

Cover Page

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

The following nurse staffing plan replaces the nurse staffing plan previously submitted to the Washington State Department of Health.

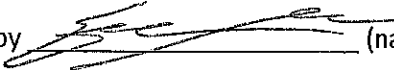
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Attestation

I, the undersigned, with responsibility for Mason General Hospital attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for 2022 and includes all nursing 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: 1/16/23 (date)

As approved by  (name and title) Eric Moll, CEO

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 Nursing Practice and Staffing 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 adjust 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 ensuring staff can 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

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

- ED
- ICU
- Med/Surg/Peds
- Birth Center
- Surgery
- Ambulatory Care
- Wound Care/Pre-Admit/Procedure Room

Nurse Staffing Plan Critical Elements

The following represents critical elements about the nurse staffing plan: Critical elements considered by the Nursing Practice and Staffing Committee during the review and augmentation of nursing unit staffing plans were shifting patient volumes, staff and staffing mix changes, patient acuities, quality indicators, hospital finances, and industry trends in staffing models.

Nursing Department Staffing Plans

ED STAFFING 2023

ED Staffing Matrix

Patients	RN 0700- 1930	Monitor Tech 0700-1930	Charge Nurse 0700-1930	RN 1000- 2230	RN 1100- 2330	ED Tech 1100- 2330	RN 1900- 0730	Monitor Tech 1900-0730	Charge Nurse 0700-1930
0-25	2	1	1	1	1	1	2	1	1

ICU STAFFING 2023

ICU Staffing Matrix

Patients	RN DAYS 0700-1930	NA-C 0700-1930	MT/US 0700-1300	Charge Nurse 0700-1930	RN Nights 1900-0730	US/NA-C/MT 1300-2330	Charge Nurse 1900-0730
0-2	1			1	1		1
3-4	1		1	1	1	1	1
5-6	2	1	1	1	2	1	1
7-8	3	1	1	1	3	1	1
9-10	4	2	1	1	4	1	1

MSP Staffing Plan 2023

Always consider acuities when making assignments as the plan describes staffing for the nursing department but does not prescribe individual patient assignments except when pediatric patients are assigned.

Pediatrics are 1:3 RN assignment.

Day Shift RN 0700-2300

Day shift with LPN 0700-1900

# PTs	CN	RN	U/S	CNA		#PTs	CN	RN	LPN	U/S	CNA
0-3	1	1	0	0							
4-6	1	1	1	0							
7-10	1	2	1	1		7-8	1	1	1	1	1
11-14	1	3	1	2		9	1	1	1	1	1
15-16	1	4	1	2		10-13	1	2	1	1	2
17-18	1	4	1	3		14-16	1	3	1	3	2
19-22	1	5	1	3		17-20	1	4	1	1	3
23-26	1	6	1	3		21-25	1	5	1	1	3
27-30	1	7	1	3		26-30	1	6	1	1	3

1900-2300

2300-0700

PTS	CN	RN	CNA		PTS	CN	RN	CNA
0-4	1	1	0		0-4	1	1	0
5-8	1	1	1		5-9	1	1	1
9-13	1	2	2		10-14	1	2	2
14-18	1	3	2		15-19	1	3	2
19-23	1	4	2		20-25	1	4	3
24-28	1	5	3		26-30	1	5	3
29-30	1	6	3					

BIRTH CENTER STAFFING 2023

BC RN Base Staffing Matrix

Patients	RN 0700-1930	Charge Nurse 0700-1930	RN 1900-0730	Charge Nurse 1900-0730
0	1	1	1	1

BC US/NA-C Staffing Matrix

Patients	Monday-Thursday 0600-1630	Friday-Saturday 0600-1830	Sunday
0-20	1	1	0

BC Antepartum Staffing Matrix

Patients	Nurse	Care Provided
2-3	1	Non-stress testing
1	1	Initial OB triage
2-3	1	Stable patients after initial OB triage and assessment
1	1	Unstable antepartum patient with complications
3	1	Stable antepartum patient with complications
1	1	Preterm labor prophylaxis with IV magnesium sulfate infusion for first 60 minutes
2	1	Patients receiving cervical ripening agents

BC Intrapartum Staffing Matrix

Patients	Nurse	Care Provided
1	1	Patients with medical or obstetric complications during labor
1	1	Patients receiving oxytocin during labor
1	1	Patients laboring with minimal or no pain relief or medical interventions
1	1	Patients with intermittent fetal auscultation monitoring
1	1	Stable antepartum patient with complications
1	1	Patients with IV magnesium sulfate infusion for first 60 minutes
1	1	During initiation of regional anesthesia and for 30 minutes following initiation
2	1	Patients with uncomplicated labors
1	2	Birth, 1 RN responsible for mother, 1 RN responsible for baby

BC Postpartum and Newborn Care Staffing Matrix

Patients	Nurse	Care Provided
1	1	Mother in postoperative recovery, first 2 hours
3	1	Mother-Baby Couplets after initial 2 hour recovery
2	1	Post cesarean mother, hours 2-24
5-6	1	Postpartum mothers without complications >24 hours after delivery
5-6	1	Healthy newborns requiring only routine care
3	1	Stable postpartum mothers with complications
1	1	Newborn undergoing surgical procedure (pre, intra, and post procedure periods)
1	1	Newborn requiring multisystem support
1-2	1	Newborns requiring intensive care
2-3	1	Newborns requiring intermediate care
3-4	1	Newborns requiring continuing care
1	2-3	Newborns requiring complex critical care

Pre-Admit/Wound Care/Pro room/On call Staffing Matrix

ACS Staffing Matrix 2023			
Pre-Admit	Patients		RNs
0800 - 1630	1-11		2
Wound Care	Patients (outpatient)		RNs
0730 - 1600	1-4		1
	5-7		2
Procedure Room	Patients	RN 0700-1530	Endoscopy Tech 0600-1430
	1-3	1	1
	4-5	1	1-2
On Call	RN	RN	RN
PACU	Daily 2300-0700	Weekdays 1600-0700	Weekends & Holidays 0700-0700
	1	1	1