St Joseph Medical Center
CHI Franciscan
Tacoma, WA
Staffing Plan for 2023
Prepared in 12/19/22 for submission to
WA State Department of Health

St Joseph Medical Center
CHI Franciscan
Staffing Plan for 2023

Purpose:

The purpose of creating a staffing plan for nursing is to ensure consistency in scheduling and assurance of the right skill mix for the patient populations and care focus for each department.

Determination:

The staffing plans for SJMC are based on the following considerations:

- Scope of patient care for the department
- Level of patient care for the department
- Size of the department
- Average daily census and length of stay
- Key quality indicators based on the scope and level of care
- Patient experience outcomes
- Level of hospital support needed for patient care

Other factors considered in the staffing plans:

- Prevalence of staffing variation
- Specialty patient populations i.e. COVID
- Need for meal and rest breaks
- Feedback from Annual Safe Staffing Survey, MyVoice Employee Satisfaction Survey, Culture of Safety Survey & Staffing Complaint data.

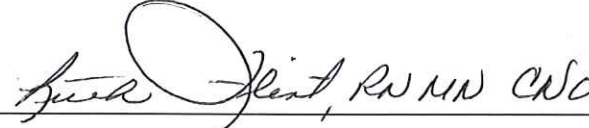Reasons that would create a need to staff differently than planned:

- Internal or external disaster
- High volume of sick calls by nurses and/or the associated support staff
- Patient acuity is higher or lower than anticipated
- Volume of patients exceeds our capacity and our planned staff on a shift by shift basis.

Review process:

- Staffing plans are reviewed annually and re-reviewed semi-annually.
- Staffing plans are submitted for review when permanent changes are made in the core staffing plan

I attest that the grids below demonstrate the staffing plan for 2023. Any pending approvals submitted will be reviewed at 2023 first quarter meeting. If the pending are changed, a new plan will be submitted.

Ruth Flint, RN MN Chief Nursing Officer: _Ruth Flint, RN MN CNO_ 12/20/22

Medical Surgical Division Staffing Plans

2 South – Short Stay/Cardiac Medical Surgical

Days

2S staffing guidelines
COVID pts 1:4 • Med-tele pts 1:4-5

Consider move to COVID 3:1 if floor has 3 or greater highly acute patients (ex: pts prone, high flow, altered vital signs, code Hr following) -
Place highly acute patients into 3:1 COVID run

Census	Charge	Resource	RNs	CNAs	CA	Circulator
44-43	1	1*	11	5	*1 CA	1* >20 active COVID + pts
42-40	1	1*	10	4	*1 CA	
39-37	1		9	4		
36	1		9	3		
35-32	1		8	3		
31-28	1		7	3		

Nights

2S staffing guidelines
COVID pts 1:4 • Med-tele pts 1:4-5

Consider move to COVID 3:1 if floor has 3 or greater highly acute patients (ex: pts prone, high flow, altered vital signs, code Hr following) -
Place highly acute patients into 3:1 COVID run

Census	Charge	RNs	CNAs	CA	Circulator
44-43	1	11	3	1* (until 2300)	1* >20 active COVID + pts
42-40	1	10	3	1* (until 2300)	
39-37	1	9	3		
36	1	9	3		
35-32	1	8	3		
31-28	1	7	2		

3 South – Neuro Medical Surgical

Day Shift & Evening Shift

Census	Charge RN	RN	CNA days/evenings
33	1	8	4
32	1	8	4
31	1	7	4

Night Shift

Census	Charge RN	RN	CNAs Nights
33	1	8	3
32	1	7	3
31	1	7	3

4 South – Ortho/Spine Medical Surgical (this unit is expanding to 29 beds in 1st quarter of 2023 and will submit their updated grid for review at next Staffing Committee)

Day Shift

Census	Charge	RNs	CNAs	Other
21-19	1	5	2	
17-18	1	4	2	
13-16	1	3	2	
9-12	1	2	1	

Night Shift

Census	Charge	RNs	CNAs	Other
21-19	1	5	2	
17-18	1	4	2	
13-16	1	3	2	
9-12	1	2	1	

7th Floor – Surgical Floor Includes but not limited to: General, GYN, Thoracic, Vascular, Hepatobiliary and complex ENT.

