

St. Anthony Hospital 2022 Staffing Plans

The following is the nurse staffing plan for VMFH St. Anthony 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 VMFH St. Anthony Hospital, attest that the attached staffing plans and matrices were developed in accordance with RCW 70.41.420 for 2021 and includes all units covered under our hospital license under RCW 70.41. These plans are a comprehensive update and were 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 s(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.

St. Anthony continues to follow the law by holding staffing committee meetings every other month and invite staff to attend.

This staffing plan was adopted by the hospital on November 17, 2022.

As approved by:


Sunny Porter
Director of Nursing Operations

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 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 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 ensuring 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.

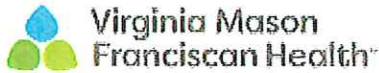
Nurse Staffing Plan Scope

*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:

- CCU
- 3rd Floor Medical/Surgical & PCU
- 4th Floor Medical Surgical
- 5th Floor Surgical
- Emergency Department
- SWAT / IV Therapy
- Recovery Services
- Infusion Clinic
- Operating Room
- Cardiac Cath, Interventional Radiology, Vascular Department



Date: 11/15/2022

Welcome to the Critical Care Unit

The Critical Care is designed to serve up to 16 patients with more complex acute or chronic medical conditions.

Typical staff assignment patterns:

Level of Care	# of patients	# of RNs	#CNAs Day Shift	#CNAs Night Shift
Intensive Care	2	1	1	1
Progressive Care	3	1	1	1
Medical and Tele	4	1	1	1

Our goal is to provide a healing environment that allows the best place for our patients. We welcome your comments and questions. Please ask to speak with the Charge Nurse, the House Supervisor or the manager if you have any questions or concerns. Should the need arise, there are additional resources available within the hospital to support any staffing challenges, both long and short-term that may occur throughout the day. Infrequently, the immediate needs of our patients may require additional staff assistance; all staff are empowered to activate a Critical Staffing Intervention (CSI) for immediate help. All CSI activations are reviewed for further improvement opportunities for patient care.

Thank you for entrusting us with the care of your loved ones.

Terri Petroff RN, MSN
Manager Critical Care

Sunny Porter, MSN, RN
Director, Nursing Operations

Emma Kasemeier, RN
Staffing Committee Chair

2022 Staffing Plan Overview

Department: Critical Care

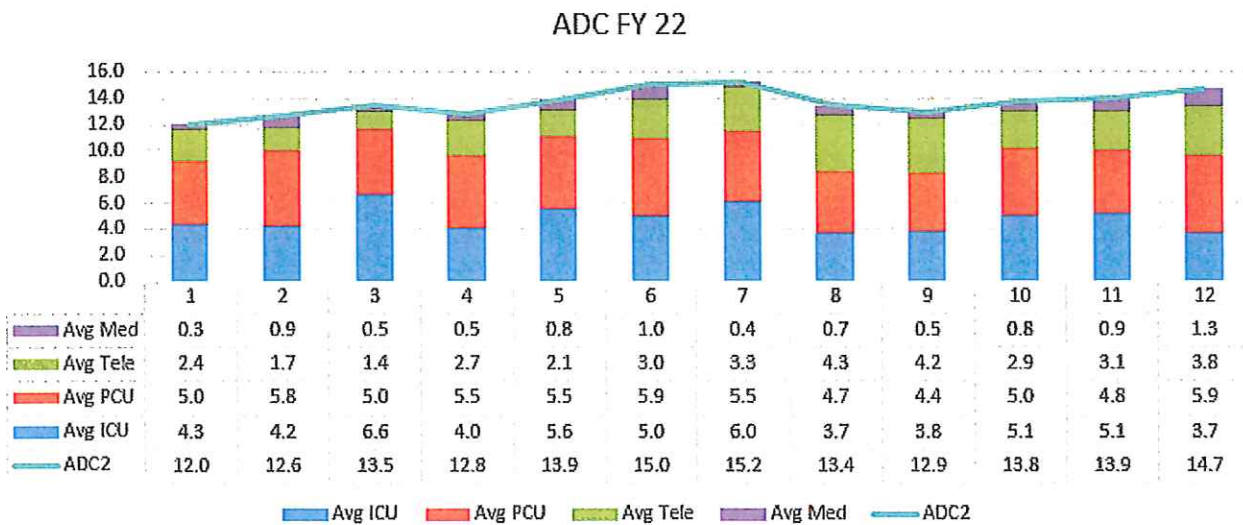
Date Updated: 11/15/2022

Author: Terri Petroff MSN, RN, CCRN-K

Nursing Department Overview

- Description of the types of patients served in this nursing unit: Critical Care Unit. This unit is designed to serve up to 16 patients with more complex acute or chronic medical conditions.
- Patient populations include, but are not limited to: Complex care for patients with chronic and acute illness such as Sepsis with shock, Acute Myocardial Infarctions, unstable cardiac rhythms and those requiring life support. Diagnosis of ARDS, COVID, COPD with respiratory failure, DKA, A-fib with uncontrolled heart rate, AMI, Acute Strokes, Vascular surgery recovery and Severe ETOH W/D

Census



- Overall increase in volumes this year. Increase in Trauma ICU admits from previous years. ICU volume is higher than SCH YTD
- ICU length of stay is 2.46 which is on track with system goals and down from last year
- PCU length of stay is 2.2 which is again on track with system goals but includes 3N data

Level of intensity of all patients (nature of care delivered)

- ICU level patients with acuity requiring 2:1 nursing predominantly but some cases such as Proned paralyzed patients, Acute tPA stroke and Target Temperature Management patients that require 1:1 nursing care.
- PCU level patients with acuity requiring 3:1 nursing care. Such as Cardiac drips to certain threshold or ETOH W/D requiring hourly treatments, Insulin gtt patients requiring frequent dose changes (unless in DKA then they are ICU)
- Med/MT overflow staffed at 4:1 ratio

Skill Mix

- RNs – including Charge RNs
- CNA and NT
- HUC / Monitor Techs
- Manager and Clinical Coordinator

Specialized or intensive equipment needs:

EHR – EPIC

- NICOM Cheetah
- Ventilators
- Phillips bedside monitors
- Train of Four monitoring
- Intra-abdominal pressure monitor
- Trans venous pacers
- Kangaroo IRIS
- Defibrillators
- Tele monitors
- Therapeutic Hypothermia (Zoll)
- Rotoprone Bed

Architecture and geography of the patient care unit:

- 16 Bed unit with all private rooms located on the east side of the hospital
- Each room has sofa and small area for family
- Each room has ceiling lift
- There are 4 RN stations around a rectangular unit at each corner
- There are 2 med dispensing stations in cross halls open but marked Staff only. One serves the first 8 rooms and the other serves the back 8 rooms

Staffing grid:

Census	# of ICU	# of PCU	Break RN	Staff RN's	Charge RN	CNA/MT	HUC/MT
16	1-5	11-15	9-6:30 AM/PM	6	1	1/+3-11	1
16	6-10	6-10	9-6:30 AM/PM	7	1	1/+3-11	1
15	1-6	9-14	9-6:30 AM/PM	6	1	1/+3-11	1
15	7-8	7-8	9-6:30 AM/PM	7	1	1/+3-11	1
14	1-2	12-13	9-6:30 AM/PM	5	1	1/+3-11	1
14	3-8	6-11	9-6:30 AM/PM	6	1	1/+3-11	1
13	1-5	8-12	9-6:30 AM/PM	5	1	1/+3-11	1
13	6-8	5-7	9-6:30 AM/PM	6	1	1/+3-11	1
12	1-6	6-11	9-6:30 AM/PM	5	1	1	1
12	7-8	4-5	9-6:30 AM/PM	6	1	1	1
11	1-2	9-10	9-6:30 AM/PM	4	1	0	1
11	3-8	3-8	9-6:30 AM/PM	5	1	0	1
10	1-4	6-9	9-6:30 AM/PM	4	1	0	1
10	5-8	2-5	9-6:30 AM/PM	5	1	0	1
9	1-6	3-8	9-6:30 AM/PM	4	1	0	1
9	7-8	2-3	9-6:30 AM/PM	5	1	0	1
8	1-2	6-7	9-6:30 AM/PM	3	1	0	1
8	3-8	1-5	9-6:30 AM/PM	4	1	0	1
7	1-6	1-6	0	3	1	0	0
6	1-6	1-6	0	2	1	0	0
1-5	1-5	1-5	0	2	1	0	0

**** Critical Care only meets Productivity Budget when census is >12 patients**

Good >100% productive

98-100% prod.

NOT productive

1. ICU (accommodation code) patients should be paired. 2:1 (Patient:RN ratio) unless requires RN 1:1.
2. PCU patients 3:1 ratio.
3. MT/Med Surg patients 4:1 ratio.
4. Staff to current census only; not for the "potential admits".
5. If there are potential admits in the ED, consider Late Start RN 3-4 hours vs Standby.
6. Make sure that Admissions are admitted from ED by 12 MN when possible.
7. Late Start should follow same rotation as Low Census.
8. OK to have 3-11 NT if census>12

***** Staffing #'s will always depend on the Case Mix at the time; use this grid as a guide only.**

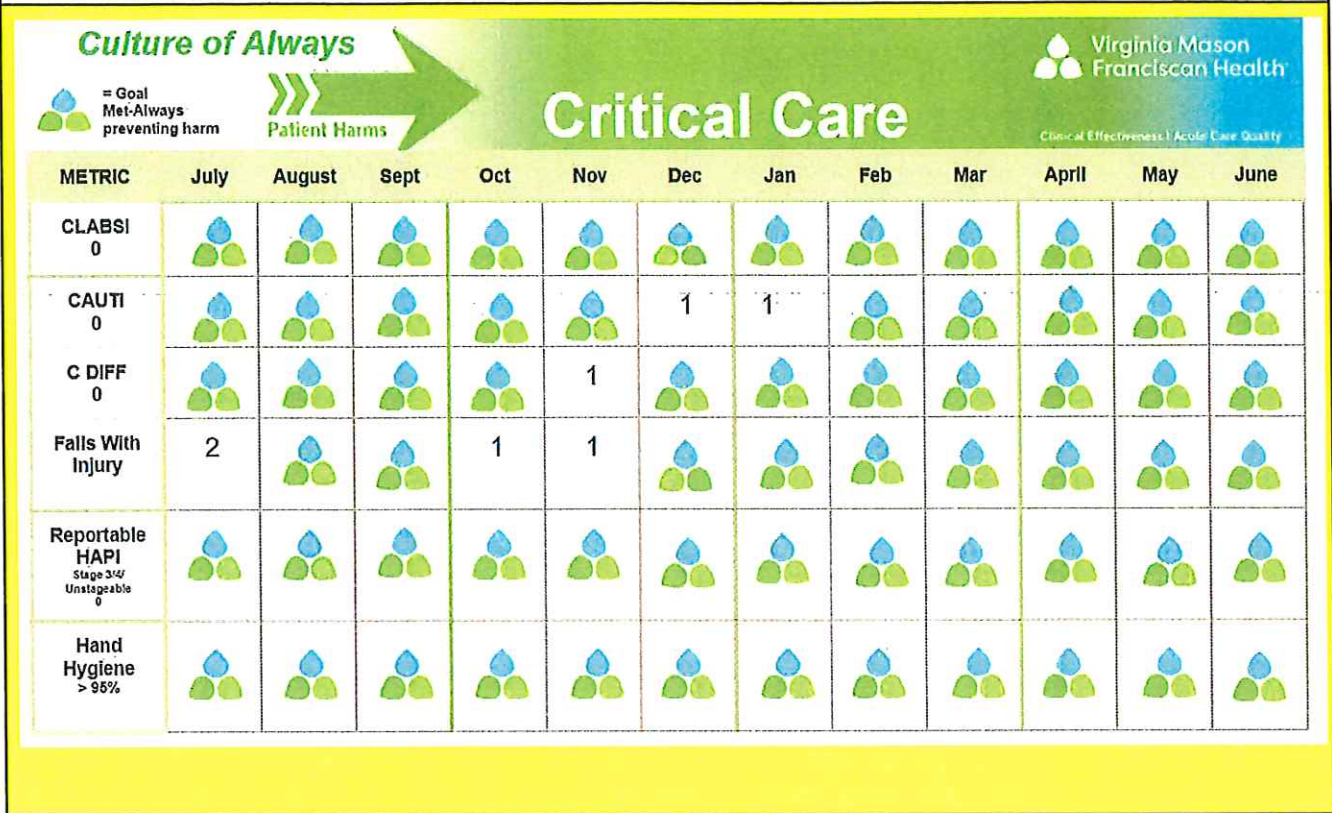
Availability of other personnel supporting nursing services on the unit

