PURPOSE

1. To provide a structure by which defined standards of nursing care can be systematically organized, monitored, and evaluated, consistent with the mission and the vision of Kindred Healthcare.

2. The Division of Nursing supports continuous improvement and innovation in nursing practice while striving to meet the needs of the patients served.

3. Delineate the respective roles and responsibilities of the nursing staff members for developing, implementing, and evaluating the plan for the provision of nursing care.

PHILOSOPHY OF NURSING CARE

Nursing acts collegially with other care givers including but not limited to pharmacists, physical therapists, occupational therapist, speech therapist, nutritionist, and respiratory therapist. Nursing takes a leadership and coordination role to support the patient in achieving their maximum health status and highest quality of life attainable in view of the catastrophic nature of the patient’s health deviations. It is the goal of the department to assess, plan implement, and evaluate the patient for their total care needs as well as meet the recognized standards of nursing practice.

ETHICAL CODE OF CONDUCT FOR NURSES

The Ethical Code of Conduct for Nurses is based on a belief about the nature of individuals, nursing, health, and society. Recipients and providers of nursing services are individuals and groups who possess basic rights and responsibilities, and whose values and circumstances always command respect. Nursing encompasses promotion and restoration of health to the extent feasible given the complex nature of illness, prevention of illness, and alleviation of suffering. The statements of the Ethical Code provide guidance for conduct and relationships in carrying out nursing responsibilities consistent with the ethical obligations of the profession and quality of nursing care. The Nurse:

- Provides services with respect for human dignity and the uniqueness of the patient, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
- Safeguards the patient’s right to privacy by protecting confidential information.
- Acts to safeguard the patient and the public when healthcare and safety are affected by the incompetent, unethical, or illegal practice of any person.
- Assumes responsibility and accountability for individual nursing judgements and actions.
- Maintains competence in nursing.
- Exercises informed judgement and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others.
- Participates in activities that contribute to the on-going development of the profession’s body of knowledge.
- Participates in the profession’s efforts to implement and improve standards of nursing care.

**ORGANIZATION OF NURSING**

1. The Governing Board and the Administrator of the hospital have given the Chief Clinical Officer (Chief Nursing Executive) the responsibility and authority to provide for the nursing care of the patients of the hospital.

2. The Chief Clinical Officer is responsible for and has the authority to provide for the care of patients in the areas designated on the organizational chart:
   a. Nursing Units (Intensive Care Unit and Medical Unit).

3. The Chief Clinical Officer is assisted in the clinical and administrative management of the Nursing Units by Supervisors who are qualified by education and experience. The Chief Clinical Officer delegates to the Supervisor the authority and responsibility to provide nursing care to the patients. Together, the Chief Clinical Officer and Supervisors assure that there are sufficient personnel in number and skill to care for the patients. The Chief Clinical Officer maintains 24 hour responsibility and accountability for the provision of care in his/her areas.

4. It is our goal to ensure the quality of nursing standards of patient care, treatment, and services and practice by incorporating current evidence based practice, nationally recognized professional standards, and other literature/research into the policies and procedures governing the provision of nursing care.

**NURSING ROLES & RESPONSIBILITIES**

1. Nursing care provided by licensed nurses is regulated by the state in the Registered Nurse Practice Act and the Licensed Practical Nurse Practice Act.

2. The Director of Nursing and Clinical Services may be assigned to oversight of the Nursing Services at the direction of the CCO. This is an experienced Registered Nurse that is responsible and accountable for staffing, supervision, quality, nursing standard implementation, and coordination of the nursing services for a designated unit or group 24/7. The role would be expected to adhere to nursing regulations and develop practices or education in compliance with the Clinical Plans as determined by the CCO.

3. The Nurse Manager is a Registered Nurse responsible and accountable to supervise and coordinate the activities of the nursing personnel 24/7. The CCO delegates responsibility and authority for development, implementation and oversight of nursing standards, quality of nursing care, patient outcomes and adherence to nursing regulations.
4. The House Supervisor is a Registered Nurse responsible and accountable to supervise and coordinate the activities of the hospital personnel by engaging in a variety of procedures in various areas of the hospital and supporting nursing staffing. The supervisor ensures that the standards of care are followed and participates in the documentation and problem solving of quality issues. The supervisor is responsible for the staffing plan for the nursing units and acts as the administrative representative in the absence of the administrator.