Staffing Grid for Patient Census   Target Hours per Patient Day10 72

Insert developed staffing grid for varying levels of patient census or attach to this document

Day Shift

Census	Charge/Resource	RNs	CNAs	CA	Break RN
35-33	1/1	8	4	1	1*
32-31	1	8	4	1	1
30-29	1	7	3	1	1
28-26	1	6	3	0	1

*plus evening shift break nurse 3 days on weekdays

Night Shift

Census	Charge	RNs	CNAs	Break Reliever
35-33	1	9	3	1
32-31	1	8	3	1
30-29	1	7	2	1
28-26	1	6	2	1

8th Floor – Medical Awaiting Placement

Staffing Grid for Patient Census   Target Hours per Patient Day 11.00

Insert developed staffing grid for varying levels of patient census or attach to this document

Day Shift **Note CN works 1100-2330**

Census	Charge	RNs	CNAs	Break RN
16-17	1	4	2	1
14-15	1	4	2	1
12-13	1	4	0-1	1
9-11	0-1	3	0-1	1

Night Shift

Census	Charge	RNs	CNAs	Break RN
16-17	1	4	2	1
14-15	1	4	1-2	1
12-13	1	4	0-1	1
9-11	0-1	3	0-1	1

9th Floor Medical Telemetry

Staffing Grid for Patient Census   Target Hours per Patient Day 10.77

Peritoneal Dialysis Staffing

PD Patient	RN
1 PD patient on the 9th floor or off unit, uncomplicated case	9th floor charge RN to do PD
2 PD patients on the 9th floor or off unit, uncomplicated case	9th floor charge RN to do PD; may staff up 1 extra PD RN for 4 hours if needed
1-2 PD patients off unit, complicated	1 extra RN dedicated for PD
3 PD patients on the 9th floor or off unit, complicated or uncomplicated	1 extra RN dedicated for PD with the support of 9th floor charge RN
PD patients in Critical Care	Critical Care PD trained nurses provide treatments

Day Shift

Census	Charge	RNs	CNAs	CA
38-35	1	9	4	1
34-33	1	8	4	1

*Care Assistant: 8 hours/day (0900-1730 during weekdays only)

Night Shift

Census	Charge	RNs	CNAs	Other
38-35	1	9	3	
34-33	1	8	3	

Critical Care Division Staffing Plans

5A & 5 C CARDIAC CARE UNITS

This unit is designed to serve patients recovering from cardiac related procedures. Patients are assigned a level of nursing care based on medical or surgical need. The typical nurse ratio for patients requiring an Intensive Care level of nursing is 1 nurse per 2 patients. For Progressive Care level of nursing, it is 1 nurse per 3-4 patients. The unit is also supported by a certified nursing assistant (CA) to assist with both secretarial and patient care tasks under the supervision of the RN.

ICU Census	RN	CA
< 4	2 Consolidate quads if possible	0.5
4	2 Consolidate quads if possible	0.5
5-6	3	0.5
7-8	4	0.5

5B CARDIAC PROGRESSIVE CARE UNIT

This unit is designed to serve patients transitioning from Intensive Care level of care or meeting Progressive Care criteria with primarily cardiac related conditions. Patients are assigned a level of nursing care based on medical need. The typical nurse ratio for patients requiring a Progressive Care level of nursing is 1 nurse per 3-4 patients. The unit is also supported by a certified nursing assistant (CA) to assist with both secretarial and patient care tasks under the supervision of the RN.

PCU Census	RN	CA
< 4	1 Consolidate quads if possible	0.5
4	1-2	0.5
5-6	2	0.5
7-8	2-3	0.5-1.0

5D CARDIAC SURGERY INTENSIVE CARE UNIT

This unit is designed to serve patients recovering from cardiac surgery or related procedures. Patients are assigned a level of nursing care based on medical or surgical need. The typical nurse ratio for patients requiring an Intensive Care level of nursing is 1 nurse per 2 patients. For day of surgery cardiac patients, it is 1 nurse per patient for the first 6 hours. For Progressive Care level of nursing, it is 1 nurse per 3-4 patients. The unit is supported by a certified nursing assistant (CA) to assist with both secretarial and patient care tasks under the supervision of the RN.

ICU Census	RN	CA
< 4	2 Consolidate quads if possible	0.5
4	2 Consolidate quads if possible	0.5
5-6	3	0.5
7-8	4	0.5

6A NEURO PROGRESSIVE CARE UNIT

This unit is designed to serve patients transitioning from Intensive Care level of care or meeting Progressive Care criteria with primarily neurological diagnoses. Patients are assigned a level of nursing care based on medical need. The typical nurse ratio for patients requiring a Progressive Care level of nursing is 1 nurse per 3-4 patients. The unit is also supported by a certified nursing assistant (CA) to assist with both secretarial and patient care tasks under the supervision of the RN.

