Cover Page

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

Attestation Form

Nurse Staffing Coalition

April 25, 2023

I, the undersigned with responsibility for Astria Toppenish Hospital, attest that the attached staffing plan and matrix 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 between the hospital and a representative of the nursing staff.

Cathy Bambrick, Hospital Administrator approved this staffing plan on April 25, 2023.

Cathy Bambrick

This staffing plan was reviewed and approved by all committee members and adopted by the hospital on: April 25, 2023.

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:
    - o Individual and aggregate patient needs;
    - o Staffing guidelines developed for specific specialty areas;
    - o The skills and training of the nursing staff;
    - o Resources and supports for nurses;
    - o Anticipated absences and need for nursing staff to take meal and rest breaks;
    - o Hospital data and outcomes from relevant quality indicators; and
    - o 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 – ICU Status
- ☐ Exhibit B – Intermediate ICU/Pediatric Status
- ☐ Exhibit C – Medical Surgical, Tele, and MWM Status
- ☐ Exhibit D – Inpatient Psychiatric
- ☐ Exhibit E - Emergency Department
- ☐ Exhibit F – Ambulatory Surgical Center
- ☐ Exhibit G – Endoscopy Department
- ☐ Exhibit H – Surgical Department

Nurse Staffing Plan Critical 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 between the hospital and a representative of the nursing staff.

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**

ACUTE CARE DEPARTMENT

Exhibit A - ICU STATUS STAFFING GUIDELINES

NUMBER OF PATIENTS	7:00 am - 19:00				19:00 - 7:00 am			
7	1 RN	2 RN		0-1 U/S	1 RN	2 RN		0-1 U/S
6	1 RN	2 RN		0-1 U/S	1 RN	2 RN		0-1 U/S
5	1 RN	2 RN		0-1 U/S	1 RN	2 RN		0-1 U/S
4	1 RN	1 RN		0-1 U/S	1 RN	1 RN		0-1 U/S
3	1 RN	1 RN		0-1 U/S	1 RN	1 RN		0-1 U/S
2	1 RN			0-1 U/S	1 RN			0-1 U/S
1	1 RN			0-1 U/S	1 RN			0-1 U/S

* **ICU Patient Ratio will be 1:1 to 1:3 according to level of acuity.**
* Free Charge Nurse for Patient Census > **5** patients, combined ICU Unit & Medical East, if staffing and patient census allow.
* Night shift may utilize free charge >7 patients.
* May substitute Free Charge for US coverage
* One U/S for combined Med East and ICU Units – when staffing allows
* *Remember these are only guidelines, staffing should be adjusted to fit acuity.*

Exhibit B - Intermediate ICU / Pediatrics Staffing Guidelines

NUMBER OF PATIENTS	7:00 am - 19:00				19:00 - 7:00 am			
8	1 RN	1 RN/LPN	1 NAC	0-1 U/S	1 RN	1 RN/LPN	1 NAC	0-1 U/S
7	1 RN	1 RN/LPN	1 NAC	0-1 U/S	1 RN	1 RN/LPN	1 NAC	0-1 U/S
6	1 RN	1 RN/LPN		0-1 U/S	1 RN	1 RN/LPN		0-1 U/S
5	1 RN	1 RN/LPN		0-1 U/S	1 RN	1 RN/LPN		0-1 U/S
4	1 RN		1 NAC	0-1 U/S	1 RN		1 NAC	0-1 U/S
3	1 RN			0-1 U/S	1 RN			0-1 U/S
2	1 RN			0-1 U/S	1 RN			0-1 U/S
1	1 RN			0-1 U/S	1 RN			0-1 U/S

* **Intermediate ICU/Pediatrics Patient Ratio will be 1:4**
* Total Patient Care ratio - 1:3
* Free Charge Nurse for Patient Census > **5** patients, combined ICU unit & Medical East, if staffing and patient census allow.
* Night shift may utilize a free charge >7 patients.
* May substitute Free Charge for US coverage
* One U/S for combined Med East and ICU Units when staffing allows
* NAC total patient ratio is 1:10; 1:13 nights (combined ICU/MS units)
* *Remember these are only guidelines, staffing should be adjusted to fit acuity.*

