EvergreenHealth Monroe Nurse Staffing Plan for 2019

Purpose: The Nursing Staffing Plan facilitates a nursing care delivery system that provides, on a cost-effective basis, quality nursing care consistent with acceptable and prevailing standards of safe nursing care and evidenced-based guidelines established by national nursing organizations.

The Staffing Plan for nursing services reflects specific service and staffing to meet patient care and organizational needs.

Staff nurses, nursing leaders and senior management provide input from nursing quality indicators, continuous improvement projects, patients, families, employees and the medical staff when reviewing and updating department-specific needs related to the provision of patient care by nursing staff. All staff will accomplish clinical competencies and department orientation applicable to departments where they will perform work prior to assuming independent patient care in that area.

Staffing needs are based on the following criteria:
- Patient population
- Nationally recognized evidence-based standards of nursing care
- Average daily census
- Length of stay
- Specialty needs of patient population served
- Physical environment and available technology
- Type of patient care delivery system utilized
- Skill mix
- Completion of required competencies
- Measurable outcomes of nursing care
- Financial considerations

Nursing Unit Staffing Patterns at EvergreenHealth Monroe
Emergency Department (ED): See attachment A.

Medical-Surgical and Telemetry Unit (MSTU): See attachment B.

Critical Care Unit (CCU): See attachment C.

Surgical Services: See attachment D.

Oncology Services: See attachment E.

Wound Center: See attachment F.

Nurse Staffing Committee
The Nurse Staffing Committee is responsible for developing, monitoring, and evaluating and modifying a hospital-wide staffing plan for nursing services that incorporates the rules and regulations of Washington State House bill 1714. The Committee meets monthly and minutes are shared as requested. Nurse staffing concerns are reported in with the following process:
1. The form will be located on each nursing unit and staff will be instructed on use of the form
2. Discuss the concern with the person responsible for the assignment on that shift. This person should then assess options and seek to remedy the situation. When no alternatives are identified as possible, the person in charge should contact their immediate supervisor on duty.
3. The supervisor should attempt to resolve the situation using available resources as he/she determines

Revised: November 26, 2018
4. If the nurse is dissatisfied with the decision of the supervisor, the nurse should fill out a complaint form as soon as possible and should make every effort to submit a complaint no later than 24 hours upon the conclusion of their shift to their manager.

5. The manager will gather any information that would be helpful for the staffing committee.

6. The managers give form to CNO

7. CNO will log the complaint and place it on the agenda for the next Nurse Staffing Committee.

8. The Nurse Staffing Committee will review the complaint and document on the form findings and actions.

9. The Co-Chairs will communicate to the nurse making the initial complaint and manager of the results of the review.

An annual report is prepared summarizing the activities of the Committee. The Staffing Committee:

A. Monitors the provision of safe patient care and an adequate nursing staff as its primary focus.
B. Includes an equal number of nurse leaders and direct care Registered Nurses.
C. Includes representatives from different units and specialties as well as Human Resources.
D. Reviews variance reports, identifies trends, and when appropriate, initiates efforts to resolve known issues or propose enhancements to nurse staffing and patient care.

Tactics for Effective Staffing: Skill mix evaluation is performed within each unit to ensure that the skill mix of the staff aligns with patient care needs. Cross training of personnel and “floating” augment staffing and help optimize resources.

At any time, nursing staff may request additional assistance based on clinical judgement and unit activity. Such requests will be made through the department leader or the Administrative Supervisor. Consideration may be given to temporary reassignment of personnel or other interventions to support nursing staff in the delivery of care including RSCs taking patients. If, at any time, staff and nursing leadership concur that staff have reached maximum capacity for safe patient care, nursing and organizational leaders may initiate a process for limitations on admission or diversion of patients until the situation resolves through the designated chain of command. This should be a rare occurrence and retrospectively reviewed by the Staffing Committee so as to minimize similar future incidents and create effective staffing contingency plans.

During alternate hours, EHM’s chain of command consists of administrative supervisors, (in communication with Clinical Nurse Manager as needed) and administrator-on-call to help with any staffing concerns.

Overtime should be minimized as a matter of practice, but it is recognized that there are instances that it is necessary in order to maintain continuity and optimized patient care. The use of mandatory overtime, as allowed by Washington state law, should be limited to rare instances in which all other staffing options have been exhausted and there is potential harm to patients by releasing current staff. Staff and nursing leadership will collaborate when initiating mandatory overtime to solve the immediate problem, and any such instance of mandatory overtime will be reported to the Clinical Nurse Manager of the applicable department of Chief Nursing Officer.

Unforeseeable events such as an internal, local, regional, statewide or national disaster may impact the normal plan for the provision of nursing service and staffing. In such cases the hospital will implement its response policies and will make all reasonable attempts to plan for short and long-term staffing arrangements through the anticipated duration of the incident.

All registered nursing staff are graduates of an accredited school of nursing with a current Washington State Registered Nurse (RN) license. Additionally, the role requires current Basic Life Support (BLS) certification, Advanced Cardiac Life Support (ACLS) certification, and the applicable certifications per job description/per department.