PCU Census	RN	CA
< 4	1 Consolidate quads if possible	0.5
4	1-2 Consolidate quads if possible	0.5
5-6	2	0.5
7-8	2-3	0.5-1.0

6B NEURO INTENSIVE CARE UNIT

This unit is designed to serve patients recovering from acute critical conditions or procedures. Patients are assigned a level of nursing care based on medical need. The typical nurse ratio for patients requiring an Intensive Care level of nursing is 1 nurse per 2 patients. For Progressive Care level of nursing, it is 1 nurse per 3-4 patients. The unit is also supported by a certified nursing assistant (CA) to assist with both secretarial and patient care tasks under the supervision of the RN.

ICU Census	RN	CA
< 4	2 Consolidate quads if possible	0.5

4	2 Consolidate quads if possible	0.5
5-6	3	0.5
7-8	4	0.5

6C NEURO & SURGICAL TRAUMA
INTENSIVE CARE UNIT

This unit is designed to serve patients recovering from acute critical conditions or procedures. Patients are assigned a level of nursing care based on medical need. The typical nurse ratio for patients requiring an Intensive Care level of nursing is 1 nurse per 2 patients. For Progressive Care level of nursing, it is 1 nurse per 3-4 patients. The unit is also supported by a certified nursing assistant (CA) to assist with both secretarial and patient care tasks under the supervision of the RN.

ICU Census	RN	CA
< 4	2 Consolidate quads if possible	0.5
4	2 Consolidate quads if possible	0.5
5-6	3	0.5
7-8	4	0.5

6D MEDICAL-SURGICAL TRAUMA
INTENSIVE CARE UNIT

This unit is designed to serve patients recovering from acute critical conditions or procedures. Patients are assigned a level of nursing care based on medical need. The typical nurse ratio for patients requiring an Intensive Care level of nursing is 1 nurse per 2 patients. For Progressive Care level of nursing, it is 1 nurse per 3-4 patients. The unit is also supported by a certified nursing assistant (CA) to assist with both secretarial and patient care tasks under the supervision of the RN.

ICU Census	RN	CA
< 4	2 Consolidate quads if possible	0.5
4	2 Consolidate quads if possible	0.5
5-6	3	0.5
7-8	4	0.5

8A & 8D MEDICAL – SURGICAL PROGRESSIVE CARE UNIT

This unit is designed to serve patients transitioning from Intensive Care level of care or meeting Progressive Care criteria. Patients are assigned a level of nursing care based on medical need. The typical nurse ratio for patients requiring a Progressive Care level of nursing is 1 nurse per 3-4 patients. The unit is also supported by a certified nursing assistant (CA) to assist with both secretarial and patient care tasks under the supervision of the RN.

PCU Census	RN	CA	
< 4	1 Consolidate quads if possible	0.5-1	
4	1-2 Consolidate quads if possible	0.5-1	
5-6	2	1 days	0.5 nights
7-8	2-3	1 days	0.5 nights
8-9	2-3	1 days	0.5 nights

Staffing for the Division includes 3 Charge RNs for both day and night shifts. 5th floor and 6th Floor

Critical Care Charge RN are part of the Rapid Response and Code Blue Teams throughout the hospital. The Disaster Preparedness Team (Code Triage) is supported by the 5th and 6th Floor Critical Care Charge RN as well as the 8th floor PCU charge nurse throughout the hospital. Staffing model that varies from the staffing plan includes close collaboration with the manager.

Inpatient Oncology

Staffing Grid for Patient Census   Target Hours per Patient Day_____13.03_____

Insert developed staffing grid for varying levels of patient census or attach to this document

Day Shift

Census	Charge	RN	CNA/CA	Break RN
28	1	7	5	1
24	1	6-7*	5	1
21	1	5-6*	3	1
17	1	4-5*	2-3	1

Evening Shift

Census	Charge	RN	CNA
28			4
24			3
21			3
17			2

Night Shift

Census	Charge	RN	CNA/CA	Break RN
28	1	7	2-3*	1
24	1	6-7*	2	1
21	1	5-6*	1	1
17	1	4-5*	1	1

Staffing decision based on patient acuity and physical bed closure location.