Exhibit C – Med/Surg & MT & MWM STATUS STAFFING GUIDELINES

NUMBER OF PATIENTS	7:00 am - 19:00pm				19:00 pm - 7:00 am			
15	1 RN	2 RN/LPN	2 NE	Unit Secretary to be shared with ICU matrix	1 RN	2 RN/LPN	2 NE	Unit Secretary to be shared with ICU matrix
14	1 RN	2 RN/LPN	2 NE		1 RN	2 RN/LPN	2 NE	
13	1 RN	2 RN/LPN	2 NE		1 RN	2 RN/LPN	2 NE	
12	1 RN	2 RN/LPN	2 NE		1 RN	2 RN/LPN	1 NE	
11	1 RN	2 RN/LPN	2 NE		1 RN	2 RN/LPN	1 NE	
10	1 RN	1 RN/LPN	1 NE		1 RN	1 RN/LPN	1 NE	
9	1 RN	1 RN/LPN	1 NE		1 RN	1 RN/LPN	1 NE	
8	1 RN	1 RN/LPN	1 NE		1 RN	1 RN/LPN	1 NE	
7	1 RN	1 RN/LPN	1 NE		1 RN	1 RN/LPN	1 NE	
6	1 RN	1 RN/LPN			1 RN		1NE	
5	1 RN		1 NE		1 RN		1NE	
4	1 RN		1 NE		1 RN		1 NE	
1-3	1 RN				1 RN			

1:5 DAY

1:6 NIGHT

* **M/S patient ratio will be 1:5 Days; 1:6 Nights**
* Total Patient Care ratio - 1:3
* Free Charge Nurse for Patient Census > **5** patients combined ICU unit & Medical East, if staffing and patient census allow.
* Night shift may utilize a free charge for Patient Census > 7 patients.
* May substitute Free Charge for US coverage
* One U/S for combined Med East and ICU Units when staffing allows
* NAC total patient ratio is 1:10 days; 1:13 nights (combined ICU/MS units)
* *Remember these are only guidelines, staffing should be adjusted to fit acuity.*

Exhibit D – Behavioral Health Unit

(Day Shift 0700-1930, Night Shift 1900-0730)

Projected Patient Census	RN/LPN 1 must be RN 2nd can be LPN	MHW	MHW 0900-2130
1	1	2	0-1
2	1	2	0-1
3	1	2	0-1
4	1	2	0-1
5	1	2	0-1
6	1	2	0-1
7	1	2	0-1
8	1	2	0-1
9	1	2	0-1
10	1	2	0-1
11	2	2	0-1
12	2	2	0-1
13	2	2	0-1
14	2	2	0-1
15	2	2	0-1

These are only guidelines

- 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.
- For 11-15 patients:
  - In the event of a situation that leaves us with only 1 nurse, every effort will be made to provide the second nurse.
  - In the event this is not possible and we only have 1 RN on shift, the following contingencies will be implemented:
    - Arrangements will be made for two nurses for the first 2 hours of each shift for medication pass as well as identified for back up for emergency situations.
    - Arrangements will be made for a second nurse to be available during active admissions process. The time will vary based on the needs of the unit.
    - every effort will be made to add an additional MHW.
- Additional resources for psychiatric emergencies or other emergencies:
  - Therapist(s) (8:30am-4:30pm, M-F)
  - ITA Coordinator (8am-4pm, M-F)
  - Discharge Coordinator (8am-4pm, M-F)
  - SUDP (6am-12pm Sunday; 7am-4pm M-Th)
  - Psychiatric Provider (8:30am-4:30pm, M-F and on call)
  - Director (8:30am-4:30pm, M-F and on call)
  - Nurse Manager (8:30am-4:30pm, M-F and on call)
  - Maintenance (acts as hospital security M-F 8am-4pm)
  - Security (M-F 4pm-8am; Sa-Sun 24 hours)
  - ANS House Supervisor (24 hours, 7 days per week)
  - Staff from other units, called via "code Grey" (Acute Care, Emergency, Surgery, Endoscopy, etc.: 24 hours, 7 days per week)

Exhibit E - Emergency Department				
Role	**0700-1900**	**Mid- shift ****	**1900-0700**	**Additional Supprt Staff/ Other (As Applicable)**
RN	2	1-2	2	
NE/MA/US	2		1-2	
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.** * Mid Shift Is any 12hr shift that begins between 0900 and 1500.**				

- Remember these are only guidelines and staffing should be adjusted to fit the acuity of the patients and the skill level of the staff
- If deviating from the staffing guidelines, please call the Director. If un-reachable please use your best judgment and complete the staffing worksheet.

