2019 Staffing Plan Overview

Department: **Regional Hospital**

Date Updated: Dec. 28, 2018

Author: Christi Sifri, CNO

Nursing Department Overview

Regional Hospital is a Long-term Acute Care Hospital that is essentially a 26-bed single unit that resides within Highline Medical Center (specifically 5 Cedar). We serve all Washington State ICUs by admitting patients directly out of the ICU. The patients are typically the chronically critically ill; ventilated ICU patients that require additional time to recover from their critical illness and wean off the ventilator. Staff neither float in or out of our hospital to another hospital.

- Average Daily census – 19
- Average number of admits per month – 12-15
- Average number of transfers per month - 1
- Average number of discharges per month – 15
- Average length of stay – 33-42 days

Key Quality Indicators

Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators, which are designated with an asterix*:

Quality Indicator	Emergency Services		
Patient falls prevalence*	0		
Patient falls with injury*	Falls with NO injury	Falls with MINOR injury	Falls with Major Injury
	1	0	0
Pressure Ulcer Prevalence*	0 for FY2019 to date		
Central Line Infection Prevalence	0 for FY2019 to date		
Catheter Associated UTI Prevalence	0 for FY2019 to date		

<table>
<tr><td>Hospital Onset CDiff</td><td colspan="5">1 for FY2019 to date
Antibiotic induced CDiff</td></tr>
<tr><td rowspan="3">Medication Errors</td><td colspan="5">20 year to date (July 1 – Dec 2018)</td></tr>
<tr><td>A = Near Miss</td><td>B = Error, Did Not Reach Pt</td><td>C = Reached Pt, No Harm</td><td>D = Reached Pt, No Harm, Required Monitoring/Intervention</td><td>E= Reached Pt, Caused Harm, Required Monitoring/Intervention</td></tr>
<tr><td></td><td></td><td>16</td><td>3</td><td>1</td></tr>
<tr><td>Mislabeled Specimens</td><td colspan="5">“Low” per Highline laboratory. No number provided</td></tr>
<tr><td>Patient Satisfaction Data*
Living our Mission Dashboard</td><td colspan="5">• Communication with Nurses = 89% strongly agree [Goal = 95%]
• Responsiveness of Hospital Staff = 93% strongly agree [Goal = 95%]
• Pain Management = 95% [Goal = 95%]
• Communication about Medicines = 83% [Goal = 95%]
• Discharge Information = 90% [Goal = 95%]
• Overall Rating of Hospital = 90 [Goal = 95%]</td></tr>
<tr><td>Budget Metric*</td><td colspan="5">13.09 Hours per patient day
• Goal is between 98% and 104% productivity
• FYTD = 89.3% typically run 94-100% productivity with our very long stay patients</td></tr>
<tr><td>Skill Mix*</td><td colspan="5">• Charge RN = 1 per shift
• RNs = 1 RN for every 4 patients
• CNAs = 1 CNA for every 6 patients
• Resp Therapists = 1 RT for every 6 airway calculations
• HUCs = 1 for day shift only.</td></tr>
<tr><td>Level of Experience (e.g. specialty Certifications and training)</td><td colspan="5"><u>Mandatory training / education:</u>
• ACLS, BLS, Accu-check, HUB modules

<u>Specialty Certifications:</u>
• CCRN = 10%</td></tr>
<tr><td>Agency / Traveler Usage</td><td colspan="5">• FYTD Average Contract Staff Hours = 2.23% actual FYTD. 0 going forward at this time.
• Agency RNs from Favorites Staffing are used on a per diem basis. There is/are 1-3 RN(s) who pick up an average of 0-6 shifts each month.
• Travel RNs from HealthTrust are contracted on a regular basis to help cover staff on long-term medical leave (e.g. maternity leave) or to cover other full-time vacancies. No Travel RNs are currently contracted at Regional.</td></tr>
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Overtime costs (including end of shift, missed meal and rest breaks and incidental OT)	• FYTD Average OT Percentage = 5% • FYTD Average OT Hours PPE Dec. 15, 2018 = 72 hours
Staff turnover (Note: does not include transfers to other departments or other CHI-FH facilities)	Total Turnover = 15% • Voluntary Turnover = 12% • Involuntary Turnover = 3% • Internal Transfers = 0

Staffing Grid for Patient Census **Target Nursing Hours per Unit of Service = 13.09**

Use this section to insert staffing grid(s) developed for varying levels of patient census or attach the department staffing grid to this document.