Perioperative Division Staffing Plans

Gig Harbor Same Day Surgery

MONDAY			
SHIFT	WORK RULE	ROLE	QUANITY
0630-1500	8	Peri-A RN	1
0630-1700	10	Peri-A RN	1
0800-1630	8	Peri-A RN	1
0800-1830	10	Peri-A RN	1
0800-1830	10	Peri-A RN	1
0830-1700	8	CA	1
			TOTAL: 5 + CA
0715-1745	10	OR RN	2
0800-1830	10	OR RN	1
			TOTAL: 3
715-1545	8	ST	1
0715-1745	10	ST	2
			TOTAL:3

TUESDAY			
SHIFT	WORK RULE	ROLE	QUANITY
0630-1700	10	Peri-A RN	1
0800-1830	10	Peri-A RN	1
0830-1700	8	CA	1
			TOTAL: 2 + CA
0715-1745	10	OR RN	1
0930-1800	8	OR RN	1
			TOTAL: 2
715-1545	8	ST	1
715-1745	10	ST	2

			TOTAL: 3

WEDNESDAY			
SHIFT	WORK RULE	ROLE	QUANITY
0630-1500	8	Peri-A RN	1
0800-1830	10	Peri-A RN	1
0830-1700	8	CA	1
			TOTAL: 2 + CA
0715-1745	10	OR RN	1
0930-1800	8	OR RN	1
			TOTAL: 2
715-1745	10	ST	1
715-1545	8	ST	1
			TOTAL: 2

THURSDAY			
SHIFT	WORK RULE	ROLE	QUANITY
0630-1700	10	Peri-A RN	1
0800-1830	10	Peri-A RN	1
0830-1700	8	CA/HUC	1
			TOTAL: 2 + CA
0715-1745	10	OR RN	1
0930-1800	8	OR RN	1
			TOTAL: 2
715-1745	10	ST	1
715-1545	8	ST	1
			TOTAL: 2

FRIDAY			
SHIFT	WORK RULE	ROLE	QUANITY
0630-1500	8	Peri-A RN	1
0630-1700	10	Peri-A RN	1
0800-1630	8	Peri-A RN	1
0800-1830	10	Peri-A RN	1
0800-1830	10	Peri-A RN	1
0830-1700	8	CA	1
			TOTAL: 5 + CA
0715-1745	10	OR RN	2
0800-1830	10	OR RN	1
			TOTAL: 3
0715-1545	8	ST	1
0715-1745	10	ST	2
			TOTAL:3

ANCILLARY STAFF			
SHIFT	WORK RULE	ROLE	QUANITY
0830-1700	8	CA	1
0715-1545	8	MANAGER	1

Main OR

Insert developed staffing grid for varying levels of patient census or attach to this document

Day Shift

Census	Charge	RNs	Techs	Other
25-30	1	20	17	10

Evening Shift

Census	Charge	RNs	Techs	Other
7-9	1	3	3	3

Night Shift

Census	Charge	RNs	Techs	Other
1		2 + 1 on call	2 + 1 on call	0

See below for position control.

RNs	ST	AST	PST
SHIFT/# per shift	SHIFT/# per shift	SHIFT/# per shift	SHIFT/# per shift
0530-1800 2	0630-1500 10	0530-1400 2	0530-1400 2
0530-1800 2	0630-1500 10	0600-1630 1	0630-1500 1
0630-1500 9	0630-1500 10	0930-1800 1	1330-2200 1
0630-1500 9	0630-1500 10	1400-2230 1	1500-2330 1
0630-1500 9	0630-1500 10		
0630-1500 9	0630-1500 10		
0630-1500 9	0630-1500 10		
0630-1900 4	0630-1500 10		
0630-1500 9	0630-1500 10		
0630-1500 9	0630-1500 10		
0630-1500 9	0630-1700 2		
0630-1500 9	0630-1700 2		

0630-1900 4	0630-1900 3		
0630-1700 2	0630-1900 3		
0630-1700 2	0630-1900 3		
0630-1900 4	0830-1700 1		
0630-1900 4	0830-2100 2		
0830-2100 4	0830-2100 2		
0830-2100 4	1030-1900 1		
0830-2100 4	1430-2300 3		
0830-2100 4	1430-2300 3		
0830-1900 1	1430-2300 3		
1330-2200 1	2030-0700 2		
1430-2300 3	1930-0700 2		
1430-2300 3	1930-0700 2		
1430-2300 3	2030-0700 2		
2030-0700 2			
1930-0700 2			
1930-0700 2			
2030-0700 2			