- RT manages all Ventilators, BiPap and high flow devices. They give Nebs
- HUC / Monitor tech that monitors our 16 patients and serves as back up house wide for the centralized monitor tech
- Phlebotomy 24/7
- Med Rec Tech and Admit RNs 10hrs out of 24hr
- EVS 24 hrs a day
- IV Therapy 16hrs of 24 hrs
- Pharmacist 24 hrs a day
- Care managers and Social workers 7 days a week
- Virtual companions
- PT/OT
- vICU support 24hrs a day
- in house Pulmonology 10 hours a day with 14 hour coverage with virtual services.
Co-managed care for all ICU level patients
- FIT has providers available 24 hours a day

Meal and Rest Break Strategies

- **break RN both shifts**
- **if unstaffed for BN ‘buddy’ system used**

Nursing Sensitive Quality Indicators



No CLABSI since 2018. Falls with injury decreased for the 3rd year in a row, No reportable HAPI since April 2021, Decrease in C-Diff from the previous year.

INCREASE in CAUTI from zero to two. Quality area of focus this year

Committee Recommendations:

APPROVALS:

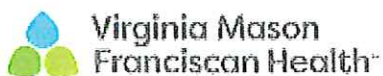
Prepared By **Terri Petroff , Clinical Manager CCU and RT**

Approved By

Sunny Lay, Director, Nursing Operations

Emma Kasemeier, Staffing Committee Chair

Next Review Date November 2023



Date: 11/18/22

Welcome to the 3 North Progressive Care Unit (3N-PCU) on the 3rd floor. This unit is designed to deliver care to 16 patients with acute or chronic medical conditions who require inpatient, observation, or intermediate level care. The current Registered Nurse (RN) to patient ratio is 1 RN for 3-4 patients. This staffing plan includes 1 charge RN per shift who may take a patient assignment. The unit is staffed with Certified Nursing Assistants (CNAs) working directly under RN supervision to assist with patient care. A Health Unit Coordinator (HUC) is available on the unit from 7:00am to 7:30pm for administrative support. The unit also utilizes centralized telemetry monitoring 24 hours a day via monitor technicians located at the Franciscan Education and Support Center in Tacoma.

Typical staff assignment patterns:

Level of Care	# of patients	# of RNs	#CNAs Day Shift	#CNAs Night Shift
Med/Surg/Tele	1:4	4-5	1-2	1
PCU	1:3	4-5	1-2	1

Our goal is to provide a healing environment that allows the best place for our patients. We welcome your comments and questions. Please ask to speak with the Charge Nurse, the House Supervisor or the manager if you have any questions or concerns. Should the need arise, there are additional resources available within the hospital to support any staffing challenges, both long and short-term that may occur throughout the day. Infrequently the immediate needs of our patients may require additional staff assistance; all staff are empowered to activate a Critical Staffing Intervention (CSI) for immediate help. All CSI activations are reviewed for further improvement opportunities for patient care.

Thank you for entrusting us with the care of your loved ones.

Lindsay Bussoli, MSL, BSN
Manager 3N PCU Unit

Sunny Porter, MSN, RN
Director, Nursing Operations

Emma Kasemeier, RN
Staffing Committee Chair

2022 Staffing Plan Overview

Department: 3N-PCU

Date Updated: 11/18/22

Author: Lindsay Bussoli

Nursing Department Overview

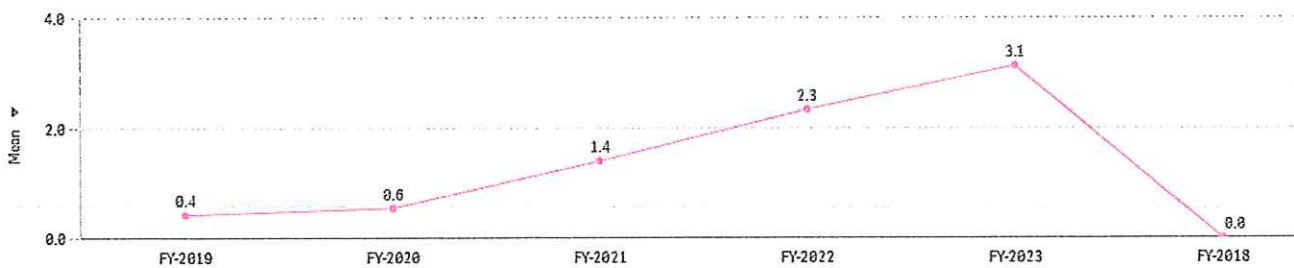
Description of the types of patients served in this nursing unit: **Medical/Surgical/Telemetry/PCU**

Patient populations include but is not limited to: **GI, Pain, Pulmonary requiring high flow/bipap/Cpap, Infectious Disease, Dementia/Geriatric placements, Psych, Alcohol and IVDA, Dialysis, CHF, COPD, Post Cardiac Catheter recovery, and Post Automated Implantable Cardioverter Defibrillator placement, ACS, Flu, Covid, RSV**

Census

- Average number of admits/discharges/transfers =FY22 volume= 211
- Average length of stay = SAH aggregate 5.24
- **Average Daily Census = 15.2**
- **PCU patient days FY 2022**

Trend By Year View



Level of intensity of all patients (nature of care delivered)

Level of care: Med/Surg/Tele/PCU/Inpatient/Observation

Day shift: RN/CNA collaboration to carry out the plan of care.

Night Shift: RN/CNA collaboration to carry out the plan of care.

Additional care: Respiratory treatments, Medication titration, Bladder Scanning, Central line management, EKG, CPAP/BIPAP monitoring

Skill Mix

- RNs & Charge RNs
- RNA/CNAs
- HUC
- Clinical Coordinator
- Manager

- **Level of experience**

- **We have varying levels of experienced RNs on our unit, from new graduates to nurses with 30+ years' experience**
- **Nursing degrees range from ADN - BSN – MSN**
- **BLS/ACLS/NIHSS**

Specialized or intensive equipment needs

- ** **Telemetry-wireless**
- ** **EHR – EPIC (Team stations & patient rooms)**
- ** **Lift Equipment/Ceiling Lifts**
- ** **All rooms negative air flow**
- ** **Pyxis**
- ** **4 Dialysis Plumbed Rooms**
- ** **Glucommander**
- ** **Hill Rom Call Light System**
- ** **Vocera**
- ** **Bed Alarms/Chair Alarms**
- ** **Telemedicine (Consults: Psych, Rehab, Diabetes Education)**
- ** **Cultural Link**
- ** **WOWs**
- ** **Beaker Printers**
- ** **MP5s**
- ** **Pulse Oximeters**
- ** **ACLS Crash Cart**
- ** **Virtual Companion cameras**
- * **SCD machines**

Architecture and geography of the patient care unit

Our unit is a 16 bed, all private room, unit with patient viewing windows from the documentation stations in the hall. The nurse’s station is located central to the unit with 8 rooms in each hall. The CN, hospitalist/specialist, and ancillary staff have office space within the unit. There is a medication dispensing room with a view of the nursing station.

Staffing grid: 3N PCU

DAYS					NOCS					
0700-1930					1900-0730					
Census	CN	RN	CNAs	HUC	Total Staff	Census	CN	RN	CNAs	Total Staff
16	1	4.5	2	0	7.5	16	1	4.5	1	6.5
15	1	4.5	1	0	6.5	15	1	4.5	1	6.5
14	1	4	1	0	6	14	1	4	1	6
13	1	4	1	0	6	13	1	4	1	6
12	1	3.5	1	0	5.5	12	1	3.5	1	5.5
11	1	3	1	0	5	11	1	3	1	5
10	1	3	1	0	5	10	1	3	1	5
9	1	3	0	0	4	9	1	3	0	4
8	1	2	1	0	4	8	1	2	1	4
7	1	2	0	0	3	7	1	2	0	3
6	1	2	0	0	3	6	1	2	0	3
5	1	1	0	0	3	5	1	1	0	2
4	1	1	0	0	2	4	1	1	0	2
3	1	1	0	0	2	3	1	1	0	2
2	1	1	0	0	2	2	1	1	0	2
1	1	1	0	0	2	1	1	1	0	2

Late Start Criteria:

1. Late start after 4 hours
2. Do not change late start times
3. Bring them in, if not needed they can:
 - a) Waive 4 hrs and go home
 - b) Stay, then follow normal LC process

CONSIDERATIONS FOR which UNIT to CLOSE

1. Unit Census
2. Planned Surgical Admits
3. Potential D/C's
4. ED Census
5. Are we holding anywhere?

** Staffing should be evaluated every 4 hours for productivity and patient mix. Flexing per census according to RN and Patient type.

Availability of other personnel supporting nursing services on the unit

- · **Phlebotomy 24/7**
- · **RT 24/7 to assist with breathing treatments/CPAP/BIPAP**
- · **Med rec techs and Admit RNs 10 hours per 24 hours**
- · **EVS 24/7**
- · **IV Therapy/SWAT 16 hours per 24 hours**
- · **Pharmacy 24/7**
- · **Dietary**
- · **Speech**
- · **Pastoral Care**
- · **Care Managers/social work**
- · **Central monitor techs**
- · **Virtual companions**
- · **vFIT**
- · **PT/OT/ST**
- · **Volunteer Services**
- · **House Supervisors**
- · **Palliative Services**

Meal and Rest Break Strategies

The break RN (a dedicated RN comes in for break coverage only from 2100-0630 & 09-1830) to relieve RNs for (2) meal breaks and (1) rest break $\geq 80\%$ of the time. The team coordinates rest/meal breaks for the RNA/CNAs/sitters $\geq 80\%$ of the time. In the absence of the Break RN the traditional buddy system is utilized.

