Nursing Staffing Plan is to ensure that there is an adequate number and skill mix of patient care staff to safely and effectively care for the patient population throughout the facility.

APPLIES TO:

Providence St. Peter Hospital (PSPH) Nursing staff and nursing leadership.

POLICY STATEMENT:

Annually, the nursing leadership, under the direction of the Chief Nursing Officer, develops an evidence-based nursing staffing plan based on national benchmarks, nursing research, patient and staff satisfaction, clinical outcomes, available resources, and the recommendations of the Staffing Committee. This plan is developed in congruence with the annual budget cycle and updated as needed.

OBSERVATION AND SAFETY FACTORS:

N/A

PROCEDURE:

1. Budget Assumptions Developed
 - A. Annually, before the budget process, data is collected to develop annual budget

assumptions related to nursing staffing.

- B. This data includes nursing research related to clinical outcomes and staffing levels and mix, national benchmarks related to productivity levels based on patient populations, current clinical outcomes data including falls and pressure ulcers for example, and satisfaction data.

2. Nursing Budgets Developed

- A. Forecasted volumes for each patient population are determined based on demographic and market data.
- B. Resources are defined for each nursing unit/patient population as defined by nursing hours per unit of service.
- C. Skill mix for each unit is defined based upon current nursing research and patient population.
- D. Indirect resources are defined related to nursing leadership, nursing education support, clerical support, and system support. Additional indirect assumptions include:
 - 1. Competency of staff and required education hours.
 - 2. Turnover of staff and required orientation hours.
 - 3. New graduate integration and required residency hours.
- E. Special Staffing Needs
 - 1. Each unit develops a pool of hours available for patients requiring close observation or those with special care needs.
 - 2. These hours are forecasted and placed in a special pool of hours available to be allocated based on the judgment of the charge nurse/clinical manager/administrative supervisor and will be distributed above the usual staffing hours.
- F. Budget finalized based on available resources and staffing plans developed.

3. Staffing Plans Developed

- A. Once the budget is finalized, the staffing assumptions are defined with input of the Unit Councils in the Plans for the Provision of Patient Care for each nursing unit/patient population.
- B. The staffing matrices are developed based on the new staffing plans and provided to the Staffing office and the nursing units to be used for the allocation of nursing resources based on the patient population and volume on a shift to shift basis.
- C. The administrative supervisor and/or clinical manager may override the staffing matrices based on special circumstances and patient need.

4. Staffing Plans Implemented and Monitored

- A. Staffing is monitored every two hours or more frequently as needed by the clinical manager, charge nurse, and/or the administrative supervisor and adjusted as needed based on patient needs, volumes, and staff availability.

- B. Nursing staff may request a change in staffing levels as needed.
 - 1. The requests are considered and responded to by the clinical manager or administrative supervisor as determined appropriate.
 - 2. If the nursing staff have a disagreement about staffing levels, they complete a Collaborative Staffing Intervention (CSI) form.
 - 3. The form is then forwarded to the Nursing Supervisor, Director of Nurse Staffing and Admin Services and the Chief Nursing Officer for review.
- C. Compliance with staffing plans is reviewed weekly and each pay period through the productivity reports.
 - 1. The staffing plans are monitored through the quarterly staffing effectiveness review as well as patterns of clinical outcomes, national benchmarks, or other relevant data.
- D. If significant changes in patient populations or clinical outcomes are identified, staffing plans will be modified by either redistribution of allocated resources or special request for resources.

AGE-RELATED CONSIDERATIONS:

N/A

CONTRIBUTING DEPARTMENT/COMMITTEE APPROVAL:

- Nursing Staffing Committee

DEFINITIONS:

N/A

ATTACHMENT:

N/A

OWNER:

VP / Chief Nursing Officer

Prior Policy History:

- Implementation Date: 9/2005
- Reviewed Date: 10/2013
- Revision Date: 7/09

REFERENCE:

- Joint Commission Standard
- Solucient data base
- NDNQI
- Nursing research including: Aiken, Curtin, and Buerhaus

ADMINISTRATIVE APPROVAL:

VP / Chief Nursing Officer, SWR

All Revision Dates

12/9/2019, 11/16/2016, 10/1/2013

Approval Signatures

Step Description	Approver	Date
Site Administrator	Carol Robinson: Patient Safety Specialist	12/9/2019
Regional Chief Nursing Officer SWR, Interim	Cynthia Sidley: Dir Acute Care Nursing	12/6/2019
	Cynthia Sidley: Dir Acute Care Nursing	12/6/2019