Main PACU

Staffing Grid for Patient Census	Target Hours per Patient Day__1.79_____			
Insert developed staffing grid for varying levels of patient census or attach to this document				
Day Shift				
Census	Charge	RNs	CNAs	Other
25-30	1	7-9 RN that staggered start times	1-2	

Evening Shift

Census	Charge	RNs	CNAs	Other

Night Shift

Census	Charge	RNs	CNAs	Other
2-5		1 scheduled RN with one on-call RN to support		

Main SADU

Staffing Grid for Patient Census	Target Hours per Patient Day____3.17____

Insert developed staffing grid for varying levels of patient census or attach to this document

Day Shift

Census	Charge	RNs	CNAs	Other
10-15	1	4-5	2	

Evening Shift

Census	Charge	RNs	CNAs	Other
5-15	1	3-4	2	

Night Shift

Census	Charge	RNs	CNAs	Other
Closed				

Walters OR

Day Shift. **Example below of standard staffing available at each time frame to accommodate 7 OR rooms from 6:30-15:00, 5 OR rooms from 15:00-17:00 and 2 OR rooms from 17:00-19:00**. Actual schedule is in Care Values.

RN CHG 0630-1500	OR TECH CC 0600-1430		AST II 0600 - 1430
			1.0
			1.0
1.0	.9		1.0
	OR TECH 0600-1430		AST II 0800 - 1630
RN 0630-1500	.8		
.9			AST II 1030 - 1930
.6			1.0
	OR TECH 0630-1500		
.9	.8	1.0	PST I 0600 - 1430
.6	1.0		1.0
.9	1.0		1.0
. 1.0	.8		PST I 1030 - 2000
.9	1.0		1.0
	.8		
RN 0630-1700	.9		
1.0			SUPPORT STAFF
	OR TECH 0630-1700		
1.0			.5
1.0	1.0		.5
1.0	1.0	1.0	1.0
Open position 1.0			
RN 0830-1700	OR TECH 830-1700		Stats
1.0			RN
	OR TECH 0630-1900		
.8			Techs
RN 0830-1900	.87		Support Staff
1.0	.87		Hours
1.0			
	OR TECH 1030-1900		
RN 0630-1900			
	1.0		
.87 .87	.6		

Based on OR volumes staff may be low censuses or ask to come in early or stay late.

This grid shows the scheduled rooms for each time period and correlated staffing.

Number of ORs running. 7 day shift 6:30-15:00	RN circulators	Scrub Tech	Other staff desk, charge RN, Core tech, PST, AT

5 Mid shift 15:00-17:00 2 eves shift 17:00-19:00			
7	8-9	9-11	4
5	6-7	8-10	4
2	3-4	4-6	3

Walters PACU, SADU & ECU

Staffing Grid for Patient Census   Target Hours per Patient Day___3.84_____

SADU

Census	Charge/Resource	RNs	CNAs	Other
0-15	2	3/3	1/2	
16-20	2	4/4	1/2	
21-25	2	5/5	2/3	
26+	2	6/6	2/3	

PACU

Census	Charge	RNs	CNAs	Other
0-8	1	2	1	
9-12	1	3	1	
13-16	1	4	1	
17-20	1	5	1	
21-24	1	6	1	
25-28+	1	7-8	1	

ECU 0700-1900

Census	Charge	RNs	CNAs	Other
0-4	Shared with SADU till 2030	1	1	
5-8	Shared with SADU till 2030	2	2	
9-10 (maximum	Shared with SADU till 2030	3 (Staffing to provider RN)	2	

ECU 1900-0700

Census	Charge	RNs	CNAs	Other
0-3	included	2	1	
4-8	included	2	1	
9-10 (Maximum)	included	3 (Staffing to provide RN)	2	

Surgical Pre-Screening & Periop Surgical H

PRE-ANES (PAT) CLINIC 4450-101
PERIOP SURGICAL HOME (PSH) CLINC 5390-101,103,106

MONDAY

SHIFT	WORK RULE	ROLE	QUANITY
PAT 0730-1600	8	PAT RN	1
PAT 0745-1615	8	PAT CHARGE RN	1
PAT 0800-1630	8	PAT RN	4
PAT 0900-1730	8	PAT RN	1
			7
PAT 0630-1700	10	PAT CA/HUC	1
			1
PSH 0600-1630	10	PSH LPN	1
PSH 0800-1630	8	PSH RN	1
			2
			10