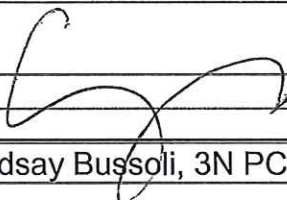
Nursing Sensitive Quality Indicators

- Commonspirit Quality, Safety, and Patient Experience Dashboards
- Culture of Always/Race to Zero

Committee Recommendations:

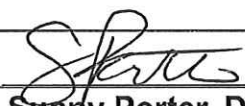
APPROVALS:

Prepared By

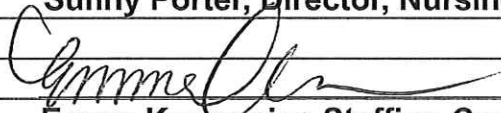


Lindsay Bussoli, 3N PCU Unit Manager

Approved By

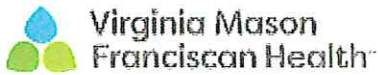


Sunny Porter, Director, Nursing Operations



Emma Kasemeier, Staffing Committee Chair

Next Review Date November 2023



Date: 11/16/22

Welcome to Medical Surgical Observation (MSO):

Welcome to 3 South Medical-Surgical Observation (MSO). This unit is designed to serve up to 16 patients with acute or chronic medical conditions who require inpatient or observation care. The standard Registered Nurse (RN) to patient ratio is 1 RN for 4 patients. The staffing plan also includes 1 charge RN per shift who may take a patient assignment of 1. The unit is staffed with Certified Nursing Assistants (CNAs) working directly under RN supervision to assist with patient care. A Health Unit Coordinator (HUC) is available on the unit from 7:00am to 7:30pm for administrative support. The unit also utilizes centralized telemetry monitoring 24 hours a day via monitor technicians located at the Franciscan Education and Support Center in Tacoma.


*For FY 22 this has been the primary Covid unit at SAH.


Typical staff assignment patterns:


Level of Care	# of patients	# of RNs	#CNAs Day Shift	#CNAs Night Shift
Med/Surg/Tele	3-5	1	2	1
Med/Surg/Tele	6-10	2-3	2	1
Med/Surg/Tele	11-16	4-5	2	1

Our goal is to provide a healing environment that allows the best place for our patients. We welcome your comments and questions. Please ask to speak with the Charge Nurse, the House Supervisor or the manager if you have any questions or concerns. Should the need arise, there are additional resources available within the hospital to support any staffing challenges, both long and short-term that may occur throughout the day. Infrequently the immediate needs of our patients may require additional staff assistance; all staff are empowered to activate a Critical Staffing Intervention (CSI) for immediate help. All CSI activations are reviewed for further improvement opportunities for patient care.

Thank you for entrusting us with the care of your loved ones.


 Lindsay Bussoli, Clinical Manager
 Med/Surg Observation Unit


 Sunny Porter, MSN, RN
 Director, Nursing Operations


 Emma Kasemeler, RN
 Staffing Committee Chair

2022 Staffing Plan Overview

Department: Med/Surg Observation (MSO)

Date Updated: 11/18/22

Author: Lindsay Bussoli WA-Gig Harbor

Nursing Department Overview

Description of the types of patients served in this nursing unit: Med/Surg/Tele/Observation/Inpatient

Patient populations include but is not limited to: **GI, Pain, Pulmonary, Infectious Disease, Dementia/Geriatric placements, Psych, Alcohol and IVDA, Dialysis, CHF, COPD, Post Cardiac Catheter recovery, Post Automated Implantable Cardioverter Defibrillator placement, COVID+, COVID PUI, Stable angina, Flu, RSV**

Census

- Average number of admits/discharges/transfers = FY 22 volume= 219
- Average length of stay = SAH aggregate 5.9
- **Average Daily Volume = 14.6**

Level of intensity of all patients (nature of care delivered)

Level of care: Med/Surg/Tele-Acute/Chronic Inpatients and Observation patients

*****FY 22 Served as the primary Covid unit at SAH.**

Day shift: RN/CNA collaborate to carry out a plan of care, to include Bedside Handoff, Intentional Rounding and serving basic needs.

Night Shift: RN/CNA collaborate to carry out a plan of care, to include Bedside Handoff, Intentional Rounding and serving basic needs.

Additional care: EKG, Bladder Scanning, Strict Infection Prevention and PPE usage.

Skill Mix

- · RNs & Charge RNs
- · RNA/CNA
- · HUCs
- Clinical Coordinator

- **Manager**

- **Level of experience**

- **We have varying levels of experienced RNs on our unit, from new graduates to nurses with 30 years' experience**
- **We currently have 3 med-surg certified RNs**
- **Nursing degrees range from ADN - BSN – MSN**

Specialized or intensive equipment needs

- ** Telemetry**
- ** EHR – EPIC (Team stations & patient rooms)**
- ** Lift Equipment/Ceiling Lifts**
- ** All rooms negative air flow**
- ** Pyxis**
- ** Dialysis Plumbed**
- ** Glucommander**
- ** Call Light System**
- ** Vocera**
- ** Bed Alarms/Chair Alarms**
- ** Telemedicine (Consults: Psych, Rehab, Diabetes Education)**
- ** Cultural Link**
- ** WOWs**
- ** Beaker Label/Printers**
- ** MP5s**
- ** Pulse Oximeters**
- ** Crash Carts**
- ** Virtual Companion cameras**
- * SCD machines**
- * Ante Rooms**

Architecture and geography of the patient care unit

Our unit has 16 beds and all private rooms. The nurse's station is located central to the unit with 8 rooms in each hall. The CN, hospitalists, and ancillary staff have office space within the unit.

Staffing grid: 3rd MSO

DAYS					NOCS					
0700-1930					1900-0730					
Census	CN	RN	CNAs	HUC	Total Staff	Census	CN	RN	CNAs	Total Staff
16	1	4	2	1	8	16	1	4	1	6
15	1	4	2	1	8	15	1	4	1	6
14	1	3.5	2	1	7.5	14	1	3.5	1	5.5
13	1	3	1	1	6	13	1	3	1	5
12	1	3	1	1	6	12	1	3	1	5
11	1	3	1	1	6	11	1	3	1	5
10	1	2.5	1	0	4.5	10	1	2.5	1	4.5
9	1	2	1	0	4	9	1	2	1	4
8	1	2	1	0	4	8	1	2	1	4
7	1	2	1	0	4	7	1	2	1	4
6	1	2	0	0	3	6	1	2	0	3
5	1	1	0	0	2	5	1	1	0	2
4	1	1	0	0	2	4	1	1	0	2
3	1	1	0	0	2	3	1	1	0	2
2	1	1	0	0	2	2	1	1	0	2
1	1	1	0	0	2	1	1	1	0	2

Late Start Criteria:

1. Late start after 4 hours
2. Do not change late start times
3. Bring them in, if not needed they can:
 - a) Waive 4 hrs and go home
 - b) Stay, then follow normal LC process

CONSIDERATIONS FOR which UNIT to CLOSE

1. Unit Census
2. Planned Surgical Admits
3. Potential D/C's
4. ED Census
5. Are we holding anywhere?

*Staffing productivity determined by census at 0700/1900, flexing up or down should be reviewed every 4 hours.

Availability of other personnel supporting nursing services on the unit

- Dialysis RN
- Contract RN
- IV/SWAT
- Phlebotomy/Lab
- PT/OT/Speech
- Care Management/Social Work
- MD/PA/ARNP
- Respiratory Therapy
- Admit/Discharge RN
- Dietary/Dietician
- Hospital Supervisor
- Palliative Medicine
- VFIT/Virtual Sitter/Monitor Tech
- Environmental Services

Meal and Rest Break Strategies

The break RN (a dedicated RN that comes in for break coverage from 2100-0630 & 09-1830) to relieve RNs for (2) meal breaks and (1) rest break $\geq 80\%$ of the time. The team coordinates rest/meal breaks for the RNA/CNAs/sitters $\geq 80\%$ of the time. In the absence of the Break RN the traditional buddy system is utilized.

Nursing Sensitive Quality Indicators


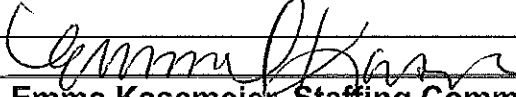
- Culture of Always/Race to Zero
- Quality, Safety, and Patient Experience Dashboards

Committee Recommendations:

APPROVALS:

Prepared By


Lindsay Bussoli, MSO Unit Manager

Approved By	
	Sunny Porter, Director, Nursing Operations
	
	Emma Kasemeier, Staffing Committee Chair
Next Review Date	November 2023



November 17, 2022


Welcome to the Medical-Surgical Unit on the 4th floor. This unit is designed to serve up to 32 patients with acute or chronic medical conditions who require inpatient or observation monitoring. The unit is divided into 2 halves – 4 North and 4 South. Each half can accommodate up to 16 patients. The standard Registered Nurse (RN) to patient ratio is 1 RN for 5 patients. The staffing plan also includes at least 1 charge RN per shift who may take a patient assignment of 1. An LPN may be assigned to assist with patient flow tasks, i.e. admits, transfers and discharges. They also assist with incremental nursing care within their scope of practice. They are not assigned patient assignments. The unit is staffed with Certified Nursing Assistants (CNAs) working directly under RN supervision to assist with patient care. A Health Unit Coordinator (HUC) is available on the unit from 7:00am to 7:30pm for administrative support. The unit also makes use of centralized telemetry monitoring 24 hours a day via monitor technicians located at the Franciscan Education and Support Center in Tacoma.


Typical staffing levels per side of 16 beds (4 North/4 South)


Level of Care	# of patients	Charge Nurse	# of RNs	#CNAs Day Shift	#CNAs Night Shift
Medical Surgical	1-5	1	1	0	0
Medical Surgical	6-10	1	1-2	0-1	0-1
Medical Surgical	11-16	1	2-3	1-2	1

When there are 16 patients on one half of the unit, the charge nurse will typically take 1 patient to maintain our nurse to patient ratios at 1:5. Our goal is to provide a healing environment that allows the best place for our patients. We welcome your comments and questions. Please ask to speak with the Charge Nurse, House Supervisor or Manager if you have any questions or concerns. Should the need arise, there are additional resources available within the hospital to support any staffing challenges, both long and short-term that may occur throughout the day. Infrequently the immediate needs of our patients may require additional staff assistance, all staff are empowered to activate a Critical Staffing Intervention (CSI) for immediate help. All CSI activations are reviewed for further improvement opportunities for patient care.

Thank you for entrusting us with the care of your loved ones.


 Monica Starkweather, RN
 Clinical Manager 4th Medical


 Sunny Porter, RN
 Director, Nursing Operations


 Emma Kasemier, RN
 Staffing Committee Chair

2022 Staffing Plan Overview

Department: 4th Medical

Date Updated: November 17, 2022

Author: Monica Starkweather, RN Clinical Manager

Nursing Department Overview

The 4th Floor is a General Medical Telemetry unit. Patient populations include but is not limited to: Nephrology, Diabetes, Infectious Disease, GI, GU, Pain, Pulmonary, CHF, COPD, Dementia, Substance Abuse, Mental Health, Surgical and Observation overflow.

This is a 32 bed – all private room unit. The layout of the unit is divided into a North and South end of 16 beds that operate independently of one another. Each end has a Nursing Station that includes a medication dispensing area. Supply rooms throughout the unit accommodate forms, nutrition, dirty utility, linen, supplies and equipment. Adjacent to the elevator lobby waiting area are two public restrooms, an employee lactation room and a Discharge Planning office. In the center of the unit is the HUC station, Manager, Clinical Coordinator, House Supervisor offices, a staff lounge, staff education room and two staff restrooms.