Nurse Staffing Plan Scope: Hospital Units (IP / OP)

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

Inpatient Med/Surg/ICU	Emergency and Procedural Services	Women and Children's	Perioperative Services
Intermediate Care Unit	Emergency Center	Family Birth Center	PAC
Progressive Care Unit	1 South Emergent	Special Care Nurse	OR Main/West/CVOR
Neurology	COU Emergent	Pediatrics	PACU East/West
8 Med/Surg Overflow			SADU North/South/West
Surgical	Endoscopy		Clinical Decision Unit
Orthopedics	Cardiac Cath Lab		
Med Tele	Imaging Nursing/IR		
Med Renal	Cardiopulmonary Rehab		
Oncology	ET		
ICU CV			
ICU NT			
LLOS			
Inpatient Psychiatry			

Inpatient Units

Intermediate Care Unit

30 bed unit providing care 24/7/365

Provides medical/surgical/telemetry services for adult patients. Primary diagnoses include cardiac conditions, post heart attack, dysrhythmias, coronary artery disease, heart failure, heart infections. Care of the patient post open-heart surgery. Patients typically require more monitoring than the general med/surg unit.

In general, RNs on the unit are assigned 3-4 patients. Census and acuity fluctuations are managed through increasing or decreasing the number of RNs or other support staff to support patient care.

Staffing Model for a full unit:

Census	Day			Night		
	RN	CNA	HUC	RN	CNA	HUC
30	11	2	1	10	1	0

Progressive Care Unit

28 bed unit providing care 24/7/365

Provides medical/surgical/telemetry services for adult patients. Diagnoses include cardiac conditions, post heart attack, heart failure, defibrillator or pacemaker implant, sepsis. Patients typically require more monitoring than the general med/surg unit.

In general, RNs on the unit are assigned 3-4 patients. Census and acuity fluctuations are managed through increasing or decreasing the number of RNs or other support staff to support patient care.

Staffing Model for a full unit:

Census	Day			Night		
	RN	CNA	HUC	RN	CNA	HUC
28	11	2	1	10	1	0

Neurology

29 bed unit providing care 24/7/365

Provides medical/surgical/telemetry services. Diagnoses include stroke, TIAs, seizures, brain and spinal cord tumors, infections, trauma, concussion, quadriplegia, paraplegia, degenerative diseases of the nervous system such as Parkinson's disease, Multiple Sclerosis, Alzheimer's disease, Amyotrophic Lateral Sclerosis.

This unit provides a designated Stroke RN 24/7 who responds to Code Strokes throughout the hospital.

In general, RNs on the unit are assigned 3-4 patients. Census and acuity fluctuations are managed through increasing or decreasing the number of RNs or other support staff to support patient care.

Staffing Model for a full unit:

Census	Day				Eve	Night		
	RN	Stroke RN	CNA	HUC	RN	RN	Stroke RN	CNA
29	10	1	9	1	1	9	1	1

8 Med/Surg Overflow

9 bed unit providing care 24/7/365

Provides general medical/surgical services for adults.

In general, RNs on the unit are assigned 4-5 patients. Census and acuity fluctuations are managed through increasing or decreasing the number of RNs or other support staff to support patient care.

Staffing Model for a full unit:

Census	Day			Night		
	RN	CNA	HUC	RN	CNA	HUC
9	2	1	0	2	1	0

Surgical

29 bed unit providing care 24/7/365

Provides general medical and surgical services. Primarily pre and post-operative care. Surgeries include thoracic, vascular, abdominal, urologic, gynecologic, ear/nose/throat, and plastic surgery.

In general, RNs on the unit are assigned 4-5 patients. Census and acuity fluctuations are managed through increasing or decreasing the number of RNs or other support staff to support patient care.

Staffing Model for a full unit:

Census	Day			Night		
	RN	CNA	HUC	RN	CNA	HUC
29	9	2	1	9	2	0

Orthopedics

26 bed unit providing care 24/7/365

Provides medical and surgical services. Diagnoses include bone, joint and spine disorders including fractures, total joint disease, musculoskeletal disorders, osteoarthritis, tumors, trauma, congenital abnormalities, and infections.

In general, RNs on the unit are assigned 4-5 patients. Census and acuity fluctuations are managed through increasing or decreasing the number of RNs or other support staff to support patient care.

