Cover Page

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

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Attestation Form

Nurse Staffing Coalition

December 30, 2019

I, the undersigned with responsibility for Columbia Basin Hospital, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for year 2020 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, if any, between the hospital and a representative of the nursing staff.

This staffing plan was adopted by Columbia Basin Hospital on: December 30, 2019.

As approved by [Signature]
Resalinda Klaby, Administrator
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:
  - 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:

- Emergency Department: Exhibit A
- West Wing – Acute Care/Swing Patients: Exhibit B

**Nurse Staffing Plan Critical Elements**

The following represents critical elements about the nurse staffing plan:

- Patient Acuity
- Skills & Training of Nursing Staff
- Hospital Finances

The Nurse Staffing Plan serves as a guideline only.

**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.

See attached Exhibit A and Exhibit B.
CBH ED Matrix

**Thursday - Monday:**

<table>
<thead>
<tr>
<th></th>
<th>07-11</th>
<th></th>
<th>11-2330</th>
<th></th>
<th>2330-07</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>1</td>
<td>CNA/HUC</td>
<td>1</td>
<td>*2</td>
<td>RN</td>
<td>1</td>
</tr>
<tr>
<td>CNA/HUC</td>
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<td>CNA/HUC</td>
<td>1</td>
<td>CNA/HUC</td>
<td>1</td>
</tr>
</tbody>
</table>

*There will be no additional 11-2330 RN on alternating Tuesdays & Wednesdays.*

**If census is 3 or less of stable patients, 2nd RN should be floating to acute care to assist with RN duties.

**If DNS is available M-F, will be extra help prn.

**Emergency acuity or volume needs can be addressed by contacting the DNS.

_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._

EXHIBIT A – Nurse Staffing Plan/Matrix
Revised 12/30/2019 (te)
Day Shift WW Matrix

Weekday:

<table>
<thead>
<tr>
<th></th>
<th>0700-1330</th>
<th>1330-1900</th>
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</thead>
<tbody>
<tr>
<td>Census</td>
<td>RN</td>
<td>LPN</td>
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<tr>
<td>0-6</td>
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<tr>
<td>7-9</td>
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<td>1</td>
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<tr>
<td>*10-12</td>
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<td>1</td>
</tr>
<tr>
<td>13-14</td>
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<td>1</td>
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<td>15-20</td>
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<td>1</td>
</tr>
<tr>
<td>21-25</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

*Will flex up by 1 CNA based on acuity.
**If DNS is available M-F, will be extra help prn.

Weekend:

<table>
<thead>
<tr>
<th></th>
<th>0700-1900</th>
</tr>
</thead>
<tbody>
<tr>
<td>Census</td>
<td>RN</td>
</tr>
<tr>
<td>0-6</td>
<td>1</td>
</tr>
<tr>
<td>7-9</td>
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<tr>
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<tr>
<td>15-20</td>
<td>2</td>
</tr>
<tr>
<td>21-25</td>
<td>3</td>
</tr>
</tbody>
</table>

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.

EXHIBIT B – Nurse Staffing Plan/Matrix
Revised 12/30/2019 (te)
## Night Shift WW Matrix

### Weekday:

<table>
<thead>
<tr>
<th>Census</th>
<th>RN</th>
<th>LPN</th>
<th>CNA</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6</td>
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<td>1</td>
</tr>
<tr>
<td>7-11</td>
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<td>0</td>
<td>1</td>
</tr>
<tr>
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<td>18-20</td>
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<td>3</td>
</tr>
<tr>
<td>21-25</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

*2300-0700 – 2nd RN assists in ED prn.*

**Acuity or volume needs can be addressed by contacting the DNS.

### Weekend:

<table>
<thead>
<tr>
<th>Census</th>
<th>RN</th>
<th>CNA</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>7-11</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>12-20</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>21-25</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

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.

EXHIBIT B – Nurse Staffing Plan/Matrix
Revised 12/30/2019 (te)
### 2020 Nurse Staffing Committee Charter

<table>
<thead>
<tr>
<th>Committee Name</th>
<th>Columbia Basin Hospital Nurse Staffing Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Purpose/Strategic Objective</strong></td>
<td>The purpose of this committee is to protect patients, support greater retention of nursing staff and promote evidence-based nurse staffing by establishing a mechanism whereby direct care and hospital management can participate in a joint process regarding decisions about nurse staffing.</td>
</tr>
</tbody>
</table>
| **Committee Membership And Leadership** | • The Nurse Staffing Committee will consist of Registered Nurses/Licensed Practical Nurses and hospital Nursing Administration Staff.  
• The Emergency Department and West Wing Nursing Staff will have the opportunity to provide advice to the Nurse Staffing Committee. Committee meetings are open and any interested nursing staff employed by Columbia Basin Hospital may attend. |
| **Task/Functions** | • Develop/produce and oversee the establishment of an annual patient care unit and shift-based nurse staffing plan based on the needs of patients and use this plan as the primary component of the staffing budget.  
• Provide semi-annual review of the staffing plan against patient need and known evidence-based staffing information, including nurse sensitive quality indicators collected by the hospital.  
• Review, assess, and respond to staffing concerns presented to the committee.  
• Assure that patient care unit annual staffing plans, shift-based staffing, and total clinical staffing are posted on each unit in a public area.  
• Assure factors are considered and included, but not limited to the following in the development of staffing plans:  
  • Census, including total number of patients on the unit on each shift and activity such as patient discharges, admission 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  
  • 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 precaution areas and equipment.  
• Evaluate staffing effectiveness against predetermined nurse sensitive metrics collected by Washington hospitals.  
• Hospital finances and resources as well as defined budget cycle may be considered in the development of the staffing plan. |
## Timeline for Outcome Completion

The Nurse Staffing Committee will be established in accordance with Chapter 70.14 Revised Code of Washington.
- The Nurse Staffing Committee will review, approve and submit unit/area staffing plans to the Chief Executive Office for approval on a yearly basis.
- The CEO approved plan will be submitted to DOH on a yearly basis by January 1 of each year and as changes occur.

## Meeting Management

### Meeting schedule:
The Nurse Staffing Committee will meet on a quarterly basis at a minimum. Notices of meeting dates and times will be distributed at least 7 days in advance in order to better accommodate unit scheduling. Participation by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. Members shall be relieved of all other work duties during meetings. Nursing Staff members of the Nurse Staffing committee will be paid, and preferably will be scheduled to attend meetings as part of their normal full time equivalent hours for the majority of the meetings. It is understood that meeting schedules may require that Nurse Staff members attend on his/her scheduled day off.

### Record-keeping/minutes:
- Meeting notes will be distributed to committee members in attendance at the meeting.
- The meeting minutes of each meeting will be distributed to all committee members via email after the meeting with approval of the minutes as a standing agenda item for each meeting.
- A master copy of all meeting minutes from the Nurse Staffing Committee will be maintained and available for review on request.

### Attendance requirements and participation expectations:
- All members are expected to attend at least 75% of the meetings held each year. Failure to meet attendance expectations may result in removal from the committee.
- It is the expectation of the Nurse Staffing Committee that all members will participate actively, including reading required materials in advance of the meetings as assigned, coming prepared to meetings, and engaging in respectful dialogue as professional committee members.

### Decision-making process:
- Consensus will normally be used as the decision-making model.
- Should a particular issue need to be voted upon by the committee, the action must be approved by a majority vote of the full committee.