5. The Registered Nurse is responsible for the provision of the direct patient care provided to all patients and is accountable to assess, plan, implement, and evaluate the nursing care. The Registered Nurses is also responsible to prescribe, delegate, and coordinate the nursing care. The Registered Nurse is accountable for the safety of the patient and may delegate to others in accordance with their education, credentials and demonstrated competence. The Registered Nurse assesses learning needs and develops the plan to meet the patient/family learning needs. The Registered Nurse is accountable for the safety of the patients and delegation of nursing tasks to the Licensed Practical Nurse and Certified Nursing Assistant.

6. The Licensed Practical Nurse is responsible to make basic observations, gather data and assist in the assessment and planning for patient care. The Licensed Practical Nurse carries out planned approaches to the patient care and performs common therapeutic nursing techniques. The Licensed Practical Nurse is accountable for the safety of the patients and delegation of nursing tasks to the Certified Nursing Assistant. The Licensed Practical Nurse assists in health teaching of patients recognizing individual needs.

7. The Certified Nursing Assistant is responsible to assist in basic nursing care of the patients and the collection of data. Basic technical skills include the performance of activities of daily living, vital signs, recording of height, weight, intake and output, and general observation of patient safety and comfort. The Certified Nursing Assistant reports data to the RN/LPN in support of the evaluation of care.

8. The Wound Care Coordinator is a licensed nurse who in addition to basic nursing responsibilities, specifically maintains consistent treatment of wounds and skin care issues through the direct care of patient’s and through delegating the care of the patient’s wound and skin care to other nursing staff. The wound care coordinator uses the nursing process to assess, plan, treat and evaluate wound care/skin care. The wound care coordinator is also responsible to assist with the education of patients, family and staff regarding skin and wound care.

9. The Telemetry Technician is a person with a health care background (MA, HUC, or CNA) and/or knowledgeable about health care terminology. Under the delegation of the House Supervisor, the Telemetry Tech/Unit Clerk is responsible for EKG monitoring and interpretation with appropriate notifications of nursing and medical staff. The Telemetry Technician is responsible for ensuring proper documentation of EKG strips in the Medical Records. The Telemetry Tech/Unit Clerk is responsible for answering call lights via the two way communication system, paging appropriate staff to respond to patient needs and communicating with patients the expected timeframe in which services will be provided.

10. The Unit Secretary (US) is a person with health care terminology understanding. The US functions under the supervision of the House Supervisor. The Unit Secretary is responsible for clerical functions including telephone use, chart/records preparation and unit
communications. In addition, the US is responsible for answering call lights via the two way communication system, paging appropriate staff to respond to patient needs and communicating with patients the expected timeframe in which services will be provided. The US escalates if there is an ongoing need for staff response to patient care needs.

11. Nursing services provides orientation and staff development of all nursing service employees which assures competency in all duties.
SCOPE OF SERVICES FOR NORTHGATE CAMPUS

Hours of Operation

Nursing Care is provided 24 hours per day, seven days a week. The combined capacity of this unit is 30 beds. Within the 30 bed unit is a 4 bed intensive care unit.

Description

Patients are located on the second floor of the hospital:

a. **ICU**: In the ICU, critically ill adult and geriatric patients receive nursing care via a modified primary model with Registered Nurses overseeing Licensed Practical Nurses and/or Certified Nursing Assistant. An ACLS certified RN is on duty at all times.

b. **Medical Unit**: In the Medical Unit, adult and geriatric medical patients receive nursing care via a team approach with the Registered Nurse leading and supervising Licensed Practical Nurses, Certified Nursing Assistants, and Tele Tech/Unit Clerks.