Exhibit F – Ambulatory Surgical Center OR (Mon – Fri 0700 – 1530)			
Role	1 Room	2 Rooms	3 Rooms
RN Circulator	1-2	2-3	3-4
Scrub Tech	1-2	2-3	3-4
CS Tech	1	1	1
*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 staff. * 1 additional scrub tech is onsite for ordering and assisting with cases and scheduling as needed			

Exhibit F – Ambulatory Surgical Center Pre-Op (Mon – Fri 0600 – 1430)			
Role	1 Room	2 Rooms	3 Rooms
RN or RN/LPN	1-2	2-3	3-4
*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 staff.			

Exhibit F – Ambulatory Surgical Center PACU (Mon – Fri 0730 – 1630)			
Role	1 Room	2 Rooms	3 Rooms
RN	2-3	3-4	4-5
*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 staff. * A Pre-op Nurse can be a PACU nurse as well if scheduling is appropriate and qualified staff is available			

PACU

- A minimum or two nurses in PACU when a patient is recovering.
- One nurse to two patient ratio is appropriate when:
  - One unconscious stable without artificial airway and over the age of 12 years, and one conscious stable and free of complications
  - Two conscious stable and free of complications
  - Two conscious stable, 10 years of ago and under with competent support staff present
- One nurse to one patient ratio is appropriate when:
  - At time of admission, until the critical elements are met
  - If mechanical life support or artificial airway is necessary
  - For any unconscious patient 12 years of age or under a second nurse must be available

Additional Staff

- Surgery scheduler (might be located offsite) and front desk staff when available.
- PRAM nurse is onsite daily for PATs.

Exhibit G – Endoscopy Department Staffing Matrix Mon – Thurs 0700-1800		
Staff	**OR # 1**	**OR # 2**
RN	3-4	6-7
Technician	3-4	4-5

If one (1) OR in operation:

- At least 1 ACLS certified procedural RN minimum in the OR.
- At least 1 Pre-Op RN minimum
- At least 1 Post-Op RN minimum
- 1 RN available to assist when available
- At least 1 procedural technician minimum in the OR
- At least 1 CS technician minimum
- At least 1-2 technicians to assist the other techs and RNs
- The manager can count as one RN
- No less than 7 staff

If two (2) ORs in operation:

- At least 2 ACLS certified procedural RNs minimum in the ORs
- At least 2 Pre-Op RNs minimum
- At least 2 Post-Op RNs minimum
- 1 RN available to assist when available
- At least 2 procedural technicians minimum in the ORs
- At least 1 CS technician minimum
- At least 1-2 technicians to assist the other techs and RNs
- The manager can count as one RN
- No less than 11 staff

❖ Guidelines only, staffing to be adjusted as needed.

Exhibit H - Surgery Department staffing matrix (Day Shift Mon. – Fri. 0700 – 1730) (Call 1730 – 0700 Mon. – Fri., Sat. and Sun. 7am – 7am)			
OR Staff	**1 Room**	**2 Rooms**	**3 Rooms**
RN Circulator	1-2	2-3	3-4
Scrub Technician	1-2	2-3	3-4
CS Technician	1	1	1

- In the event of a call-in, the manager can count as a RN circulator

PACU (pre/post op) STAFF Mon. – Fri. 0700 - 1900	
RN	1 - 4

***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.**

- PACU will be staffed based off of number of anticipated surgeries, PATs, and outpatient appointments.
- Pre/Post-OP 2 RN minimum while there are recovering patients
- Phase 1 (Recovery Portion) – 1:1 Nursing with a 2nd RN readily available
- Phase 2 (Observation Portion)

E) 1 RN to 1 patient if unstable
F) 1 RN to 2 patients if <8 years without parent or at initial admission of patient
G) 1 RN to 3 patients for 1 ½ hour post Phase 1 or if patient <8 years without parent or discharge from Phase 1 with family present.
H) 1 RN to 4 patients if awake and stable, <8 years awake and stable with parent present.

In the event that only 1 RN is available for Phase 2, close PACU and move observation patients to the appropriate Inpatient department for further support.