Indicators of Staffing Effectiveness
Both patient outcomes indicators and staffing metrics will be reviewed to assist in the evaluation of nurse staffing and staffing plan effectiveness. Such data points may consist of:

- Patient falls and patient falls with injury
- Hospital-acquired pressure ulcer incidence
- ER left without being seen
- Hours per patient day

Revised: November 26, 2018
- RN vacancy rate
- RN turnover rate
- Patient satisfaction scores from Press Ganey
- Overtime, premium pay, low census, stand-by and call back as applicable to discussions

Plan Evaluation: The Staffing Committee will be responsible for review and maintenance of the Nursing Staffing Plan, which will be approved by the Chief Nursing Officer and the CAO annually.

Plan Review and Acceptance

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Signature</th>
<th>Title/Department</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debbie Donnelly</td>
<td></td>
<td>RN, Med Surg</td>
<td></td>
</tr>
<tr>
<td>Sally Wittenberg</td>
<td></td>
<td>RN, ED</td>
<td></td>
</tr>
<tr>
<td>Elena Swanger</td>
<td></td>
<td>RN, Med Surg</td>
<td></td>
</tr>
<tr>
<td>Jennifer Jungmann</td>
<td></td>
<td>RN, Med Surg</td>
<td></td>
</tr>
<tr>
<td>Sara Cink</td>
<td></td>
<td>RN, CCU</td>
<td></td>
</tr>
<tr>
<td>Junga Jang</td>
<td></td>
<td>RN, Peri-OP</td>
<td></td>
</tr>
<tr>
<td>Annette Ravensburg</td>
<td></td>
<td>RN, ED</td>
<td></td>
</tr>
<tr>
<td>Serena Swarthout</td>
<td></td>
<td>RN, Med Surg</td>
<td></td>
</tr>
<tr>
<td>Kendra Moody</td>
<td></td>
<td>RN, ED</td>
<td></td>
</tr>
<tr>
<td>Julie Miny</td>
<td></td>
<td>Director, HR</td>
<td></td>
</tr>
<tr>
<td>Deborah Jayne</td>
<td></td>
<td>RN, Interim Director Peri-OP</td>
<td></td>
</tr>
<tr>
<td>Sheila Page</td>
<td></td>
<td>RN, Manager ED &amp; CCU</td>
<td></td>
</tr>
<tr>
<td>Megan Wirsching</td>
<td></td>
<td>RN, Manager Med Surg</td>
<td></td>
</tr>
</tbody>
</table>

Respectfully submitted,

Brenda Sharkey, RN, MSN, MBA, NE-BC, Co-chair
Chief Nursing Officer
EvergreenHealth Monroe

Jackie Boak, RN, Co-chair
ED / Med Surg
EvergreenHealth Monroe

Renee Jensen, FACHE
Executive Vice President and Chief Administrative Officer
EvergreenHealth Monroe

Signed by,

Date: 11/28/18

Revised: November 26, 2018
# Emergency Department Nursing Staffing Plan

## Patient Population & Nursing Care Provision

The Emergency Department is comprised of 8 cardiac beds, 2 trauma rooms, and 4 Fast Track rooms. Nursing care is provided for all patients and all age groups are served; pediatric, adult and geriatric 24 hours a day, 7 days a week.

### Primary Nursing Services Provided:
- Chest pain or Difficulty Breathing
- Weakness/slurred Speech/numbness on one side
- Seizures/Fainting/change in mental state
- Serious burns
- Head or eye injury
- Concussion/confusion
- Broken bones and dislocated joints
- Fever with a rash
- Severe cuts that may require stitches
- Life or limb threatening injury
- Severe cold or flu symptoms
- Vaginal bleeding with pregnancy
- Calls from 911

### Nursing Services Not Provided:
- Dilatation and Curettage
- Chemotheraphy/antineoplastic drug administration (except IM Methotrexate)
- Any procedure requiring general or spinal anesthetic.
- Routine request of; blood Alcohol request, blood transfusions, paracentesis, HIV testing, and/or drug/alcohol screening on a minor
- No cardiac bypass capabilities

## Essential Staffing & Evaluation Process

The emergency department utilizes registered nurses, emergency medical technicians, and Health unit coordinators, to deliver patient care and perform unit operations. With the support of ancillary support staff to included, but not limited to: Environmental Services and Respiratory Therapy.

All nurses ED are oriented and trained upon hire to the unit to demonstrate competency in the direct care of the aggregate patient population served. Each nursing staff member also receives annual skills training and review via education provided through HealthStream and skills fairs.

### Minimum staffing will include two BLS, ACLS, PALS (or ENPC), NRP, TNCC and NIHSS trained registered nurses. Or any advanced trauma nursing certification. HUC/Technician with BLS.

Staffing will be based on acuity and census, to determine appropriate levels for nurses for all shifts.

If the acuity of the unit is determined to be high, ED can bring in extra staff. ED will utilize nursing staff from other departments who are cross-trained and/or otherwise qualified when a nurse is needed in the department. Diversion of patients will be avoided whenever possible.

### Diversion/Closed:
- Continually plan ahead for placement of next admission(s).
- Contact physicians for possible discharges.
- Call huddle with department managers, house supervisor to discuss options and decision-making.
- Contact AOC to determine divert status and initiate communication.