Census

- Average number of admits/discharges/transfers = 12
- Average length of stay = 5.58
- Average Daily Census = 31

Level of intensity of all patients (nature of care delivered)

4th Medical provides 24/7 nursing care to acute and chronic patients according to provider orders. Day shift and night shift are 12 hours each. RNs assess and chart on assigned patients each shift according to standards and regulatory requirements. Additionally, RNs observe, reassess and respond to new or emergent issues. RNs also administer routine and as needed medications and treatments. RNs process admits, transfers and discharges according to provider orders. Care also includes three meals per day, activities of daily living and HS care provided by CNAs. Patient centered care is aimed at developing and implementing individual plans-of-care in collaboration with the patient, provider and ancillary staff. This is accomplished through Nurse Patient Provider Rounds and Multidisciplinary Rounds which both occur on day shift 7 days a week.

Skill Mix

- Charge Nurses
- RNs
- LPNs
- CNAs
- HUC
- Clinical Coordinator
- Clinical Manager

Level of experience

- Levels of experience range from new graduate nurses to nurses with 30+ years
- Entry level LPNs on track to obtaining an RN degree
- Nursing Assistants are certified and MAR licensing is provided
- We currently have 11 Med/Surg Certified RNs (CMSRN)
- Nursing Degrees range from ADN-BSN-MSN/MN
- Every team member is engaged in a growth and development opportunity in the form of committees, special projects, audits or continued education.

Confidential

Semi Annual Review

SAH Staffing Plan (Overview) 2022 PAGE 222

Specialized or intensive equipment needs

- Telemetry units/telemetry screens (off-site telemetry monitoring)
- Bed alarms
- Virtual Companion cameras
- EMR- EPIC
- 4 dialysis plumbed rooms
- Pyxis Medication Stations x 2-one per side
- Cultural Link translator system cart
- WOW computer stations x 3
- Lap top x2 on rolling tray
- Pumps (IVs, feeding, PCA)
- SCD machines
- Vocera
- Charge Nurse cell phones
- Hillrom call light/Staff tracking system
- Telemedicine Consultation WOW computer station (Psych, Neuro, Rehab, DM edu)
- 2 negative airflow capable patient room
- Lift equipment
- 4 patient rooms with 600# capacity ceiling lift
- CAPR Cart x1
- 65" monitor MDR screens x2
- 65" monitor tracking boards x2
- Standing scales x2
- Bladder scanner
- EKG machine
- Rover hand held devices x9

Availability of other personnel supporting nursing services on the unit

- Phlebotomy services 24/7
- Respiratory Therapy 24/7 for nebulizer treatments and emergent care
- Medication Reconciliation Technicians and Admission RNs 10 hrs/day
- Environmental services 24/7
- IV therapy/SWAT RNs 16 hrs/day
- Pharmacist 24/7
- Care Managers/Social Workers- business hours 7 days per week
- Pastoral Care
- Palliative Services
- Virtual Services: Telemetry, Virtual Companion Sitters, Virtual FIT, Virtual ICU
- PT/OT- business hours 7 days per week
- Speech Language Pathologist – on call Mon to Sat.
- Enterostomal Therapy Services- on call business hours 7 days per week
- Admit RN

Meal and Rest Break Strategies

- Break RNs provide two 30 meal breaks and one 15 minute rest breaks for RNs with the assistance of the Charge RN(s). The Break RN works 6 to 9 hours each shift according to census, 7 days per week.
- The traditional buddy system ensues in the absence of the break nurse.
- CNAs use the traditional buddy system with assistance as needed from Charge Nurse(s) and RN team.

Med-Surg Staffing Guide 4th Medical

DAYS						BREAK NURSE (both shifts)	NOC				
Total Census	Census N/S	CN	RN	CNA	HUC		Total Census	Census N/S	CN	RN	CNA
16 104%	16 0	1	3 0	2	1 x 8 hrs	6 hrs	16 104%	16 0	1	3 0	1 0
15 101%	15 0	1	3 0	1 x 12 hrs 1 x 8 hrs	1 x 8 hrs	6 hrs	15 101%	15 0	1	3 0	1 x 10 hrs 0
14 100%	14 0	1	3 0	1 x 10 hrs 1 x 4 hrs	1 x 6 hrs	6 hrs	14 100%	14 0	1	3 0	1 x 8 hrs 0
13 100%	13 0	1	3 0	1 x 10 hrs	1 x 4 hrs	6 hrs	13 100%	13 0	1	3 0	1 x 4 hrs 0
12 101%	12 0	1	3 0	1 x 2 hrs	1 x 2 hrs	6 hrs	12 101%	12 0	1	3 0	0 0
11 102%	11 0	1	2 0	1 x 8 hrs	1 x 2 hrs	6 hrs	11 102%	11 0	1	2 0	1 x 8 hrs 0
10 101%	10 0	1	2 0	1 x 2 hrs	1 x 2 hrs	4 hrs	10 101%	10 0	1	2 0	1 x 2 hrs 0
9 104%	9 0	1	1 x 12 hrs 1 x 10 hrs	0	0	4 hrs	9 104%	9 0	1	1 x 12 hrs 1 x 10 hrs	0 0
8 101%	8 0	1	1 x 12 hrs 1 x 6 hrs	0	0	4 hrs	8 101%	8 0	1	1 x 12 hrs 1 x 6 hrs	0 0
7 103%	7 0	1	1 0	0	0	0 hrs	7 103%	7 0	1	1 0	0 0
6 88%	6 0	1	1 0	0	0	0 hrs	6 88%	6 0	1	1 0	0 0
5 73%	5 0	1	1 0	0	0	0 hrs	5 73%	5 0	1	1 0	0 0
4 59%	4 0	1	1 0	0	0	0 hrs	4 59%	4 0	1	1 0	0 0
3 44%	3 0	1	1 0	0	0	0 hrs	3 44%	3 3	1	1 0	0 0
2 29%	2 0	1	1 0	0	0	0 hrs	2 29%	2 0	1	1 0	0 0
1 19%	1 0	1	1 0	0	0	0 hrs	1 19%	10 0	1	1 0	0 0

Considerations for which unit closes and when

1. Assess census on 3, 4, 5th floors
2. How many planned Surgical admits?
3. # Potential discharges
4. What is the ED census?
5. Are we holding anywhere?
6. When census is ≤ 24 : Huddle with House Supervisor to assess if my unit can get to 24 or downsize to 16.
7. When census is ≤ 11 : Huddle with House Supervisor to assess if my unit can get to 16 or plan to close.
8. Census in **RED** cap at 15 that end to avoid 6:1 ratio

Late start criteria

1. Late start after 4 hours
2. Do not change late start times
3. Bring staff in, if not needed they can:
 - (a) Waive 4 hrs and go home
 - (b) Stay, then follow normal LC process

Reviewed November 2022

9. Charge Nurses update an acuity tool each shift that is used to assist with resource allocation.

Med-Surg Staffing Guide
4th Medical

Total Census	DAYS					BREAK NURSE (both shifts)	Total Census	NOC			
	Census N/S	CN	RN	CNA	HUC			Census N/S	CN	RN	CNA
32 105%	16	1	3	2		9 hrs	32 105%	16	1	3	1
	16	1	3	2	1			16	1	3	1
31 102%	16	1	3	2		9 hrs	31 102%	16	1	3	1
	15	1	3	2	1			15	1	3	1
30 102%	15	1	3	2		9 hrs	30 102%	16	1	3	1
	15	1	3	2	1			14	1	3	1
29 103%	15		3	2		9 hrs	29 103%	15	1	3	1
	14	1	3	2	1			14	1	3	1
28 104%	15		3	2		9 hrs	28 104%	15	1	3	1
	13	1	3	1	1			13	1	3	1
27 101%	15		3	2		9 hrs	27 101%	15	1	3	1
	12	1	3	1	1			12	1	3	1 x 10 hrs
26 101%	15		3	2		9 hrs	26 101%	15	1	3	1
	11	1	3	1	1			11	1	2	1 x 10 hrs
25 102%	15		3	2		9 hrs	25 102%	15	1	3	1
	10	1	2	1	1			10	1	2	1 x 10 hrs
24 102%	15		3	2		9 hrs	24 102%	15		3	1
	9	1	2	1	1			9	1	2	1 x 10 hrs
23 100%	15		3	2		9 hrs	23 100%	15		3	1
	8	1	2	1	1			8	1	2	1 x 4 hrs
22 101%	15		3	2		9 hrs	22 101%	15		3	1
	7	1	2	0	1			7	1	2	1 x 4 hrs
21 101%	15		3	1		9 hrs	21 101%	15		3	1 x 8 hrs
	6	1	2	1 x 10 hrs	1			6	1	2	0
20 103%	10		2	1		9 hrs	20 103%	10		2	1 x 8 hrs
	10	1	2	1 x 10 hrs	1			10	1	2	1 x 8 hrs
19 100%	10		2	1		9 hrs	19 100%	10		2	1 x 6 hrs
	9	1	2	1 x 10 hrs	1			9	1	2	1 x 6 hrs
18 101%	10		2	1		9 hrs	18 101%	10		2	1 x 6 hrs
	8	1	2	1 x 10 hrs	1 x 8 hrs			8	1	2	1 x 4 hrs
17 100%	10		2	1		9 hrs	17 100%	10		2	1 x 8 hrs
	7	1	2	1 x 8 hrs	1 x 8 hrs			7	1	2	0

Considerations for which unit closes and when

1. Assess census on 3, 4, 5th floors
2. How many planned Surgical admits?
3. # Potential discharges
4. What is the ED census?
5. Are we holding anywhere?
6. When census is ≤ 24 : Huddle with House Supervisor to assess if my unit can get to 24 or downsize to 16.
7. When census is ≤ 11 : Huddle with House Supervisor to assess if my unit can get to 16 or plan to close.
8. Census in **RED** cap at 15 that end to avoid 6:1 ratio
9. Charge Nurses update an acuity tool each shift that is used to assist with resource allocation.

Late start criteria

1. Late start after 4 hours
2. Do not change late start times
3. Bring staff in, if not needed they can:
 - (c) Waive 4 hrs and go home
 - (d) Stay, then follow normal LC process

Reviewed November 2022

Staffing Assignments

- Charge Nurses collaborate with the House Supervisor and Central Staffing Office to staff the unit.
- A Staffing Guide is utilized to flex staffing according to the unit census and level of acuity.
- The Low Census Policy is utilized to flex staffing when census is down
- The Additional Staffing Request is utilized to flex staffing up for higher acuity days.
- Resources may be reallocated during times of high census by following the SAH Full Capacity process. Leadership refers to the reallocation and acuity tool for this purpose.
- Disaster Documentation may be implemented with COO approval to assist during times of Surge Capacity when alternate care areas are maximized and resources are limited.
- The Critical Staffing Intervention (CSI) may be activated by any unit to provide immediate resources when additional assistance is needed.

Nursing Sensitive Quality Indicators

- Culture of Always
- Patient Experience

Committee Recommendations:

APPROVALS:

Prepared By: Monica Starkweather 11/17/22
Monica Starkweather, RN Clinical Manager 4th Medical Date

Sunny Porter 11/17/22
Sunny Porter, Director Nursing Operations Date

Emma Kasemer 11/17/22
Emma Kasemer, Staffing Committee Chair Date

Next Review Date: November 2023



November 15, 2022

Welcome to 5th Surgical. We are designed to serve up to 32 patients with acute or chronic medical conditions that require inpatient, observation, or extended recovery time. The unit is divided into 2 sections-5 North and 5 South. Each side can accommodate up to 16 patients. The standard RN to patient ratio is 1 RN for every 4 to 5 patients. The staffing plan also includes at least 1 Charge RN per shift. At the unit census of 30, each side may have 1 Charge RN who may take 1 patient in addition to overseeing daily unit operations.