TUESDAY

SHIFT	WORK RULE	ROLE	QUANITY
PAT 0730-1600	8	PAT RN	1
PAT 0745-1615	8	PAT CHARGE RN	1
PAT 0800-1630	8	PAT RN	4
PAT 0900-1730	8	PAT RN	2
			8
PAT 0800-1830	10	CA	1
PAT 0630-1700	10	CA	1
			2
PSH SCH 0730-1800	10	PSH LPN	1
PSH SANH 0730-1800	10	PSH LPN	1
PSH 0800-1630	8	PSH RN	1
			3
			13

WEDNESDAY

SHIFT	WORK RULE	ROLE	QUANITY
PAT 0745-1615	8	PAT CHARGE RN	1
PAT 0800-1630	8	PAT RN	4
PAT 0900-1730	8	PAT RN	1
			6
PAT 0800-1830	10	CA	1
PAT 0630-1700	10	CA	1
			2
PSH SCH 0730-1800	10	PSH LPN	1
PSH 0730-1800	10	PSH LPN	1
PSH 0800-1630	8	PSH RN	1
			3
			11

THURSDAY

SHIFT	WORK RULE	ROLE	QUANITY
PAT 0730-1600	8	PAT RN	1
PAT 0745-1615	8	PAT CHARGE RN	1
PAT 0800-1630	8	PAT RN	4
PAT 0900-1730	8	PAT RN	2
			8
PAT 0800-1830	10	CA	1
PAT 0630-1700	10	CA	1
			2
PSH 0730-1800	10	PSH LPN	1
PSH 0730-1800	10	PSH LPN	1
PSH 0800-1630	8	PSH RN	1
			3
			13

FRIDAY

SHIFT	WORK RULE	ROLE	QUANITY
PAT 0745-1615	8	PAT CHARGE RN	1
PAT 0800-1630	8	PAT RN	4
PAT 0900-1730	8	PAT RN	2
			7
PAT 0630-1700	10	CA	1
			1
PSH 0730-1800	10	PSH LPN	1
			1
			9

ANCILLARY STAFF

SHIFT	DAYS	WORK RULE	ROLE	QUANITY
0700-1530	M-F	8	PSH PT ACCES	2
0715-1545	M-F	8	MANAGER	1

Women's and Children's Division Staffing Plans

L&D and Post Partum

Staffing and Staffing Plan

St Joseph Family Birth Center is staffed by:

- RNs specializing in Obstetrical Care and Newborn Care
- Surgical Technologist
- Nurse Techs
- Care Assistants
- Perinatal Social Workers
- Lactation Consultants and Specialists
- Receptionist/Schedulers (monitor secure door access)

Additional Care Providers on site:

- Board Certified OB/GYN Physicians
- Maternal Fetal Medicine Physicians
- Family Practice Physicians
- Family Practice MD Residents- 1st, 2nd, 3rd year
- Certified Nurse Midwives

RN Shifts Include:
0700-1930

1000-1830 (Break RN)
1100-2330 (.75) Monday through Friday
1900-0730
2100-0530 (Break RN)
2300-0730
* 07-11, 7-1330, 7-1530, 11-1930, 1330-1930, 1530-1930,19-23, 19-0130 and 23-0730 as extra shift opportunities prn

Care Assistant Shifts Include:
0700-1930
1900-0730

Social Workers:
0800-1630

Lactation Consultant:
0800-1630

Surgical Technologists:
0700-1930
1900-0730
09-1730
* may add 09-1300 as extra shifts for break coverage/throughput

Staffing and Staffing Plan   Target Hours per Patient Day 41.82

Staffing for the 14th floor includes:

Day Shift (12 hours)
1 Charge Nurse
13 RNs
1 Break RN (8 hours)
1 Receptionist/Scheduler 07-1530
1-2 Surgical Tech (.7 Variable of 09-1730 shifts per pay period)
2 Care Assistants

Evening shift
1 Receptionist/Scheduler 15-2330
1 RN (.75) 1100-2330 Monday through Friday

Night Shift (12 hours)
1 Charge Nurse
13 RNs
1 Break RN (8 hours)
1 Receptionist/Scheduler 23-0730
1 Surgical Tech
2 Care Assistants

Staffing and Staffing Plan   Target Hours per Patient Day 10.75

Staffing for the 11th floor includes:

Day Shift (12 hours)
1 Charge Nurse

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6-7 RNs
1 Break RN (.8)
2-3 Care Assistants