## Staffing for Acuity

Staffing for acuity on ED considers the following criteria:
- Complexity of patient’s condition, assessment and required nursing care
- Knowledge and skills required of nursing staff to provide care
- Type of technology involved in patient care
- Degree of supervision required of nursing staff members
- Infection control and safety issues
- Continuity of patient care

Patient conditions that contribute to a higher level of acuity on ED include but are not limited to:
- Unstable or critical patient
- Patients with a life or limb loss threatening injury
- Multiple lines and/or drains
- Trauma requiring greater than general surgery.
- Active Bleeding requiring more than 3 units of blood.
- Multiple IV medications
- Mental Health Patients requiring restraints
- Dementia/delirium
- High fall risk
- Suicide risk

## Standards & Quality

### Qualifications and Competencies:
- RN: BLS, PALS (or ENPC), ACLS, NRP, TNCC, and NIHSS, and Telemetry interpretation competency.
- HUC/Technician: BLS

### Quality Measures:
- Patient Falls
- Medication errors
- Pain assessment & reassessment
- Restraint use
- CMS Core Measures
- Staff injuries
- Hand hygiene
- Press Ganey survey results
- Employee Engagement survey

---

ED Staffing Plan rev. 11/2018
### MSTU Nursing Staffing Plan

#### Patient Population & Nursing Care Provision
- The medical surgical telemetry unit is comprised of 26 beds. Nursing care is provided for general medical and surgical patients, telemetry patients, and stable pediatric surgical patients (ages 4 - 17). The age groups served are pediatric, adult and geriatric.

#### Primary Nursing Services Provided (include but are not limited to):
- Acute illness care
- Telemetry Monitoring
- Pre and postoperative care
- Wound care, wound vacs
- IV infusion therapy
- Parenteral Nutrition
- Palliative/End of life care
- Medication administration
- Patient/family education
- Psychosocial care and support
- Coordination of patient care and collaboration with support services
- Assistance with ADL’s
- Care of the bariatric patient
- Medical care for antepartum/postpartum patients

#### Nursing Services Not Provided:
- Ventilator support / BiPap
- Titration of vasoactive IV drugs
- Continuous antiarrhythmic IV drips
- Invasive hemodynamic monitoring
- Acute psychiatric therapy/seclusion
- Elective cardioversion

#### Essential Staffing & Evaluation Process
- The medical surgical telemetry unit utilizes registered nurses, certified nursing assistants, nursing technicians, as well as health unit coordinators to deliver patient care and perform unit operations. All nurses, certified nursing assistants, and nursing technicians on MSTU are oriented and trained upon hire to the unit to demonstrate competency in the direct care of the aggregate patient population served. Each nursing staff member also receives annual skills training and review via education provided through Healthstream and skills fairs, and CEU’s.

**Minimum staffing will include two ACLS, BLS trained nurses.** With the support of trained ancillary support staff to include, but not limited to the nursing house supervisor, respiratory therapy, and diagnostic imaging. Staffing will follow the staffing matrix, based on acuity and census, to determine appropriate levels for nurses, nursing aides and health unit coordinators for all shifts. Nursing ratios include:

<table>
<thead>
<tr>
<th>MSTU Days:</th>
<th>MSTU Nights:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN = 5 patients</td>
<td>RN = 6 patients</td>
</tr>
<tr>
<td>NAC = 9 patients</td>
<td>NAC = 15 patients</td>
</tr>
<tr>
<td>Charge RN - 2 patients</td>
<td>Charge RN = 3 patients</td>
</tr>
</tbody>
</table>

- The charge nurse, in conjunction with the unit manager, will determine the number of staff for the oncoming shift and throughout the shift to ensure the number of staff and appropriate skill mix are available to ensure safe patient care. Nurse staffing is also provided throughout the shift to accommodate meal and rest breaks for all staff on the unit. The goal each shift is to have staff available in order to meet increases in patient volumes, patient acuity, and/or cover staff illness or unexpected leaves during the shift.

- The formal process for determining the ability for MSTU to take admissions is initiated with a consideration for the acuity and overall census of the unit. If the acuity of the unit is determined to be high, MSTU can bring in extra staff or limit the amount of patients to be admitted until the acuity decreases. MSTU will utilize nursing staff from other departments who are cross-trained and/or otherwise qualified when a nurse is needed in the department. Diversion of patients will be avoided whenever possible.

#### Diversion/Closed for Admission Process:
- Continually plan ahead for placement of next admission(s).
- Attempt to call in additional staff
- Call huddle with department managers, charge nurses, house supervisor to discuss options and decision-making.
- Contact physicians for possible discharges.