The unit is staffed with CNAs who work under RN supervision to assist with patient care needs. A Health Unit Coordinator is available on day shift to provide support with secretarial and administrative needs. Telemetry monitoring technicians are utilized to provide 24 hour cardiac monitoring capability for the patients that need it.


The plan below designates staffing levels per side based upon patient acuity. Typical staff assignments, not including the Charge RN, are as follows:

Typical staff assignment patterns:

Level of Care	# of patients	# of RNs	#CNAs Day Shift	#CNAs Night Shift
Medical Surgical/Telemetry	1-5	1	0	0
Medical Surgical/Telemetry	6-10	2	1	0-1
Medical Surgical/Telemetry	11-16	3	2	1

Our goal is to provide a healing environment that allows the best place for our patients. We welcome your comments and questions. Please ask to speak with the Charge Nurse, the House Supervisor or the manager if you have any questions or concerns. Should the need arise, there are additional resources available within the hospital to support any staffing challenges, both long and short-term that may occur throughout the day. Infrequently the immediate needs of our patients may require additional staff assistance; all staff are empowered to activate a Critical Staffing Intervention (CSI) for immediate help. All CSI activations are reviewed for further improvement opportunities for patient care.

Thank you for entrusting us with the care of your loved ones.


 Sunny Porter, Director of Nursing Operations


 Emma Kasemeier, RN
 Staffing Committee Chair


 Jen Aikins, BSN, RN, CMSRN, ONC
 Clinical Nurse Manager, 5th Surgical

2022 Staffing Plan Overview

Department: 5th Surgical

Date Updated: 11/15/22

Author: Jeri Aikins, Clinical Manager

Nursing Department Overview

Description of the types of patients served in this nursing unit: **Medical/Surgical with an emphasis on Post-Surgical care**
Patient populations include but is not limited to: **Total Joint Replacement, general surgery, gynecological surgery, urological surgery, and a variety of infectious processes such as pneumonia, UTI, cellulitis. Dialysis, CHF, COPD, dementia, etc.**

Census

- Average number of admits/discharges/transfers = 8 daily
 - Average length of stay = increased to **3.80** FY22
 - **Average Daily Census = 32**
-

Level of intensity of all patients (nature of care delivered)

Level of care: **Medical, Surgical and Telemetry**

Day/Night shift: 3 meals per day, ADLs and HS care. Ongoing monitoring, assessing and managing patient care. Medication administration. Develop and implementation of individual patient plans-of-care in collaboration with Provider staff during MDR, NPP and prn. Implement Provider orders. 24/7 Nursing care.

Skill Mix

- RNs
 - CNAs
 - HUC
 - Manager
 - Clinical Coordinator
-
- **Level of experience**
-
- Varying levels of experience on each unit from new graduate nurses to nurses practicing 30+ years
 - We currently have **18** Med/Surg Certified RNs (CMSRN)
 - Nursing Degrees range from ADN-BSN-MSN/MN
-

Specialized or intensive equipment needs

- Telemetry
 - EMR- EPIC
 - 6 dialysis plumbed rooms
 - Pyxis Medication Stations x 2-one per side
 - MARTTI translator system cart
 - WOW computer stations x 3
 - Vocera
 - Hillrom call light/Staff tracking system
 - Telemedicine Consultation WOW computer station (Psych, Neuro, Rehab, DM edu)
 - 1 negative airflow capable patient room
 - 1 Bariatric patient room with 1000# capacity ceiling lift
 - 4 patient rooms with 600# capacity ceiling lift
-

Availability of other personnel supporting nursing services on the unit

- Phlebotomy services 24/7
 - Respiratory Therapy coverage 24/7 to assist with routine breathing treatments and emergencies
 - Medication Reconciliation Technicians and Admission RNs 10 hours per 24 hours
 - Environmental Services 24/7
 - IV therapy/SWAT RNs 16 hours per 24 hours
 - Pharmacist 24/7
 - Care Managers/Social-Workers- business hours 7 days per week
 - Pastoral Care
 - Palliative Services
 - Virtual Services: Telemetry, Virtual Companion Sitters, Virtual FIT, Virtual ICU
 - PT/OT- business hours 7 days per week
 - Speech Language Pathologist – on call Mon to Sat.
 - Enterostomal Therapy Services- on call business hours 7 days per week
-

Architecture and geography of the patient care unit -5th Surgical

This is a 32 bed – all private room unit. The layout of the unit is such that it is split into 16 bed halves. For every 16 beds there is a Nursing Station with 1 Medication dispensing area that is separated from the team station.

In the center of the unit is the HUC station, Manager Office, Clinical Coordinator Office, Clinical Support Coordinator Office, Conference Room, and two staff restrooms.

Project Overview Statement—Executive Summary

DAYS						BREAK NURSE (both shifts)	NOC				
Total Census	Census N/S	CN	RN	CNA	HUC		Total Census	Census N/S	CN	RN	CNA
32 108%	16	1	3	2		9 hrs	32 108%	16	1	3	1
	16	1	3	2	1			16	1	3	1
31 105%	16	1	3	2		9 hrs	31 105%	16	1	3	1
	15	1	3	2	1			15	1	3	1
30 101%	15	1	3	2		9 hrs	30 101%	16	1	3	1
	15	1	3	2	1			14	1	3	1
29 102%	15		3	2		9 hrs	29 102%	15	1	3	1
	14	1	3	2	1			14	1	3	1
28 102%	15		3	2		9 hrs	28 102%	15	1	3	1
	13	1	3	1	1			13	1	3	1
27 102%	15		3	2		9 hrs	27 102%	15	1	3	1
	12	1	3	1	1			12	1	3	1 x 10 hrs
26 102%	15		3	2		9 hrs	26 102%	15	1	3	1
	11	1	3	1	1			11	1	2	1 x 10 hrs
25 103%	15		3	2		9 hrs	25 103%	15	1	3	1
	10	1	2	1	1			10	1	2	1 x 10 hrs
24 103%	15		3	2		9 hrs	24 103%	15		3	1
	9	1	2	1	1			9	1	2	1 x 10 hrs
23 101%	15		3	2		9 hrs	23 101%	15		3	1
	8	1	2	1	1			8	1	2	1 x 4 hrs
22 102%	15		3	2		9 hrs	22 102%	15		3	1
	7	1	2	0	1			7	1	2	1 x 4 hrs
21 102%	15		3	1		9 hrs	21 102%	15		3	1 x 8 hrs
	6	1	2	1 x 10 hrs	1			6	1	2	0
20 107%	10		2	1		6 hrs	20 107%	10		2	1 x 8 hrs
	10	1	2	1 x 10 hrs	1			10	1	2	1 x 8 hrs
19 104%	10		2	1		6 hrs	19 104%	10		2	1 x 6 hrs
	9	1	2	1 x 10 hrs	1			9	1	2	1 x 6 hrs
18 105%	10		2	1		6 hrs	18 105%	10		2	1 x 6 hrs
	8	1	2	1 x 10 hrs	1 x 8 hrs			8	1	2	1 x 4 hrs
17 100%	10		2	1		6 hrs	17 100%	10		2	1 x 8 hrs
	7	1	2	1 x 4 hrs	1 x 8 hrs			7	1	2	0

DAYS						BREAK NURSE (both shifts)	Total Census	NOC			
Total Census	Census N/S	CN	RN	CNA	HUC			Census N/S	CN	RN	CNA
16 103%	16 0	1	3 0	2	1 x 8 hrs	4 hrs	16 103%	1	3 0	1 0	
15 102%	15 0		3 0	1 x 12 hrs 1 x 8 hrs			0		1 x 8 hrs	15 102%	1
14 100%	14 0	1	3 0	1 0	1 x 6 hrs	4 hrs	14 100%	1	3 0	1 x 8 hrs 0	
13 104%	13 0		3 0	1 x 4 hrs			0		1 x 4 hrs	13 104%	1
12 100%	12 0	1	3 0	0	1 x 2 hrs	4 hrs	12 100%	1	3 0	0 0	
11 101%	11 0		2 0	1 x 8 hrs			0		1 x 2 hrs	11 101%	1
10 102%	10 0	1	2 0	1 x 2 hrs	1 x 2 hrs	4 hrs	10 102%	1	2 0	1 x 2 hrs 0	
9 102%	9 0		1 x 12 hrs 1 x 10 hrs	0			0		0	9 102%	1
8 108%	8 0	1	1 x 12 hrs 1 x 6 hrs	0	0	0 hrs	8 108%	1	1 x 12 hrs 1 x 6 hrs	0 0	
7 112%	7 0		1 0	0			0		0	7 112%	1
6 96%	6 0	1	1 0	0	0	0 hrs	6 96%	1	1 0	0 0	
5 80%	5 0		1 0	0			0		0	5 80%	1
4 64%	4 0	1	1 0	0	0	0 hrs	4 64%	1	1 0	0 0	
3 48%	3 0		1 0	0			0		0	3 48%	1
2 32%	2 0	1	1 0	0	0	0 hrs	2 32%	1	1 0	0 0	
1 20%	1 0		1 0	0			0		0	1 20%	1

Meal and Rest Break Strategies

- Two 30-minute meal breaks and one 15-minute rest break are covered by a Break RN with the assistance of the Charge RN on shift. The Break RN works 6 to 9 hours both Day and Night shift, 7 days per week. The Break RN hours are dependent on the unit census as outlined on the attached staffing guideline and staff availability.
- In-the-event that staffing does not allow for the Break RN role, staff are to use the buddy system and the Charge RN as available to obtain meal and rest breaks. (it should be noted that it is rare that the Break RN role is not filled as SNO call outs still happen in this role).


- CNAs use the traditional buddy system with the assistance as needed from Charge Nurse and RN team.

Nursing Sensitive Quality Indicators

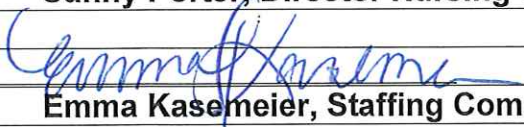
- Culture of Always Quality Metrics
 - Patient Experience Metrics
 - Pathways to Excellence Nursing Designation
 - Surgical Review Corporation (SRC) Center of Excellence (COE) in Orthopedic Surgery project - current
-

Committee Recommendations:

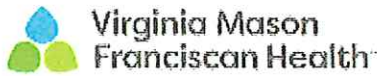
APPROVALS:

Prepared By 
Jeri Aikins, BSN, RN, CMSRN, ONC
Clinical Manager, 5th Surgical

Approved By 
Sunny Porter, Director Nursing Operations


Emma Kasemeier, Staffing Committee Chair

Next Review Date September 2023



Date: November 15, 2022

Welcome to the Emergency Department.