Staffing Model for a full unit:

Census	Day			Night		
	RN	CNA	HUC	RN	CNA	HUC
26	9	2	1	7	2	0

Med Tele

30 bed unit providing care 24/7/365

Provides general medical services. Diagnoses include: Covid, chronic obstructive pulmonary disease, diabetes, heart failure, gastrointestinal disorders, alcohol withdrawal, cellulitis, decubitus ulcers, kidney disease and other co-morbid medical conditions requiring hospitalization.

Patients with non-acute cardiac diagnoses may be telemetry monitored.

In general, RNs on the unit are assigned 4-5 patients. Census and acuity fluctuations are managed through increasing or decreasing the number of RNs or other support staff to support patient care.

Staffing Model for a full unit:

Census	Day			Night		
	RN	CNA	HUC	RN	CNA	HUC
30	9	2	1	9	1	0

Med Renal

25 bed unit providing care 24/7/365

Provides general medical services. Diagnoses include hemodialysis, peritoneal dialysis, neurological, metabolic, respiratory, gastroenterology, infectious diseases, and integumentary conditions.

RNs on this unit support peritoneal dialysis on the unit and throughout the hospital.

In general, RNs on the unit are assigned 4-5 patients. Census and acuity fluctuations are managed through increasing or decreasing the number of RNs or other support staff to support patient care.

Staffing Model for a full unit:

Census	Day			Night		
	RN	CNA	HUC	RN	CNA	HUC
25	5	4	1	5	4	0

Oncology

26 bed unit providing care 24/7/365

Provides general medical/surgical services. Diagnoses include cancer diagnostics, chemotherapy/biotherapy administration, treatment of cancer and management of side-effects, supportive and end of life care.

In general, RNs on the unit are assigned 4-5 patients. Census and acuity fluctuations are managed through increasing or decreasing the number of RNs or other support staff to support patient care.

Staffing Model for a full unit:

Census	Day			Night		
	RN	CNA	HUC	RN	CNA	HUC
26	8	2	1	8	2	0

Cardiovascular ICU

21 bed unit providing care 24/7/365

Provides care for the critically ill patient. Focused on cardiac diagnoses and care of post cardiovascular surgery. Hemodynamic monitoring, intra-aortic balloon pump support, impella, intracranial pressure monitoring, ventilator support and management, therapeutic hypothermia, continuous renal replacement therapy and acute hemodialysis.

This unit provides a RN for Rapid Response support throughout the hospital.

This unit shares 1 day shift and 1 night shift resource RN with NTICU.

In general, RNs on the unit are assigned 1-2 patients. Census and acuity fluctuations are managed through increasing or decreasing the number of RNs or other support staff to support patient care.

Staffing Model for a full unit:

Census	Day				Eve	Night		
	RN	RRT	CNA	HUC	RN	RN	RRT	CNA
21	11.5	1	1	1	1	12.5	1	1

Neuro Trauma ICU

21 bed unit providing care 24/7/365

Provides care for the critically ill patient. Focused on care of the brain, spine and nervous system injuries or conditions. Hemodynamic monitoring, intra-aortic balloon pump support, impella, intracranial pressure monitoring, ventilator support and management, therapeutic hypothermia, continuous renal replacement therapy and acute hemodialysis.

This unit shares 1 day shift and 1 night shift resource RN with CVICU.

In general, RNs on the unit are assigned 1-2 patients. Census and acuity fluctuations are managed through increasing or decreasing the number of RNs or other support staff to support patient care.

Staffing Model for a full unit:

Census	Day			Night	
	RN	CNA	HUC	RN	CNA
21	12.5	1	1	12.5	2

Long Length of Stay

22 bed unit providing care 24/7/365

Provides care for long length-of-stay patients and patients that do not meet medical necessity for acute hospitalization.

The RN will lead a team of LPNs and CNAs to provide patient care.

Census and acuity fluctuations are managed through increasing or decreasing the number of RNs or other support staff to support patient care.

Staffing Model for a full unit:

Census	Day			Night		
	RN	LPN	CNA	RN	LPN	CNA
22	1	2	3	1	2	3

Inpatient Psychiatry

20 bed unit providing care 24/7/365

Provides voluntary and involuntary inpatient mental health services to adult patients with a psychiatric diagnosis.

Additional staff on the unit are psychiatrists, Mental Health Techs, Group Therapists, Social Workers, Occupational Therapist, and Recreational Therapist.

RNs on the unit are generally assigned 5-6 patients.