#### Staffing for Acuity

- **Staffing for acuity on MSTU considers the following criteria:**
  - Complexity of patient’s condition, assessment and required nursing care
  - Knowledge and skills required of nursing staff to provide care
  - Type of technology involved in patient care
  - Degree of supervision required of nursing staff members
  - Infection control and safety issues
  - Continuity of patient care

- **Patient conditions that contribute to a higher level of acuity on MSTU include but are not limited to:**
  - Unstable patient
  - Frequent VS or CBG monitoring
  - Multiple lines and/or drains
  - Multiple IV medications
  - CTWA patient with high score
  - Dementia/delirium
  - Complicated wound care
  - Complicated family or social situation
  - Bariatric patient
  - High fall risk
  - Pediatric patient
  - Suicide risk

#### Standards & Quality

- **Qualifications and Competencies:**
  - RN’s: BLS, ACLS, NIHSS, Telemetry trained
  - CNA & Nurse Tech: BLS

- **Quality Measures:**
  - Patient Falls
  - Medication errors
  - Pain assessment & reassessment
  - Restraint use
  - CMS Core Measures
  - Staff injuries
  - Hand hygiene
  - Press Ganey survey results
  - Employee Engagement survey

---

MSTU Staffing Plan rev. 11/2018
### MSTU Staffing Matrix

<table>
<thead>
<tr>
<th># PT's</th>
<th>Charge</th>
<th>RN</th>
<th>NAC</th>
<th>8 hr HUC</th>
<th>Nights:</th>
<th>Charge</th>
<th>RN</th>
<th>NAC</th>
<th>Eve HUC to 2330</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>1</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td></td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>22</td>
<td>1</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td></td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>21</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td></td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>20</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td></td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>19</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td></td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>18</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td></td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>17</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td></td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>16</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td></td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>15</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td></td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>14</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>13</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>12</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**MSTU Days:**
- RN = 5 patients
- NAC = 9 patients
- Charge = 2 patients

**MSTU Nights:**
- RN = 6 patients
- NAC = 15 patients
- Charge = 3 patients

This staffing matrix is to be used as a guide. The charge nurse, in conjunction with the unit manager, will determine the number of staff for the oncoming shift based on acuity and census, and will be evaluated throughout the shift.

Rev. 11/2018
# Critical Care Unit Nursing Staffing Plan

<table>
<thead>
<tr>
<th>Patient Population &amp; Nursing Care Provision</th>
<th>Essential Staffing &amp; Evaluation Process</th>
<th>Staffing for Acuity</th>
<th>Standards &amp; Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>The critical care unit is comprised of 4 beds. Nursing care is provided for critical medical and surgical patients, and telemetry patients. The age groups served are adult and geriatric.</td>
<td>The critical care unit utilizes registered nurses to deliver patient care and perform unit operations. With the support of ancillary support staff to included, but not limited to: Diagnostic Imaging and Respiratory Therapy. All CCU nurses are oriented and trained upon hire to the unit to demonstrate competency in the direct care of the aggregate patient population served. Each nursing staff member also receives annual skills training and review via education provided through HealthStream and skills fairs. <strong>Minimum staffing for critical care patients will include two ACLS, BLS, and NIHSS critical care trained nurses.</strong> Staffing will be based on acuity and census, to determine appropriate levels for nurses for all shifts. Nurse to patient ratio can be 1 to 3, based on acuity. The formal process for determining the ability for CCU to take admissions is initiated with a consideration for the acuity and overall census of the unit. If the acuity of the unit is determined to be high, CCU can bring in extra staff or limit the amount of patients to be admitted until the acuity decreases or the unit beds are full. CCU will utilize nursing staff from other departments who are cross-trained and/or otherwise qualified when a nurse is needed in the department. Diversion of patients will be avoided whenever possible. <strong>Diversion/Closed for Admission Process:</strong> Continually plan ahead for placement of next admission(s). Contact physicians for possible discharges. Call huddle with department managers, house supervisor to discuss options and decision-making. Contact AOC to determine divert status and initiate communication.</td>
<td>Staffing for acuity on CCU considers the following criteria: 1. Complexity of patient’s condition, assessment and required nursing care 2. Knowledge and skills required of nursing staff to provide care 3. Type of technology involved in patient care 4. Degree of supervision required of nursing staff members 5. Infection control and safety issues 6. Continuity of patient care <strong>Patient conditions that contribute to a higher level of acuity on CCU include but are not limited to:</strong> 1. Unstable patient 2. Multiple lines and/or drains 3. Multiple IV medications 4. CIWA patient with high score 5. Dementia/delirium 6. High fall risk 7. Suicide risk</td>
<td>Qualifications and Competencies: RN: BLS, ACLS, NIHSS, Telemetry interpretation Competency Quality Measures: 1. Patient Falls 2. Medication errors 3. Pain assessment &amp; reassessment 4. Restraint use 5. CMS Core Measures 6. Staff injuries 7. Hand hygiene 8. Press Ganey survey results 9. Employee Engagement survey</td>
</tr>
</tbody>
</table>

**Primary Nursing Services Provided:**
- Ventilator support
- Titration of IV drugs (i.e. Insulin, vasoactive, anticoagulants, etc.)
- Continuous antiarrhythmic or IV drips
- Invasive hemodynamic monitoring
- Acute psychiatric therapy/seclusion
- Elective cardioversion
- Acute illness care
- Telemetry Monitoring
- Pre and postoperative care
- Parenteral Nutrition
- Palliative/End of life care
- Medication administration
- Patient/family education
- Psychosocial care and support
- Coordination of patient care and collaboration with support services
- Assistance with ADL’s
- Care of the bariatric patient

**Nursing Services Not Provided:**
- Patients needing dialysis
- Post op Open Heart surgery
- Medical care for antepartum / postpartum patients