Night Shift (12 hours)
1 Charge Nurse
6-7 RNs
1-2 Care Assistants
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Midwifery Birth Center

Day Shift 0700-1930

Census	Charge	RNs	CNM	Doula	Care Assistant (if no doula is available)
1 Labor/triage	0	1	1	1	1
2 Labor/triage	0	2	1-2	1-2	1
1-3 post partum	0	1-2	1-2	1-2	0
Newborn Visit	0	1	1	0	0

Newborn visit on day shift with 1-4 appointments= 1 RN dedicated to visit. . Each newborn visit takes 2 hours (congenital cardiac screening, TC bili screen, hearing screen, weight, vital signs, metabolic blood test, feeding assessment)

Night Shift   1900-0730

Census	Charge	RNs	CNM	Doula	Care Assistant (if no doula is available)
1 labor/triage	0	1	1	1	1
2 labor/triage	0	2	1-2	1-2	1
1-3 post partum	0	1-2	1-2	1-2	0

NICU

Our NICU staffs based on acuity of the babies versus a census based model. Acuity and staffing are determined based on this criteria:

NICU ACUITY TOOL

1.Stable		2. Moderate-risk	3. Complex	4. High-risk
Clinical Patient Characteristic				
Assessment	VS per unit routine	-VS per unit routine -Unstable temperature -Difficult breast feeder	-Newborn in transition 1st 2 hours of life- Q30 minute vs -Q1 hours assessments (continuous sedation) -Vital signs unstable requiring more frequent monitoring than unit routine	-Unstable VS -Cooling initiation (2 RN to 1 baby) On-going cooling -Golden hour premature birth (2 RN to 1 baby on admission)
Respiratory	-Stable on room air	-NC -HHHFNC ≤7 -BCPAP <30% FiO2 Babies ≥ Pathway 3 -Delayed transition or tachypnea & respiratory distress -Occasional apnea/brady/desat episode 1-2 /shift requiring intervention	-High flow NC > 7 -NIPPV -BCPAP >30% FiO2 -Mechanical Ventilation) -Multiple episodes of apnea/brady/desat requiring intervention -Frequent blood gasses	-HFOV Unstable ventilated baby

1. Stable		2. Moderate-risk	3. Complex	4. High-risk
Cardiac	- Normotensive no hemodynamic instability	non lethal cardiac arrhythmia PO cardiac medications	-Hemodynamic instability Invasive hemodynamic monitoring (arterial lines) -Vasopressors -IV cardiac medications	-Critical congenital heart disease Active Bleeding (pulmonary hemorrhage)

Medication & therapeutic protocol	-Blood glucose normal -Routine meds (ees, vitk, hep B)	Glucose protocol -NOW (ESC) -phototherapy -Intermittent meds via heplock -Continuous running IV (PIV) -PICC line care and maint	-blood transfusion -Fluid bolus for BP -unstable blood sugar requiring boluses or Insulin -continuous running IV Central line -TPN/Lipids -IVIG -aEEG monitoring - Central or PICC line insertions	-Exchange Transfusion - ROP surgery
Drainage Devices		Enteral tube feedings	-Chest tube to suction -Dual Lumen Gastric tube to suction	-Chest tube insertion (new pneumothorax)

Pain Management	Procedural pain management with oral sucrose	-Morphine and/or Phenobarb for NOW -intermittent pain meds	-Frequent pain assessments outside of unit routine Continuous narcotic drips	-Initiation of narcotic drips

Nurse Workload Indicators

Admit Discharge Transfer	- routine discharge for well baby Routine newborn procedures(car seat test, cchd, hearing screen, pku)	-Complex medical discharge with specialist follow up -Transfer from the MBU	-New admission NICU -Complex discharge-DCP&P involvement	-Transfer to higher level of care -Transport team to outside hospital -Initiation of Therapeutic hypothermia
Education &/or Psychosocial	-Calm, cooperative, normal uncomplicated routine unit care and education -DCP&P near completion	- CPR training - Education on complex medical issues - Inexperienced breastfeeding new mom -Language barrier	-Palliative care - All DCP&P needed on day of discharge - Training/precepting	-End of Life Care
Isolation	-standard precautions	-Isolation in place (contact)	-Respiratory isolation	
Safety	-Safe sleep, crib safety	- Code amber risk -Visitor restrictions	- Triangle 2; charge RN discretion	

Patient Score	Most = 1	2 or more items above = 2	Any item above = 3	Any item above = 4
	1 Nurse to 3-4 Newborns requiring continuing care	1 Nurse to 2-3 Newborns requiring intermediate care	1 Nurse to 1-2 newborns requiring intensive care	1 or more nurses to 1 unstable newborn requiring complex critical care

The NICU has 1.0 break nurse FTE which allows for one day shift RN and one night shift RN to support breaks. If no break nurse scheduled an opportunity is posted and staff are rotated into this position if vacant.