This 21-bed unit is designed to serve patients with emergent medical, surgical, and psychiatric conditions. The typical Registered Nurse (RN) ratio is 1 RN per 3-4 patients. The staffing plan also includes a Charge Nurse. One Health Unit Coordinator (HUC) to assist with secretarial and administrative needs, 1-3 Emergency Room Technicians (ERTs) to assist with patient care needs under the supervision of the RNs. The typical staffing pattern for MD/PAC is listed below. The number of scheduled staff is based on historical census, patient acuity and patient flow. Typical staffing patterns are as follows:

Time of Day	# of RNs	# of ERTs	# of HUCs	# of MDs	# of Mid-level (PA-NP)
0600-0900	5-6	1	1	1	0
0900-1100	9-10	3	1	1-2	0
1200-0000	13-14	7	1	3-4	0
0000-0200	8-9	3	1	1	0
0200-0600	5-6	3	1	1	0

Our goal is to provide a healing environment that allows the best place for our patients. We welcome your comments and questions. Please ask to speak with the Charge Nurse, the House Supervisor or the manager if you have any questions or concerns. Should the need arise, there are additional resources available within the hospital to support any staffing challenges, both long and short-term that may occur throughout the day. Infrequently the immediate needs of our patients may require additional staff assistance; all staff are empowered to activate a Critical Staffing Intervention (CSI) for immediate help. All CSI activations are reviewed for further improvement opportunities for patient care.

Thank you for entrusting us with the care of your loved ones.

Sheila Niven RN, MN
Clinical Manager

Sunny Porter, MSN, RN
Director, Nursing Operations

Emma Kasemeier, RN
Staffing Committee Chair

2022 Staffing Plan Overview

Department: Emergency Services

Date Updated: November 15, 2022

Author: Sheila Niven RN, MN

Nursing Department Overview

Description of the types of patients served in this nursing unit:

Patients of all ages with a range from minor illnesses/injuries to critically ill/injured.

Patient populations include but is not limited to:

All patient Populations

Census

- **Average number of admits/discharges/transfers =**
Average number of admits/discharges/transfers: Average number of admissions range between 20-30% of ED patients per day. Transfers to other facilities vary greatly depending on specialty and services needed.
- **Average length of stay =**
Average length of stay:
ED LOS All patients: 337 minutes (5 hours 37 minutes)
ED LOS Admit patients: 755 minutes (12 hours 35 minutes)
ED LOS Discharged patients: 235 minutes (3 hours 55 minutes)
- **Average Daily Census =**
Average Daily census: 98 patients for 1/1/22-10/31/22 (103/day in last 5 months)

Level of intensity of all patients (nature of care delivered)

Level of care:

Patients of all ages with a range from minor illnesses/injuries to critical illnesses/injuries.

Day shift: Same

Night Shift: Same

Additional care: Code Neuro (Stroke); Trauma Level 4; Code Blue support for St Anthony Hospital

Skill Mix

- ED Providers, Charge RN, ED RNs, ER Technicians and Health Unit Coordinators.. Amount of staff fluctuates to volume. Staff have staggered start times throughout the day to maximize patient ratios and high volumes.
- Staffing ratios follow ENA 3-4:1 patient to nurse ratio

● **Level of experience**

- **From novice (no experience, residency program RNs) to expert (multiple years of ED nursing experience)**

Specialized or intensive equipment needs

*** All emergency and critical care equipment, including but not limited to the following:**

*** Rapid fluid infuser**

*** Ventilator**

*** ECG; pulse oximetry**

***Defibrillator/Cardioverter**

*** Central Lines/IO**

*** Bedside Ultrasound**

*** Wound cart/splinting supplies**

***Trauma equipment**

Architecture and geography of the patient care unit

ED

Staffing grid:

Time of Day	Charge	RNs	ERTs	HUC	Provider(s)
0600-0900	1	5-6	1	1 (starts at 0800)	1
0900-1200	1	9-10	3	1	1-2
1200-1800	1	13-14	7	1	3-4
1800-2400	1	8-9	3	1	1
0000-0600	1	5-6	3	1 (leaves at 0430)	1

Availability of other personnel supporting nursing services on the unit

- Supported by all other nursing units for boarded patients
- Materials Management
- Environmental Services
- Lab
- Radiology
- Security

- SWAT/IV Therapy

Meal and Rest Break Strategies

Break Nurse pilot began in December 2018. Currently have 2-twelve (12) hour shifts that overlap for opportunities for breaks. Measured by the amount of shifts filled, break staff sheets turned in and Kronos missed break requests.

Nursing Sensitive Quality Indicators

- *Patient falls prevalence
- *Patient falls with injury
- *Pressure ulcer rate/prevalence
- *Number of patient visits
- *Skill Mix (CN, RN, ERT, HUC)
- Level of Experience: Range from new residents to seasoned staff
- All RNs to obtain the following within one year of hire: ACLS (with BLS), PALS/ENPC; TNCC; NRP
- Medication errors
- Staff turnover/orientation costs
- Overtime costs / end of shift overtime
- Agency/ Traveler Usage
- Patient Satisfaction Data
- Data from professional organizations
- NDNQI Data (Relevant reporting units):

Committee Recommendations:

APPROVALS:

Prepared By

Sheila Niven

Sheila Niven, Clinical Manager

Approved By

Sunny Porter
Sunny Porter, Director, Nursing Operations

Emma Kasemejer
Emma Kasemejer, Staffing Committee Chair

Next Review Date November 2023

2022 Staffing Plan Overview

Department: IV Therapy/SWAT

Date Updated: November 15, 2022

Author: Sheila Niven, RN, MN

Nursing Department Overview

Description of the types of patients served in this nursing unit:

This department supports all nursing units for intravenous therapeutic needs, procedures, conscious sedation care and PICC line/midline insertions. Staff cross train to have the ability to take patients in ED and CCU.

Patient populations include, but are not limited to the following:

All patient populations

Census

- **Supports all nursing units. Dependent on hospital and ED census.**

Level of intensity of all patients (nature of care delivered)

Level of care:

Patients of all ages with a range from minor illnesses/injuries to critical illnesses/injuries.

Day shift: Same

Night Shift: None

Additional care: Code Neuro (Stroke); Trauma Level 4; Code Blue support for St Anthony; Rapid Response support for St Anthony

Skill Mix

- RN

- Level of experience

- Level of Experience: Seasoned staff with ICU or ED experience
- All RNs to obtain the following within one year of hire: ACLS (with BLS), PALS/ENPC; TNCC; NRP
- Completion of course and competencies for ultrasound guided intravenous access placement

Specialized or intensive equipment needs

* SiteRite 8 ultrasound machine

* PICC and Midlines

* All emergency and critical care equipment, including but not limited to the following:

* Rapid fluid infuser

* Ventilator

* ECG; pulse oximetry

* Defibrillator/Cardioverter

* Central Lines/IO

* Bedside Ultrasound

* Wound cart/splinting supplies

Trauma equipment

Architecture and geography of the patient care unit

All inpatient units

Staffing Grid

Staffing grid:

Time of Day	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
0600-1830	1	1	1	1	1	1	1
1100-2330		1	1	1	1	1	

Availability of other personnel supporting nursing services on the unit

- **Materials Management**
- **Environmental Services**
- **Lab**
- **Radiology**
- **Security**

Meal and Rest Break Strategies

Schedules own breaks between procedures with house supervisor and other SWAT support.

Nursing Sensitive Quality Indicators

- *Skill Mix (RN)
- Level of Experience: Seasoned staff with ICU or ED experience
- All RNs to obtain the following within one year of hire: ACLS (with BLS), PALS/ENPC; TNCC; NRP
- Medication errors
- Staff turnover/orientation costs
- Overtime costs / end of shift overtime

- Unlabeled/Mislabeled Specimen data
- Safety culture assessment data
- BCMA data
- Code Neuro/Stroke data
- Trauma Code data
- CLABSI Quality Data
- Blood Stream Infection Data
- Vasopressor extravasation occurrences
- Inpatient rounding on Central Lines

Committee Recommendations:

APPROVALS:

Prepared By


Sheila Niven, Clinical Manager

Approved By


Sunny Porter, Director, Nursing Operations


Emma Kasemeier, Staffing Committee Chair

Next Review Date November 2023

November 19, 2022

Welcome to Saint Anthony Hospital Recovery Services,

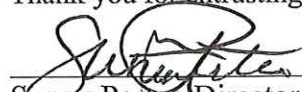
This unit is designed to provide pre- and post-surgical/procedural care for an average of 40 patients per day, ranging from very healthy to critically ill patients. We care for patients age 6 years and older undergoing surgical, interventional radiology, interventional pain, endoscopic, and cardiac catheterizations procedures. No one younger than 15 years old can be admitted to St. Anthony Hospital as an inpatient. Generally, all our direct care staff are registered nurses (RNs); if indicated due to greater physical needs, the RN's may be supplemented with Certified Nursing Assistants (CNAs), who work under the RN supervision to assist with patient care needs. A Health Unit Coordinator (HUC) is available to support secretarial and administrative needs. Depending on the complexity of the patient's medical and surgical needs and their phase of care, the nurse-patient ratio will typically be 1 RN to 1 patient in the Recovery Phase and during their admission; Phase 2 will be 1 RN to 2 patients; and Extended Stay 1 RN to 3 patients. The staffing plan includes a charge RN who does not routinely take a patient assignment.

Typical staff assignment patterns including the Charge Nurse, RNs, CNAs and HUCs are as follows:

Census	Charge	RNs	CNA	HUC
0-10	1	6	0-1	0-1
11-20	1	9	1-2	1-2
21-30	1	15	2	2
31-40	1	21	2	2

Our goal is to provide an environment that allows the best place for our patients to heal. We welcome your comments and questions. Please ask to speak with the Charge Nurse, the House Supervisor or the Manager if you have any questions or concerns. Should the need arise, there are additional resources available within the hospital to support any staffing challenges, both long and short-term that may occur throughout the day. Infrequently the immediate needs of our patients may require additional staff assistance; all staff are empowered to activate a Critical Staffing Intervention (CSI) for immediate help. All CSI activations are reviewed for further improvement opportunities for patient care.

Thank you for entrusting us with the care of your loved ones.



Sunny Porter, Director of Nursing Operations



Emma Kasemeier, RN
Staffing Committee Chair



Marcie Doyle, MSN, RN, CAPA
Clinical Nurse Manager, Recovery Services

2022 Staffing Plan Overview

Department: Recovery Services/Interventional Pain

Date Updated: November 16, 2022

Author: Marcie Doyle, Recovery Services Manager

Nursing Department Overview:

Types of patients served in this nursing unit:

Orthopedic, General, Urology, Gynecology, ENT, Neurosurgery, Spinal, Vascular, Podiatry, Plastic, and Robotic surgical procedures. Cath lab, Interventional Radiology and Interventional Pain procedures.

Hours of operation: 0500-2030 with on call staff available after hours, holidays, and weekends for urgent/emergent cases.

Pediatric patients are scheduled as early morning and cases are carefully screened.

Exclusion criteria are:

Age: 6 years and older

No inpatients younger than 15 years old

No pediatric patient with known respiratory disease, cardiac disease, genetic disorder, or history of RSV within 8 weeks prior to surgery.

Census:

- **Average Daily Surgical/Procedural Patient Census = 40**

Level of care:

- **Patient acuity ranges from very healthy to critically ill**

Daily staffing support:

- 1 Charge RN
- 2 Pre Admit RNs
- 5 Admit RNs
- 5 Recovery Room RNs (Phase 1)
- 5 Discharge RNs (Phase 2)
- 4 Interventional Pain RNs
- 2 CNAs
- 2 Health Unit Coordinators

Confidential

Semi Annual Review

SAH Staffing Plan Recovery Services 2022

Staffing is determined using ASPAN's Patient Classification/Recommended Staffing Guidelines according to the following criteria:

- Patient acuity, census, flow process and physical facility

Phase 1:

1 RN to 2 patients, 1 RN to 1 patient, 2 RNs to 1 patient, depending on acuity

Two RNs will be in the same room/unit as a patient receiving Phase 1 level care at all times, one of whom is an RN competent in Phase 1 postanesthesia nursing care.