CCU Staffing Plan rev. 11/2018
### MSTU Staffing Acuity Chart

<table>
<thead>
<tr>
<th>Acuity Level 3 (Self-sufficient):</th>
<th>Acuity Level 2 (Baseline Resources):</th>
<th>Acuity Level 1 (Increased resources):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 3 liters nasal cannula or room air</td>
<td>Patients requiring O2 therapy via nasal cannula at a rate ≥ 4 liters</td>
<td>Unstable patient (hypotension, trach, ventimask)</td>
</tr>
<tr>
<td>Patients undergoing diuresis</td>
<td>One of the following: nephrostomy, urinary catheter, urostomy, ileostomy, abscess drain, suprapubic catheter, JP drain, NG tube, PEG/PEJ</td>
<td>More than one of the following: nephrostomy, urinary catheter, urostomy, ileostomy, abscess drain, suprapubic catheter, JP drain, NG tube, PEG/PEJ, chest tube</td>
</tr>
<tr>
<td>Pending discharge</td>
<td>Pending multiple diagnostic procedures</td>
<td>Challenging patient behaviors or challenging family behaviors</td>
</tr>
<tr>
<td>Minimal assist or ambulatory</td>
<td>Challenging patient behaviors or challenging family behaviors</td>
<td>Actively dying patient</td>
</tr>
<tr>
<td>Independent with ADL’s</td>
<td>Strict I/O’s</td>
<td>Pain control Q1 – Q2 hours</td>
</tr>
<tr>
<td>Pain control more than 6 hours</td>
<td>Pain control Q3 – Q6 hours</td>
<td>Uncontrolled pain on PCA</td>
</tr>
<tr>
<td>Peripheral IV</td>
<td>Pain controlled on PCA</td>
<td>Actively going through withdrawal</td>
</tr>
<tr>
<td>Oral and subcutaneous medications</td>
<td>Blood transfusion</td>
<td>Patients on 1:1 requiring frequent interventions, including restraints</td>
</tr>
<tr>
<td>Patients pending 1 – 2 diagnostic procedures</td>
<td>PICC line</td>
<td>Complex or frequent IV medications</td>
</tr>
<tr>
<td>Basic IV antibiotic administration</td>
<td>IV medications Q4 – Q6 hours</td>
<td>Complex wound care</td>
</tr>
<tr>
<td>Rule out myocardial infarction (two confirmed negative troponin tests)</td>
<td>TPN and/or Heparin Infusion</td>
<td>Total care, advanced dementia, or altered mental status</td>
</tr>
<tr>
<td></td>
<td>Stable alcohol withdrawal patient</td>
<td>Post/op day 1 ortho patients (total joint) with pain management every 2 – 3 hours, 1 person or SBA assist while out of bed &amp; high fall risk, increased resource with equipment and personnel</td>
</tr>
</tbody>
</table>

**Example staffing assignments:**

<table>
<thead>
<tr>
<th>Nurse 1</th>
<th>Nurse 2</th>
<th>Nurse 3</th>
<th>Nurse 4</th>
<th>Nurse 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>Red</td>
<td>Yellow</td>
<td>Red</td>
<td>Yellow</td>
</tr>
<tr>
<td>Red</td>
<td>Yellow (Lt)</td>
<td>Yellow</td>
<td>Red</td>
<td>Yellow</td>
</tr>
<tr>
<td>Green</td>
<td>Yellow (Lt)</td>
<td>Yellow</td>
<td>Green</td>
<td>Green</td>
</tr>
<tr>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
</tr>
<tr>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
</tr>
</tbody>
</table>
# 2019 Surgical Services Nursing Staffing Plan

<table>
<thead>
<tr>
<th>Patient Population &amp; Nursing Care Provision</th>
<th>Essential Staffing &amp; Evaluation Process</th>
<th>Staffing for Acuity</th>
<th>Standards &amp; Quality</th>
</tr>
</thead>
</table>
| The surgical services department is comprised of several subunits: Central Sterile Processing; 12 bed Ambulatory Care; 2 room Procedural Services; 5 bed Post Anesthesia Care area; 3 Operating rooms. Regular hours are 0600-1630 Monday through Friday with on-call requirements by surgery and recovery room staff for evenings and weekends. Populations served are pediatric to adults of all ages needing surgical or procedural studies or interventions. Service lines include: Orthopedics, General Surgery, Ophthalmology, Gynecology, Podiatry, Colonoscopy, Endoscopy, Pain Management | The Surgical Services unit utilizes registered nurses, certified surgical technicians, anesthesia technicians, certified sterile processing technicians as well as health unit coordinators to deliver patient care and perform unit operations. All nurses and certified technicians in Surgical Services are oriented and trained upon hire to the unit to demonstrate competency in the direct care of the aggregate patient population served. Each nursing staff member also receives annual skills training and review via education provided through HealthStream and skills fairs, and CEU's. | Staffing for acuity in Surgical Services considers the following criteria:  
• Complexity of patient’s condition, assessment and required nursing care  
• Knowledge and skills required of nursing staff to provide care  
• Type of technology involved in patient care  
• Degree of supervision required of nursing staff members  
• Infection control and safety issues  
• Continuity of patient care  
Patient conditions that contribute to a higher level of acuity in Surgical Services include but are not limited to:  
• Unstable patient  
• Unconscious patient  
• Frequent VS or CBG monitoring  
• Multiple lines and/or drains  
• Multiple IV medications  
• Difficult anesthesia recovery  
• Complicated family or social situation  
• Bariatric patient  
• High fall risk  
• Pediatric patient  
• Compromised airway | Qualifications and Competencies:  
RN's: BLS, ACLS, PALS, Telemetry trained  
Certified Surgical Techs and Anesthesia Techs: BLS  
Quality Measures:  
• Procedural Sedation: ACU  
• Staff injuries  
• Hand hygiene  
• Press Ganey survey results: ACU  
• Employee Engagement survey  
• Sterilization processes  
• Volume by service line metrics |