Staffing Model for a full unit:

Census	Day				Night	
	RN	MHT	SW	OT/RT	RN	MHT
20	4	2	2	1	4	2

Emergency Center

42 bed and 25 hallway bed unit providing care 24/7/365

Provides comprehensive emergency care as well as Level III trauma services to patients of all ages. Patients range from non-urgent to critical, and are either discharged home, admitted to an inpatient unit, or transferred to another facility based upon the specific need of the patient.

RNs typically provide care for 4-5 patients based upon acuity and progression of their care.

- 1:1 typically reflects unstable patients requiring multisystem support and complex critical care
- 1:1-2 typically reflects patients requiring intensive care
- 1:2-3 typically reflects patients requiring immediate care
- 1:4-6 typically reflects patients whose initial work-up has been completed and are awaiting disposition.

RN staff are supplemented by Techs, LPNs, CNAs and Phlebotomists who assist with procedures, phlebotomy, casts/splints and other duties. Sitters are also utilized for close observation of patients requiring extra safety measures.

Care is provided to patients following Emergency Nurses Association Scope and Standards for Emergency Nursing Practice.

Staffing Model:

Day			Eve		Night		
RN	LPN/Tech	HUC	RN	LPN/Tech	RN	LPN/Tech	HUC
19	6	3	25	10	20	6	2.5

1 South Emergent (13) / COU Emergent (9)

Combined 22 beds providing care 24/7

These beds open and close as needed with census fluctuations. They are typically staffed by the Resource Float Team.

Provides inpatient care for the stable medical adult patient.

In general, RNs on the unit are assigned 4-5 patients.

Census	Day			Night	
	RN	CNA	HUC	RN	CNA
22	5	2	1	5	2

Family Birth Center

28 bed unit and 3 ORs providing care 24/7/365

Provides antepartum, intrapartum and postpartum care for pregnant patients from 16 weeks gestation through the postpartum period. Newborns room in with mother for normal newborn care.

In general, RNs on the unit are assigned 1-3 patients for stable antepartum, 1-2 patients for intrapartum and 3-4 couplets for Postpartum. Staffing guidelines and patient care are based upon Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) guidelines.

RN staff are supplemented by IBCLC Lactation RNs 8 hrs/day x 7 day per week

Staffing Model:

Census	Day			Night		
	RN	LPN/Tech	HUC	RN	LPN/Tech	HUC
28	16	1	1	16	1	1

Special Care Nursery

13 bed unit providing care 24/7/365

Provides Level II intermediate care services for the neonatal population. Infants requiring a higher level of care, intensive care or specialized diagnostic services are transferred to a Level III or IV neonatal intensive care unit.

Provides transport services (non-emergent), for neonates who need a back transport from Level III facilities to our Level II and from Level I nurseries in the area who need Level II care.

RN staff are supplemented by lactation consultation, speech pathology, hearing screening, infant photography. Pediatric Hospitalists are on-site 24/7

Care is provided to patients following American Academy of Pediatrics guidelines.

In general, RNs on this unit are assigned 2-3 patients

Census	Day	Night
	RN	RN
8-10	4	4

Pediatrics

6 bed unit providing care 24/7/365

Provides general inpatient community-based pediatric services for patients aged 0-17 years old. Diagnoses include respiratory illness, pre/post-surgical cases, infectious diseases, neurological conditions, and endocrine abnormalities. This unit flexes the number of available beds, depending on need.

In general, RNs on the unit are assigned 3-4 pediatric patients.

Census	Day	Night
	RN	RN
6	2	2

Pre-Admission Clinic

Regular hours of operation: M-F 8a -530p

Provides pre and post procedure assessment and screening of patients who will be undergoing procedures in the OR, US, CT, MRI, IR, Cath Lab, Endo with sedation or anesthesia.

Visits made are made in-person or via telephone.

In general, there are 7-9 RNs scheduled daily.

OR – East / West

Combined 19 Operating Rooms (13 East / 6 West) providing care 24/7/365

Provides general and specialty surgical services to adults and children

Regular hours of operation East: M-F 730a-5p

Regular hours of operation West: Tu-F 730a-5p

Urgent/emergent services are provided by call team members during all non-staffed hours and holidays.

The standard case - 1 RN / 1 ST, Vascular - 2RN / 1 ST, Robotic - 1 RN / 2 ST.