Phase 2:

1 RN to 1,2,or 3 patients, depending on acuity

Two personnel, one of whom is an RN competent in Phase 2 postanesthesia nursing will be in the same room/unit where a patient is receiving Phase 2 level care.

Extended Stay:

1 RN to 3, 4, or 5 patients, depending on acuity

Two personnel, one of whom is a competent RN will be in the same room/unit where a patient is receiving Extended Stay level care.

Level of experience

- All staff will participate in annual organizational competency validation.
- Phase 1 Level of care RNs will maintain Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) provider status.
- Admit/Discharge RNs will maintain Advanced Cardiac Life Support (ACLS) provider status.
- Interventional Pain RNs will maintain Basic Life Support provider status.
- Pre Admit RNs will maintain Basic Life Support provider status.
- CNAs will maintain Basic Life Support provider status.

Specialized equipment needs

- **Bed scale**
- **Blood pressure monitor, Pulse oximeter, Glucometer**
- **Electrocardiogram monitor, Electrocardiogram machine**
- **Emergency airway equipment, bag-valve masks, suction**
- **Defibrillator**
- **Portable oxygen, suction, cardiac monitor, and pulse oximeter**
- **Venous thromboembolism prophylaxis equipment**
- **Patient warming devices, Bladder scanner**
- **Safe patient handling and moving equipment**
- **Intravenous supplies/Infusion pumps**
- **Malignant Hyperthermia supplies, Lipid Toxicity supplies**
- **Remote cardiac device interrogation equipment**

Architecture and geography of the patient care unit:

SAH Recovery Services department is located on the second floor of the main hospital, adjacent to the operating and procedural rooms. The Surgical Admit/Discharge Unit (SADU) is one large open area with three identical pods (Pod A, Pod B and Pod C) connected by a central hallway. Each pod has 8 separate patient rooms. Individual patient rooms are large cubicles with 3 walls and a curtain. The Post Anesthesia Care Unit (PACU) is located in the room next to SADU and is large open room with 8 individual patient bays separated by curtains. There is an additional PACU room off to the side which is equipped for two patients. This room has 3 walls and a curtain. There are 2 patient restrooms located in SADU and 2 patient restrooms located in PACU. There are no patient rooms that are equipped with closing doors or reverse airflow in Pod A, B, C, or PACU. Pod D adjoins PACU and has 5 patient rooms. One room has a closeable door and the option of reverse airflow and the other 4 rooms have 3 walls and a curtain.

Staffing Grid

Surgical Admit/Recovery/Discharge Unit: **0500-2030**

Census	Charge	RNs	CNA	HUC
0-10	1	6	0-1	1
11-20	1	9	1-2	1
21-30	1	15	2	1-2
31-40	1	21	2	1-2

Recovery Room call team (after hours, holidays and weekends): 2 RNs

Pre Admit Clinic: 2 RNs Monday through Friday 0800-1830

Interventional Pain Clinic: 4 RNs Monday through Thursday 0700-1730

Which Situations Require Staffing Variation?

Use this section to describe legitimate situations where additional staff are required to provide safe patient care

- Patient acuity ie. children, special needs, critically ill patients
- Patient census in the PACU
- Surgical Admit Discharge Unit room availability
- Hospital census and inpatient bed availability
- Increased/decreased surgical volumes
- Add-on of emergent/urgent cases
- Last minute schedule changes
- Patients requiring translation services
- Lack of transportation help
- Patients/cases with difficult positioning/transferring
- Cases that require line placement/nerve blocks prior to the case
- Coverage for staff illness or unexpected absences

Process For Staffing Variation Decisions?

- Daily and/or hourly review of surgery schedule to determine staffing needs
- Flexing shifts up or down depending on surgery schedule
- Request assistance from department leadership when staffing shortage exists.

Other personnel supporting nursing services on the unit:

- **Registration**
- **Materials Management**
- **Dietary**
- **Radiology**
- **Laboratory**
- **Pharmacy**
- **Environmental Services**

Meal and Rest Break Strategies


Meal breaks are covered staff to staff. We ensure rest and meal breaks by staggered staffing.
 Additional help is added to help staff get breaks on higher volume days.
 Department manager reviews missed lunches and breaks and addresses concerns as needed.

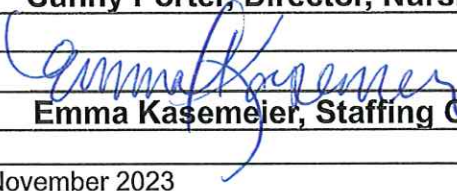
Nursing Sensitive Quality Indicators

- *Patient falls prevalence
- *Patient falls with injury
- *Pressure ulcer rate/prevalence
- *Medication errors
- Staff turnover/orientation costs
- Overtime costs / end of shift overtime / missed breaks incidental overtime
- Agency/ Traveler Usage
- Patient Satisfaction Data
- Data from professional organizations
- NDNQI Data (Relevant reporting units):
- Surgical Never Events
- Surgical Infection Rates
- Surgical Complication Rates
- Surgical Care Improvement Project (SCIP) data
- Unlabeled/Mislabeled Specimen data
- Safety culture assessment data

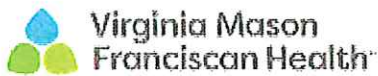
Committee Recommendations:


Prepared by: Clinical Manager, Marcie Doyle

Approved By 
Sunny Porter, Director, Nursing Operations


Emma Kasemeier, Staffing Committee Chair

Next Review Date November 2023



Date: 11/17/2022

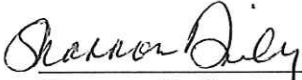
Welcome to Outpatient Oncology Infusion at the Jane Thompson Russell Cancer Center. We focus on caring for you and your loved ones, mind, body and spirit. We are here to help with coping with cancer, chronic medical conditions, and new infusion needs in a compassionate healing environment.

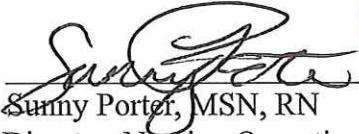
Typical staff assignment patterns:

Level of Care	# of patients	# of RNs	#CNAs Day Shift	#PAR
Outpatient Oncology Infusion	0-21	2-4	1	1

Our goal is to provide a healing environment that allows the best place for our patients. We welcome your comments and questions. Please ask to speak with the Clinical Supervisor or the Charge RN if you have any questions or concerns. Should the need arise we will work with the Director of Nursing Operations and our other Oncology Infusion Clinics throughout Virginia Mason Franciscan Health Clinics to ensure we have adequate staffing to care for you or your loved one.

Thank you for entrusting us with the care of your loved ones.


Shannon Daily
Infusion Clinic Supervisor


Sunny Porter, MSN, RN
Director, Nursing Operations


Emma Kasemeier, RN
Staffing Committee Chair

2022 Staffing Plan Overview

Department: Outpatient Oncology Infusion

Date Updated: 11/15/2022

Author: Shannon Daily, RN

Nursing Department Overview

Description of the types of patients served in this outpatient nursing unit: Oncology, Hematology Rheumatology, Immunosuppressed, Osteoporotic, patients with hyperemesis (pregnancy or other), Post Gastric Bypass, Endocrinology, Cardiology, Hemochromatosis, Gastrointestinal, and Infectious Disease Patients.

Census

- Average number of admits/discharges/transfers = NA
- Average length of stay = NA
- Average Daily Census = 1-22

Level of intensity of all patients (nature of care delivered)

Level of Care: Outpatient

Day shift: 0800-1630

Skill Mix

- Chemotherapy RN's (7) 3 are ONCC nurses with 3 more have to qualifications to obtain ONCC, 1 needs 2 more years until able to obtain ONCC
- Clinical Supervisor - Will obtain 2024
- Level of experience Novice to 25 of Oncology Nursing

Specialized or intensive equipment needs: PAPR for Chemotherapy, spill kits

Architecture and geography of the patient care unit: 10 individual patient bays with windows and privacy and 2 patient rooms with beds in them and a shared bathroom

Staffing grid: Our grid is dependent on what type of patients we have scheduled. We always have two chemotherapy certified nurses when chemotherapy is being infused, two nurses must be in the clinic while any patient is in the clinic. We low census accordingly in the afternoons as our mornings tend to be heavier due to the length of infusions scheduled.

Availability of other personnel supporting nursing services on the unit

- **Supervisor has the ability to float to inpatient Unit to either take a patient load or cover as charge RN**
- **Some nurses are willing to cover as helping hands after orientation**
- **Staff would help if trained in a helping hands role as needed upon Low Census from the clinic.**
- **Staff aware that when the clinic is closed on holidays they are able to work in the inpatient setting rather than use PTO**

Meal and Rest Break Strategies

We cover each other for meal and rest breaks.

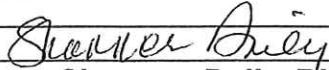
Nursing Sensitive Quality Indicators

- **Patient Safety, Chemotherapy Double Checks, Blood Admin Double Checks, 6 Rights of Med administration, ONCC qualified nurses , PAPR trained nurses, Hazardous Chemical Spill Trained, Patient Satisfaction, Staff Turnover, Overtime Costs**

Committee Recommendations:

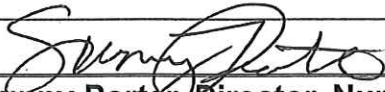
APPROVALS:

Prepared By

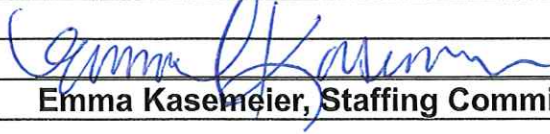


Shannon Daily, RN Clinical Supervisor

Approved By



Sunny Porter, Director, Nursing Operations



Emma Kasemeier, Staffing Committee Chair

Next Review Date November 2023



November 17, 2022

Welcome to the St. Anthony's Operating Room (OR). This unit is designed to provide both inpatient and outpatient surgical care on average to 12-25 patients in our six-operating room suites. The patients range from very healthy to critically ill. We provide the following surgical specialties: Orthopedic, General, Urology, Gynecology, ENT, Vascular, Podiatry, Plastic, Oral and Robotic surgical procedures for patients age 6 years and older. No one younger than 15 years old can be admitted to St. Anthony's Hospital as an inpatient. Each OR team will consist of at least one surgeon, one Anesthesia provider, one registered nurse (RN), and one surgical technologist or registered scrub RN. Depending on the complexity of the patient's medical and surgical needs, the typical registered nurse (RN) assignment will be a 1:1 nurse to patient ratio. The staffing plan also includes one charge RN per shift who does not routinely take a patient assignment. Generally, the direct care staff are RNs; if indicated due to greater physical needs, the RN staff may be supplemented with Perioperative Support Tech(s) (PST) or an Anesthesia Tech who work under RN or Anesthesia Provider supervision to assist with patient care needs. The plan below designates RN staffing levels based upon the patient's acuity and surgical procedure. Robotic GYN surgeries require an additional surgical technologist or scrub RN to perform the role as the Manipulator.