**Primary Nursing Services Provide** (include but are not limited to):  
**Ambulatory Care Unit:**  
• Pre and postoperative and procedural care  
• IV infusion therapy  
• Patient/family education  
• Psychosocial care and support  
• Coordination of patient care and collaboration with support services  
• Pain Management  

**Operating Room:**  
• Patient identification  
• Surgical procedure and site verification marked  
• Assessment and preparation for surgery  

Surgical Services Staffing Plan rev. 11/2018
- Support, including anesthesia positioning and induction
- Circulate cases
- Complete safety counts and safe patient transfers

**Post Anesthesia Care:**
- Anesthesia recovery care
- Airway management
- Pain management
- Discharge to inpatient care unit or home with instructions as needed

**Nursing Services Not Provided:**
- Titration of vasoactive IV drugs
- Continuous anti-arrhythmic IV drips
- Obstetrical care

---

until the acuity decreases. Surgical Services will utilize nursing staff from other departments who are cross-trained and/or otherwise qualified when a nurse is needed in the department. Diversion of patients will be avoided whenever possible.

**Diversion/Closed for Admission or Surgeries/Procedures Process:**
- Continually plan ahead for provision of next admissions and surgeries.
- Attempt to call in additional staff
- Call huddle with department managers, charge nurses, house supervisor to discuss options and decision-making.
- Contact physicians for possible discharges.
- Contact AOC to determine divert status and initiate communication.
### AMBULATORY CARE STAFFING MATRIX

<table>
<thead>
<tr>
<th>CASES</th>
<th>CHARGE</th>
<th>RN</th>
<th>HUC</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>1</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>24</td>
<td>1</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>23</td>
<td>1</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>22</td>
<td>1</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>21</td>
<td>1</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>20</td>
<td>1</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>19</td>
<td>1</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>18</td>
<td>1</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>17</td>
<td>1</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>16</td>
<td>1</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>15</td>
<td>1</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>14</td>
<td>1</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>13</td>
<td>1</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>12</td>
<td>1</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>1</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

- 2 RNs for each procedure required
- 1:3 RN: patient ratio for Phase 2, extended recovery and discharge
- 1:2-3 RN: patient ratio for pre and post procedure or operative care patients

### PACU STAFFING MATRIX

<table>
<thead>
<tr>
<th>Number of Patients at one time</th>
<th>RNs Phase 1 RN:Pt.</th>
<th>RNs Phase 2 RN:Pt.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Class 1:2</td>
<td>Class 1:1</td>
</tr>
<tr>
<td>5</td>
<td>3-4</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>2-3</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

- PACU has 5 patient care spaces to recover patients at one time for Phase 1.
- PACU recovers and discharges patients home during and following Phase 2.

### OPERATING ROOM MATRIX

2 Staff per case: 1 RN Circulator and 1 RN or Certified Scrub Tech per case for regular care
2.5 Staff per case: 1 RN Circulator, 1 RN or Certified Scrub Tech, and 1 additional RN for complex care
# Cancer Care Clinic/Infusion Nursing Staffing Plan

## Patient Population & Nursing Care Provision

Cancer Care Clinic/Infusion is an outpatient department of the hospital providing treatment and services for Oncology and Hematology patients.

**Primary Nursing Services Provide**
- Administers chemotherapy, medications and blood products
- Patient and Family Education
- Provides psychosocial support to patients, families and patient caregivers
- Requests consultation from Social Services, Registered Dietitian and Pharmacy when patient’s situation warrants
- Develops a plan of care based on patients’ disease, symptoms, and response to treatment

**Nursing Services Not Provided:**
- Pediatrics

## Essential Staffing & Evaluation Process

The Clinic utilizes registered nurses and Medical Assistants to deliver patient care and perform clinic operations.

All nurses are oriented and trained upon hire to the clinic to demonstrate competency in the direct care of the aggregate patient population served. Each nursing staff member also receives annual skills training and review via education provided through HealthStream and skills fairs, and CEU’s.

**Minimum staffing will include:** Staffed with a minimum of two (2) Registered Nurses trained in the care of oncology patients and chemotherapy administration and one (1) Medical Assistant during business hours Monday through Friday 0800-1630. Infusion acuity scale will be used.

The nurse, in conjunction with the Nurse Navigator, will determine the number of staff for the next clinic day and throughout the current clinic day to ensure the amount of staff and appropriate skill mix are available to ensure safe patient care. Nurse staffing is also provided throughout the day to accommodate meal and rest breaks for all staff in the clinic.

Per diem nurses who have been oriented to the infusion clinic are utilized for planned/unplanned absences.