Each shift is staffed with 1 Charge RN

Emergency Services Division and Transition Services

Emergency Department

** The Emergency Department is a closed unit for staffing. When needed, the Emergency Department Registered Nurse staff can fulfill support roles (ERT/HUC). When needed the ERT can support the HUC role.

Census	Charge	RNs	ERT	HUC
0-7	1	2	2 **	1 HUC (0900 - 0130) **
8-14	1	4	2**	1**
15-23	1	6	3**	1**
24-30	1	8	4**	1**
31-39	1	10	4**	1**
40-46	1	12	5**	1**
47-56	1	14	5**	1**

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Staffing Grid for Patient Census

Insert developed staffing grid for varying levels of patient census or attach to this document

Applies to day and night shifts 0700-1930, 1900-0730

Census	RNs	CAs	Other
1-5	2*	(1)	*Can use primary nursing model.
6-8	2	1**	

Procedural Departments

Interventional Radiology

Staffing Grid for Patient Census

Insert developed staffing grid for varying levels of patient census or attach to this document
Day Shift

Census	Charge	RNs	Per Diem RN	Other
18	1	4	2	Interventional Radiologic Tech's

Evening Shift

Census	Charge	RNs	CNAs	Other
After hour call 1730-0700		2		2 IR Tech's

Night Shift

Census	Charge	RNs	CNAs	Other
After hour call 1730-0700		2		2 IR Tech's

Cardiac Rehab

Staffing Grid for Patient Census

Insert developed staffing grid for varying levels of patient census or attach to this document
Day Shift

Census	Charge	RNs	CNAs	Other
20-39	1			2

Evening Shift – N/A

Night Shift – N/A

Heart Catheterization Lab and Electrophysiology Lab

Staffing Grid for Patient Census

Insert developed staffing grid for varying levels of patient census or attach to this document
Day Shift

Census	Charge	RNs	CNAs	RCIS/ RTR (Techs)	HUC
18-33	1-EP Sup	19	2	10	1
	1-RN-EP				
	1-RN-CL				
	1-Lead Tech				
After hours and weekend on-call cath Lab	N/A	2	N/A	1	N/A
After hours and weekend on-call O.R.	N/A	N/A	N/A	1	N/A

Evening Shift- N/A No Evening Shift

Night Shift- N/A No Night Shift

GI Lab

Staffing Grid for Patient Census	Target Hours per Procedure: 4.77

Staffing is determined on the number of procedures rooms in operation.

- The GI Lab requires a charge nurse (RN), admit/recovery nurse (RN), sedation nurse (RN), and procedure assistant (RN/Endo Tech).
- One additional Endo Tech is scheduled to perform cleaning and high-level disinfection of endoscopes.

There is one manager that oversees the GI Lab and a surgery scheduler at SJMC who is responsible for scheduling and charge entry.

Day Shift

Number of Procedure Rooms	Charge RN	RNs	Endo Techs
1	1	3	2
2		3+	2+

Evening Shift & Night Shift – N/A

OP Infusion

- Patient Satisfaction Data: Press Ganey Top Box score 84.56% "Overall"

Staffing Grid for Patient Census   **Target Hours per Patient Day___1.31**

Day Shift: Monday - Friday

Census	Charge*	RN	CA	PSR
26-31+	1	4	1**	1
22-25	1	3	1	1
17-21	1	2	1	1
16 or less .	1	1-2 depending on census and acuity	0-1	1

Day Shift: Saturday Sunday, & holidays

Census	Charge*	RN	CA
22-25	1	3	1
17-21	1	2	1
16 or less	1	1-2 depending on census and acuity	0-1

* Charge Nurse takes partial patient assignment, triages provider and patient calls, and reviews charts for next day
** Additional CNA may be staffed for authorization/operational needs

IV Therapy

Day Shift

RNs
2-3

Evening Shift

RNs
1-2

Night Shift

RNs
1

**Charge RNs are included in core staffing above and take full patient assignments.