Typical staff assignment patterns including the Charge Nurse, RNs, Surgical Technician and PST/Anesthesia Tech support are as follows:

Day Shift: 0630-1500

Census	Charge	RNs	Surg Tech	PST/AST
1 OR	0-1	1.5	1.5	1 and 1
2 ORs	1	3	3	2 and 1
3 ORs	1	4	4	2 and 2
4 ORs	1	5	5	2 and 2
5 ORs	1	7	6	2 and 2
6 ORs	1	9	8	2 and 2

Evening Shift: 1500-1900; Call only after 1900

Census	Charge	RNs	Surg Tech	PST/AST
1 OR	1	1.5	1.5	2
5 OR	1	5 to 6	5 to 6	2



Virginia Mason
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Our goal is to provide a healing environment that allows the best place for our patients. We welcome your comments and questions. Please ask to speak with the Charge Nurse, the House Supervisor or the manager if you have any questions or concerns. Should the need arise, there are additional resources available within the hospital to support any staffing challenges, both long and short-term that may occur throughout the day. Infrequently the immediate needs of our patients may require additional staff assistance; all staff are empowered to activate a Critical Staffing Intervention (CSI) for immediate help. All CSI activations are reviewed for further improvement opportunities for patient care.

Thank you for entrusting us with the care of your loved ones.

Sunny Porter, Director of Nursing Operations

Emma Kasemeier, RN
Staffing Committee Chair

Aleta Chudanski, RN, CNOR
Clinical Nurse Manager, Operating Room

2022 Staffing Plan Overview

Department: SAH OR- 511044400

Date Updated: November 2022

Author: Carrie Ronge / Aleta Chudanski

Nursing Department Overview

Patients served in the unit: Orthopedic, General, Urology, Gynecology, ENT, Neurosurgery, Vascular, Podiatry, GI, and Robotic Surgical Procedures.

- Average Daily Census: Ranges from 12-25 patients in 6 Operating Room Suites
- Hours of operation for the department are 0600-1900 with staff available on call after hours and on weekends for urgent/emergent cases.
- Daily Staffing Support:
 - 6 rooms until 1500
 - 5 rooms until 1700
 - 1 room until 1900
 - From 1900-0630 on weekdays and from 0630-0630 on weekends- call team is available.
- Case times range from 30 minutes to 4+ hours
- Acuity of patients range from very healthy to critically ill
- Beginning November 8, 2022, all elective surgical admits are screened for Covid. In the case of emergent surgery with hospital admission, Covid screening does not delay surgery. Outpatient preprocedural Covid testing has ceased.
- Age of patients: 6 years and older
 - Pediatric cases are scheduled as early morning and cases are screened according to pediatric matrix. Exclusion criteria are:
 - No one younger than 6 years of age that requires airway instrumentation
 - No children with known respiratory or cardiac disease
 - Children with genetic disorders
 - No inpatients younger than 15 years old.
 - Hx of RSV within 8 weeks prior to surgery.

Level of intensity of all patients (nature of care delivered)

Level of care: Varies

Day shift: scheduled elective inpatient & outpatient surgeries & urgent/emergent add-on

Night Shift: urgent/emergent add-on surgeries staffed by On Call Circulator and Surgical Technician

Additional care:

Skill Mix

- Each OR team consists of at least one surgeon, one anesthesiologist, one registered nurse, and one surgical technologist or one scrub registered nurse.
- Robotic GYN surgeries require an additional surgical technologist or one scrub registered nurse to perform the role as “Manipulator”.
- Staffing will be adjusted for more involved cases that require more support.
- In addition to the room staff, the OR has additional support staff available. Listed below.

● **Level of experience**

- Experience of RNs varies. Most are experienced with more than 4 years in the OR. 1 RN with just over 2 years of experience. Multiple staff with more than 20 years of experience. We currently have 1 RN who has recently completed her OR Fellowship. 2 RN Circulator’s in the residency program who will be independent in March 2023. 1 RN traveler to join our team in December for 13 weeks.
- Experience of STs varies. Most are experienced and familiar with all cases we perform. We currently have 1 traveler who has experience in all specialties and we are expecting an additional 2 travel STs to join our team between December and January.

Specialized or intensive equipment needs

- * Multiple in various specialties (specialty beds, microscope, navigation system).
- * PPE depending on type of isolation.
- * Robot – daVinci 2 XI robots that had implementation complete November 19, 2021
- * Integration system – Stryker

Architecture and geography of the patient care unit

Located on 2nd floor. Consists of 6 OR Suites with Center Core.

Day Shift: 0630-1500

Census	Charge	RNs	Surg Tech	PST/AS T
1 OR	0-1	1.5	1.5	1 and 1
2 ORs	1	3	3	2 and 1
3 ORs	1	4	4	2 and 2
4 ORs	1	5	5	2 and 2
5 ORs	1	7	6	2 and 2
6 ORs	1	9	8	2 and 2

Evening Shift: 1500-1900; Call only after 1830

Census	Charge	RNs	Surg Tech	PST/AS T
1 OR	1	1.5	1.5	2
5 OR	1	5 to 6	5 to 6	2

After 1900: Night Shift/Weekend: **Call Only**

Call RM	Charge	RNs	Surg Tech	PST/AST
1 OR	0	1	1	1 (weekends and holidays only)

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Availability of other personnel supporting nursing services on the unit

- Charge nurse (1) and resource nurses (2)
- Relief nurses and surgical technologists to retrieve supplies, turnover Rooms, and provide breaks to staff and shifts are staggered starting at 0630, 0800, 1000
- Anesthesia Technicians (support anesthesiologist and help out with room Turnover.)
- PSTs to perform room turnover, assist transport, get beds, position patients, and run specimens to the lab.
- PACU RNs to assist during emergencies.
- Clinical Coordinator to assist and answer questions when needed.
- For patients on isolation, if staffing allows during prime time hours, an additional staff member will be assigned to the OR as the “sterile core runner”.

Meal and Rest Break Strategies

Meal breaks are covered RN to RN individually to each OR suite. The same strategy is used for CST breaks and lunches. We ensure breaks and lunches are given by staggering staffing and assigning break/lunch relief duties as well as Resource Nurses to assist with giving breaks/lunches in a timely manner. Staffing issues arise when these staff must be pulled to perform surgical cases when we have sick calls.

Nursing Sensitive Quality Indicators

Staffing in the OR is determined using AORN standards of 2.5 FTE per OR.

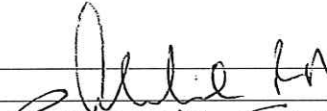
- Patient falls prevalence
- Patient falls with injury
- Pressure ulcer rate/prevalence
- Staff hours per 100 OR minutes
- Medication Errors

- Staff turnover/orientation costs
- Overtime costs
- Agency/Traveler Use
- Patient Satisfaction Data
- On time Starts
- Surgical Site Infections
- Never Events
- Surgical Complication Rates
- Specimen Errors
- PCA survey results


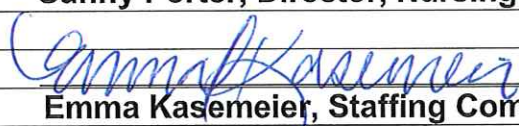
Committee Recommendations:

APPROVALS:

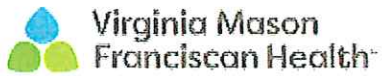
Prepared By


Carrie Ronge, Director, Perioperative Services
Aleta Chudanski, OR Manager

Approved By


Sunny Porter, Director, Nursing Operations

Emma Kasemeier, Staffing Committee Chair

Next Review Date November 17, 2023



Date: November 17, 2022

Welcome to: Cardiac Cath, Interventional Radiology and Vascular Department.


Cardiac Cath, Interventional Radiology, Vascular Department is on the 2nd floor of SAH. This department does a wide range of procedures (48 different) and 26 different Providers. (Cardiologist, Interventional Radiologist, and Vascular Surgeons).


Typical staff assignment patterns:

Level of Care	# Of Patients	RNs	Technologist	Total FTE's
Cath/IR	3 - 13	4.0 FTE	4.6 FTE's	8.6
Charge Nurse		1.0 FTE		
Supervisor			1.0 FTE	

Our goal is to provide a healing environment that allows the best place for our patients. We welcome your comments and questions. Please ask to speak with the Charge Nurse, the House Supervisor or the manager if you have any questions or concerns. Should the need arise, there are additional resources available within the hospital to support any staffing challenges, both long and short-term that may occur throughout the day. Infrequently, the immediate needs of our patients may require additional staff assistance; all staff are empowered to activate a Critical Staffing Intervention (CSI) for immediate help. All CSI activations are reviewed for further improvement opportunities for patient care.

Thank you for entrusting us with the care of your loved ones.


George Maddux, RN
Supervisor


Sunny Porter, MSN, RN
Director, Nursing Operations


Emma Kasemeier, RN
Staffing Committee Chair

2022 Staffing Plan Overview

Department: Cardiac Cath, Interventional Radiology and Vascular

Date Updated: 11/19/2022

Author: George Maddux Supervisor ARRT CVT

Nursing Department Overview

Description of the types of patients served in this procedure department:

Diagnostic Cardiac procedures, Pacemakers, ICD's, Loop Recorders, Micra, Neph Tubes, PICC Lines, All drains, Ports, HD Catheter placement, Fistulas, G and GJ tube placement, Biopsy's, CT drains, GI bleeds, Runoffs, All Vascular procedures.

Patient population 16 years old and up.

Census

- **Average number of admits/discharges/transfers. (This is a procedure Department)**
- **Average length of stay: Cath/IR is a procedural department and all patients are discharged or transferred out by a separate recovery unit.**
- **Average Daily Volume: 3 to 13 procedures per day**

Level of intensity of all patients (nature of care delivered)

Level of care: Procedures' range from a walk in PICC line to acuity 6 to ICU patients on 1:1 Acuity 1

Day shift: 0730 – 1600

Call Monday – Friday 1600 2100 hrs.

Saturday 0730 – 1300

Sunday no call available

Skill Mix

- **Cardiac Cath, IR, Vascular is staffed with RN's and Technologist (ARRT, CV, RCIS)**
- **All staff have BLS, ACLS**

- **Level of experience: staff from 2 years to 35 years in the Cath/IR**

Specialized or intensive equipment needs: Balloon Pump, IVUS, FFR Defibrillators, CSI, Ultrasound, MacLab,

Architecture and geography of the patient care unit: 2 procedural rooms on the second floor at SAH

Staffing grid:

4.6 FTE's Technologist

4.0 FTE's RN's

1.0 Charge Nurse also does patient care.

1.0 Supervisor also does patient care.

Availability of other personnel supporting nursing services on the unit

We are all specially trained so no other staff in the hospital can cover us in the Cath/IR Department.

My Charge Nurse does cover House Supervisor

Meal and Rest Break Strategies

We cover each other for Meal and Rest Breaks.

Nursing Sensitive Quality Indicators

- QV Accucheck, AVOX, Balloon Pump, Crash Cart, IVUS, FFR, CSI, We hold our own standards for bleeding time risk.**

Committee Recommendations:

APPROVALS:

Prepared By

George Maddux
George, Maddux Cath/IR Supervisor

Approved By

Sunny Porter
Sunny Porter, Director, Nursing Operations

Emma Kasemeier
Emma Kasemeier, Staffing Committee Chair

Next Review Date November 2023