## Staffing for Acuity

Staffing for acuity considers the following criteria:
- Complexity of chemotherapy
- Complexity of patient’s condition, assessment and required nursing care
- Knowledge and skills required of nursing staff to provide care
- Type of technology involved in patient care
- Degree of supervision required of nursing staff members
- Infection control and safety issues
- Continuity of patient care

Patient conditions that contribute to a higher level of acuity include but are not limited to:
- Complicated infusion
- Neutropenic precautions
- Complicated family or social situation
- Bariatric patient
- High fall risk
- Prior infusion reaction
- Multiple comorbidities

## Standards & Quality

**Qualifications and Competencies:**
- RN’s: Current WA state Registered Nurse License, BLS, 2 years of Oncology/infusion experience. Either OCN or ONS.
- Medical Assistant: Oncology experience, BLS

**Quality Measures:**
- Percent of preventable ED visits
- Percent of preventable inpatients admissions
- Percent of patients with Chemotherapy reaction
- Staff injuries
- Hand hygiene
- Press Ganey survey results
- Employee Engagement survey
- Hospital admits
- Volume of treatments/office visits

Cancer Care Staffing Plan rev. 11/2018
<table>
<thead>
<tr>
<th>Level</th>
<th>Time Range</th>
<th>Non-chemotherapy Examples</th>
<th>Chemotherapy Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>less than 30 minutes = 0.06%</td>
<td>Nurse assessment, IV access/removal, Port/PICC lab draws or flushes. Peripheral lab draw. EPO, B-12, Aranesp, Neupogen, Neulasta, Octreotide, Lupron, Faslodex, injections. (most injections)</td>
<td>CADD pump removal.</td>
</tr>
<tr>
<td>Level 2</td>
<td>31 to 59 minutes = 0.12%</td>
<td>Hydration without other IV medications, Reelast, Venofer (200mg or less), Port/PICC de-clotting, PICC line dressing changes. Zoladex injection.</td>
<td>Single agent infusions-Bendamustine, Gemzar, Etoposide, Herceptin, Perjeta, Opdivo, Avastin, Alimta, Carboplatin, Cytoxan, Taxotere, Topotecan, Vincriistine, Vidaza, Velcade, etc.</td>
</tr>
<tr>
<td>Level 3</td>
<td>60 to 89 minutes = 0.18%</td>
<td>Therapeutic Phlebotomy, 1-unit PRBC or PLTs, Taxol (weekly), Rituaxan, Remicade.</td>
<td>Two drug therapies such as AC, 5FU/MTX, Herceptin/Perjeta, Carboplatin/Taxol, etc.</td>
</tr>
<tr>
<td>Level 4</td>
<td>90 to 179 minutes = 0.24</td>
<td>IVIG infusion. Therapeutic Phlebotomy (greater than 300cc) Venofer (greater than 200mg). 2 units PRBCs.</td>
<td>Any first-time chemotherapy, complex/multi-drug treatments such as FOLFOX, FOLFIRI, FOLFIRINOX, ABVD, CHOP (without Rituaxan), DTIC, Taxol (3 hour), Taxol/Herceptin/Perjeta, etc.</td>
</tr>
<tr>
<td>Level 5</td>
<td>greater than 180 minutes = 0.38 to 0.63</td>
<td>First IVIG, Hydration with multiple IV meds/frequent blood draws. Seriously ill patient-unstable, septic, neutropenic, intractable pain, nausea and vomiting.</td>
<td>First and second dose Rituaxan or CHOP with Rituaxan. Any patient experiencing a reaction to new therapy or having a history of prior reactions.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>ADD 1 point for any patient that is immobile or severely disabled.</strong></td>
<td><strong>ADD 1 point to every patient when no MA/volunteer available to clean rooms, run labs, provide comfort such as food/drinks/blankets/pillows.</strong></td>
</tr>
</tbody>
</table>
# Wound Center Nursing Staffing Plan

<table>
<thead>
<tr>
<th>Patient Population &amp; Nursing Care Provision</th>
<th>Essential Staffing &amp; Evaluation Process</th>
<th>Staffing for Acuity</th>
<th>Standards &amp; Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Wound Center is an outpatient department of the hospital providing treatment and services for patients with chronic ulcers/wounds and other non-wound conditions.</td>
<td>The Wound Center utilizes registered nurses, Hyperbaric technicians, as well as health unit coordinators to deliver patient care and perform clinic operations. All nurses are oriented and trained upon hire to the clinic to demonstrate competency in the direct care of the aggregate patient population served. Each nursing staff member also receives annual skills training and review via education provided through HealthStream and skills fairs, and CEU’s. <strong>Minimum staffing will include:</strong> Staffed with a minimum of two (2) hyperbaric oxygen (HBO) trained dive technicians when any HBO patients are present or one (1) nurse trained in wound care procedures and one (1) Health Unit Coordinator during business hours Monday through Friday 0800-1630. The nurse, in conjunction with the Program Director, will determine the number of staff for the next clinic day and throughout the current clinic day to ensure the amount of staff and appropriate skill mix are available to ensure safe patient care. Nurse staffing is also provided throughout the day to accommodate meal and rest breaks for all staff in the clinic.</td>
<td>Staffing for acuity considers the following criteria:  - Complexity of procedures  - Complexity of patient’s condition, assessment and required nursing care  - Knowledge and skills required of nursing staff to provide care  - Type of technology involved in patient care  - Degree of supervision required of nursing staff members  - Infection control and safety issues  - Continuity of patient care</td>
<td><strong>Qualifications and Competencies:</strong>  - RN’S: BLS, trained in wound care  - <strong>Hyperbaric Tech:</strong> BLS and certified in Hyperbaric</td>
</tr>
<tr>
<td><strong>Primary Nursing Services Provide</strong> (include but are not limited to):  - Complex and Palliative Wound Management  - Pain Management  - Pre and Post care of debridement  - Wound and Ulcer packing  - Assessment and treatment of Hyperbaric Oxygen</td>
<td><strong>Nursing Services Not Provided:</strong>  - Ostomy care  - Pediatrics</td>
<td><strong>Quality Measures:</strong>  - Percent of wounds healed  - Percent of patients who return to baseline  - Staff injuries  - Hand hygiene  - Press Ganey survey results  - Employee Engagement survey</td>
<td></td>
</tr>
</tbody>
</table>