Staffing guidelines and patient care are based upon AORN’s Guidelines for Perioperative Practice

East

Day M-F				Day Sat/Sun			
Charge RN	RN	ST	Other	Charge RN	RN	ST	Other
2	18	18	8-9	1	4	4	3

Eve M-F			
Charge RN	RN	ST	Other
1	3-4	3-4	2-3

Night M-F		
RN	ST	Other
1	1	2

West

Day Tu-F			
Charge RN	RN	ST	Other
1	5	5	1

CVOR

This unit has 2 ORs. Provides specialized cardiac surgical services

Regular hours of operation: M-F 730a-3p.

Urgent/emergent services are provided by call team members during all non-staffed hours and holidays.

Day M-F		
RN	ST	Other
3	1	1

PACU – East / West

PACU has 16 bays in East and 6 in West

This unit supports East and West ORs and anesthesia procedural areas. Provides Phase 1 recovery services to patients requiring this level of care after surgery or procedure.

Regular hours of operation East: M-F 730a-1130p. Sat/Sun 8a-630p

Regular hours of operation West: Tu-F 6a-530p

Call team members are available during all non-staffed hours and holidays.

Staffing guidelines are based on ASPAN Perianesthesia Nursing Standards.

In general, RNs typically provide care for 1-2 patients.

RN start times stagger based upon block times.

East Census	Day M-F		Eve M-F		Day Sat/Sun
	Charge RN	RN	Charge RN	RN	RN
30-55	1	10 -12	1	7-10	2

West Census	Day Tu-F	
	Charge RN	RN
8-20	1	3-4

SADU North/South/West

66 bed unit providing care 24/7/365

Provides pre-op, Phase II, and Extended Care for patient undergoing procedures in the OR, Diagnostic Imaging or Cardiac Cath Lab, and all procedural areas.

Staffing guidelines are based on ASPAN Perianesthesia Nursing Standards.

In general, RNs care for 1-5 patients, depending on acuity and procedure type.

Start times stagger throughout the day

Day		Eve		Night	
RN	CNA/PSA	RN	CNA/PSA	RN	CNA/PSA
25-50	2-4	15-30	1-3	2-10	1-2

Clinical Decision Unit

42 bed unit providing care 24/7/365

Provides observation, infusion and nursing care services to patients arriving to the unit from Perioperative Services, IR/DI, Cardiac Cath Lab, EC, home or physician's office.

In general, RNs care for 4-5 patients depending on acuity and care needs.

Endoscopy

This unit supports 3 procedure rooms

Regular hours of operation: M - F 7a-5p

Urgent/emergent services are provided by call team members during all non-staffed hours and holidays.

Utilizes SADU and PACU for pre and post procedure care. Procedures include endoscopy and bronchoscopy.

Care is provided to patients following the SGNA, Society of Gastroenterology Nurses and Associates, practice guidelines.

Staff per procedural room	Day M-F	
	RN	Tech
	1	1-2

Cardiac Cath Lab

Cardiac Cath Lab supports 4 procedure rooms and provides services 24/7/365

Provides diagnostic and interventional cardiac services to patients with medical diagnosis related to coronary artery disease and peripheral vascular disease. Procedures include heart catheterization, PTCA, Stents, pacemakers, IABP, EP studies and structural heart procedures.

Regular hours of operation: M-F 630a -5p. Urgent/emergent services are provided by call team members during all non-staffed hours and holidays.

Staff per procedural room	Day M-F	
	RN	Tech
	1	2-3

Imaging Nursing/IR

Imaging nursing supports care 24/7/365 for procedures in CT, IR, MRI, XR, NM.

Provides care for patients presenting for elective procedures such as paracentesis, g-tube placement, CT/Fluoro guided biopsies, as well as critically ill patients needing life-saving procedures such as embolization for GI bleed.

Urgent/emergent services are provided by call team members during all non-staffed hours and holidays.

Staff per procedural room	M-F	
	RN	Tech
	1	1-2

Cardiopulmonary Rehab

Provides outpatient services M-F for patients with coronary artery disease, valvular heart disease, heart failure, COPD and other forms of chronic heart and lung disease.

Patients are assessed for functional status, stress, smoking, weight control, return to work status, physical activity, etc and treatment plans are made to meet patient goals.

Staffing and care provided is based upon American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) guidelines

Fixed staffing includes RNs, RT, exercise physiologists and health fitness instructors. Typically, 1 staff member for every 5 patients. 2-4 RNs are scheduled daily based upon class and other activities scheduled.

Enterostomal Therapy

Provides therapies and services to inpatients and outpatients who need ostomy, wound or skin breakdown services or consultation.

Regular hours of operation are M-Sat 8a-5p