	7AM - 7PM				7PM - 7AM			
Census	CN	RN	CAN	HUC	CN	RN	CAN	HUC
26	1.0	7.0	5.0	1.0	1.0	7.0	5.0	
25	1.0	7.0	5.0	1.0	1.0	7.0	5.0	
24	1.0	6.0	5.0	1.0	1.0	6.0	5.0	
23	1.0	6.0	5.0	1.0	1.0	6.0	5.0	
22	1.0	5.0	5.0	1.0	1.0	5.0	5.0	
21	1.0	5.0	5.0	1.0	1.0	5.0	5.0	
20	1.0	5.0	4.0	1.0	1.0	5.0	4.0	
19	1.0	5.0	4.0	1.0	1.0	5.0	4.0	
18	1.0	4.0	4.0	1.0	1.0	4.0	4.0	
17	1.0	4.0	4.0	1.0	1.0	4.0	4.0	
16	1.0	4.0	3.0	1.0	1.0	4.0	3.0	
15	1.0	4.0	2.0	1.0	1.0	4.0	2.0	
14	1.0	3.0	3.0	1.0	1.0	3.0	3.0	
13	1.0	3.0	3.0	1.0	1.0	3.0	3.0	
12	1.0	3.0	3.0	1.0	1.0	3.0	3.0	
11	1.0	3.0	2.0	0.5	1.0	3.0	2.0	
10	1.0	2.0	2.0	0.5	1.0	2.0	2.0	
9	1.0	2.0	2.0	0.0	1.0	2.0	2.0	
8	1.0	1.0	2.0	0.0	1.0	1.0	2.0	
7	1.0	1.0	2.0	0.0	1.0	1.0	2.0	
6	1.0	1.0	1.0	0.0	1.0	1.0	1.0	
5	1.0	1.0	1.0	0.0	1.0	1.0	1.0	
4	1.0	1.0	1.0	0.0	1.0	1.0	1.0	

3	1.0	1.0	1.0	0.0	1.0	1.0	1.0	
2	1.0	1.0	1.0	0.0	1.0	1.0	1.0	
1	1.0	1.0	1.0	0.0	1.0	1.0	1.0	

Represents budgeted ADC (rounded up)

- Charge Nurse, Nurse Manager, CNO may determine staffing and resolve staffing issues and may call in addition agency staff.
- Staffing guidelines are governed and adopted by national nursing profession and specific needs of Regional Hospital.

Above Staffing Plan Contingent Upon the Following Supports / Considerations

List other supports that your unit either receives from other units/departments or provides to other units and departments that impact staffing.

Support Provided:

- None

Support Received:

- Highline

What Situations Require Variations in Staffing?

Use this section to describe legitimate situations where additional staff may be required in order to provide safe patient care:

- High acuity patient unable to transfer to a higher level of care, post cardiac cath recovery, cardiac drips, admissions (>2).
- Ex: Multiple high acuity patients with complex treatments (e.g. blood transfusions, insulin drips, cardiac drips, pain management issues, Codes such as Neuro, Sepsis, STEMI, Trauma etc.)

How are Deviations in the Staffing Plan Addressed?

Describe ways that day to day staffing shortages are addressed to ensure patient care and safety is not compromised:

- Additional staff will be called in. If no staff is available we will reach out to local agency. If there is no one available and there is a staffing crisis, we will negotiate with the sending hospital to not transfer the patient today and to wait until the next day.

Chain of Command / Staffing Decision Tree

Process for Staffing Variation

What process is used to determine if extra staff is needed?

- Questions include: What does the census call for? Is there an issue of increased acuity? Is there an issue of increased intensity? Is there an admission? Is there a discharge?

Who notifies whom?

- Staff update the Charge Nurse, Charge Nurse updates Nurse Manager. Nurse Manager resolves any

issues not resolved by the Charge Nurse. Final decisions can reside with CNO in times of high census/acuity.

When in the shift should this occur?

- Assessed throughout, but final staffing decision is made no later than 5:00 (AM or PM)

When is extra staff scheduled for the entire shift, versus pulling staff from other areas to help nurses "catch up"

- There are no other units to pull staff from. We are a single, self-contained unit.

Meal and Rest Breaks

What are the meal and rest break requirements for your department?

- The basic workday shall include a 30-minute meal period on the nurse's own time. This should be taken between the second and fifth working hour. It cannot be taken at the beginning or end of the shift and cannot be combined with rest breaks.
- Employees shall receive one 15-minute paid rest period for each 4 hours of work. It should be taken at or near the middle of each shift, but no later than 3 hours after the beginning of each half shift. They cannot be taken at the beginning or end of the shift and cannot be combined with meal breaks.

Describe what the meal and break strategies are for your area and how you measure if they are working.

- Charge nurse covers for meal breaks, nurses cover for each other during 15 minute breaks. Continuous conversation occurs between nursing staff, RT staff, CNA staff and with Nurse Manager. Nurse Manager's office is on the unit by the nurses' station.

Annual Nurse Staff Survey

Are survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail)

- Regional Quarterly Update for all staff
- Group meeting format with hand outs

What process improvement work has been completed on issues identified?

- Quality: CAUTI
- Quality: CLABSI
- Code Blue Project
- Alarm Management Project
- Bedside Report Project

What was the results/plan of action?

- Improved CAUTI rate
- Improved CLABSI rate
- Active Code Blue committee with all staff participation
- Decrease in nuisance alarms

Layout of Patient Care Unit

- Regional Hospital is located on the 5th floor, Cedar wing of Highline Hospital. Regional is a Hospital within a Hospital. For floor plans and layout, please refer to Highline Hospital diagram.

Committee Recommendations:

APPROVAL

Prepared By CHRISTI SIFRI, CNO

Approved By Christi Sifri, CNO
Jonna Rogers, RN

Next Review Date _____