Wound Center Staffing Plan rev. 11/2018
2019 Nurse Staffing Committee Charter

PURPOSE

The purpose of this Committee is to: protect patients, support greater retention of registered nurses and promote evidence-based nurse staffing by establishing a mechanism whereby direct care nurses and hospital management can participate in a joint process regarding decisions about nurse staffing.

COMMITTEE MEMBERSHIP AND LEADERSHIP

Co-Chair (Staff Registered Nurse Representative): Jackie Boak, RN, Emergency Department

Co-Chair (Management Representative): Brenda West, RN, CNO

Committee Membership:

1. Debbie Donnelly, RN, Med Surg
2. Sally Wittenberg, RN, ED
3. Elena Swanger, RN, Med Surg
4. Jennifer Jungmann, RN, Med Surg
5. Sara Cink, RN, CCU
6. Junga “Joanne” Jang, RN, Peri-Op
7. Annette Ravensburg, RN, ED
8. Serena Swarthout, RN, Med Surg
9. Kendra Moody, RN, ED
10. Julie Mincy, HR Manager
11. Deborah Jayne, RN, Interim Manager Peri-OP
12. Sheila Page, RN, Manager ED & CCU
13. Megan Wirsching, RN, Manager Med Surg
14. Kris Burnham, Executive Assistant (non-voting)

The Nurse Staffing Committee will consist of no more than fifteen (15) members: 8 Registered Nurses currently providing direct patient care (one half of the total committee membership) and 7 hospital administrative staff (up to one half of the total membership).

Each area where nursing care is provided will have the opportunity to provide advice to the Nurse Staffing Committee. These areas will be called to meetings when their attendance is required. Committee meetings are open and any interested Registered Nurse employed by EvergreenHealth Monroe may attend, but only committee members will have a vote.

The Nurse Staffing Committee will be co-chaired by one staff Registered Nurse and one management representative. Co-chairs will be selected every two years by the Nurse Staffing Committee.

RESPONSIBILITIES

- 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.

Revised November 20, 2018
• 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:
  o Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions and transfers
  o Level of intensity of all patients and nature of the care to be delivered on each shift
  o Skill mix
  o Level of experience and specialty certification or training of nursing personnel providing care
  o The need for specialized or intensive equipment
  o 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
  o Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations and other health professional organizations
  o Evaluate staffing effectiveness against predetermined nurse sensitive metrics collected by Washington hospitals
  o Hospital finances and resources as well as defined budget cycle may be considered in the development of the staffing plan

TIMELINE FOR OUTCOME COMPLETION

By September 1, 2008, the Nurse Staffing Committee will be established in accordance with Chapter 70.14 Revised Code of Washington.

MEETING MANAGEMENT

Monthly, 4th Thursday of each month

Meeting schedule:
The Nurse Staffing Committee will meet on a monthly basis. Notices for 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. Staff Registered Nurse members of the Nurse Staffing Committee will be paid, and preferable 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 a Registered Nurse member attend on his/her schedule day off. In this case the Registered nurse may be given equivalent hours off during another scheduled shift.

Record-keeping/minutes:
• Meeting agendas will be distributed to all committee members at least one week in advance of each meeting
• The minutes of each meeting will be distributed to all committee members with each meeting agenda, with approval of the minutes as a standing agenda item for each meeting.

Revised November 20, 2018
- A master copy of all agendas and meeting minutes from the Nurse Staffing Committee will be maintained and available for review upon request.

**Attendance requirements and participation expectations:**

- All members are expected to attend at least 70 percent of the meetings held each year. Failure to meet attendance expectations may result in removal from the committee.
- If a member needs to be excused, requests for an excused absence are communicated to Kris Burnham, Executive Assistant. Failure to request an excused absence will result in attendance recorded as “absent” in the meeting minutes.
- Replacement will be in accordance with aforementioned selection processes.
- It is the expectation of the Nurse Staffing Committee that all members will participate actively, including reading required materials in advance of the meeting 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.

Revised November 20, 2018
I, the undersigned with responsibility for EvergreenHealth Monroe, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for 2019 and includes all units covered under our hospital license under RCW 70.41. This plan was developed with consideration given to the following elements (please check):

- 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 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.

Signature

Renée K. Jensen

Printed Name

11/28/18

Date