STAFFING PLAN for NORTHGATE CAMPUS

1. Guidelines:

   a. A sufficient number of qualified staff will be on duty at all times to give patients the nursing care that they require. The Supervisor and RN’s will plan, supervise and evaluate the nursing care of each patient.

   b. The daily staffing pattern for each unit is determined by the CCO, Director of Nursing and Clinical Services (DNCS), Manager, and/or Supervisor, based on the Kindred Hospital acuity-adjusted tool (KHAT- see KHAT policy and procedure). This staffing projection is based on patient care needs and nursing care mix, as well as the supervisor’s assessment of nursing skill mix, geographic considerations on the unit, other factors that may impact staffing levels such as procedures, family issues, and budget. The staffing levels are adjusted each shift as patient categories and/or patient needs change.

   c. The KHAT acuity tool has a separate acuity tool for the 4 bed ICU and adheres to AACN guidelines for staffing as well as all of the items listed in “1 b.”

   d. If in the professional judgment of the Supervisor the allocated staffing numbers or the staffing mix is not adequate, the Manager is to be contacted and provided with the justification for any desired changes. If the Manager or DNCS cannot be reached, contact the Chief Clinical Officer or Administrator on Call to receive authorization to alter the guidelines for the next 12 hours or 24 hours.

   e. Staffing assignments are based on each nursing staff’s educational preparation, applicable licensing regulations and assessment of current competence. In addition, assignments are based on the complexity and stability of the patient condition, the nursing care needs, the complexity of assessment and types of technology required for the patient, the degree of supervision required, infection control and safety issues, utilization of each team member to their full scope of practice, and unit geography.
f. Team nursing is the patient care model with a goal to further develop team member roles. The RN and/or Supervisor are assigned responsibilities for the nursing process, including oversight and assimilation of data gathered from LPN’s and other members of the nursing care team.

g. Staff meetings which will include nursing staff are at least twice annually and will participate in the development of this annual plan. This participation will include involvement in the decisions related to: patient census on the units, level of intensity of all patient and the nature of care to be provided on the units, skill mix, level of experience and certifications or training for nursing staff, the need for specialized equipment, the geography and architecture of the unit, staffing guidelines adopted by professional organizations, availability of supportive staff on the unit, and strategies regarding meals and rest breaks.

2. Core Staffing by Shift

a. The schedules are based on average patient census on a daily and shift basis. Current core needs are 7 licensed nurses (no more than 2 LPN and 5 RN) and 3 nursing assistants for each shift 24/7.

b. A minimum of two ACLS certified staff, one being an RN, shall be assigned to the unit at all times.

c. Within the core licensed nurses, the schedule will have at least one ICU trained nurse within the core along with the supervisor who is ICU trained.

d. Nurses will work 12 hour shifts, either 7 am-7:30pm or 7 pm to 7:30 am. Each shift includes at thirty minute meal break and three (3) 15 minute rest breaks per the collective bargaining unit agreement.

e. All schedules are posted for a 6 week period of time. New schedules will be posted a minimum of ten (10) days prior to the beginning of the scheduled work period.

f. Daily rosters will be placed in the staffing book with requests for staff to volunteer to cover any vacancies from core and/or expected staffing needs. Requests to fill vacancies must be approved by the manager/supervisor.

g. If cancellations are needed they will be completed 2 hours before the scheduled shift. Skill mix is always a consideration in the decision making process. Order of priority for cancellation once skill mix has been determined is agency, any employee at overtime, employee request, extra shift, per diem staff, then regularly scheduled PT and FT staff in order of low census roster.

h. If insufficient numbers of nurses are available for the care of patients, the nurse manager will attempt to fill the vacancies up to two weeks in advance. If insufficient numbers of nurses exist when planning for staffing for the next shift, the supervisor will make attempts to fill the vacancies by contacting nurses who are not scheduled in the following order: per diem staff, part time staff, then full time staff who will incur overtime, then agency per the collective bargaining unit agreement.
SCOPE OF SERVICES FOR FIRST HILL CAMPUS

Hours of Operation

Nursing Care is provided 24 hours per day, seven days a week. The combined capacity of this unit is 50 beds. Within the 50 bed unit is a 6 bed intensive care unit.

Description

Patients are located on the second and third floors of the hospital:

c. **ICU:** In the ICU, critically ill adult and geriatric patients receive nursing care via a primary model with Registered Nurses supervising Certified Nursing Assistants. An ACLS certified RN is on duty at all times.

d. **Medical Unit:** In the Medical Unit, adult and geriatric medical patients receive nursing care via a team approach with the Registered Nurse leading and supervising Certified Nursing Assistants, and Tele Tech/Unit Clerks.

STAFFING PLAN for FIRST HILL CAMPUS

3. Guidelines:

h. A sufficient number of qualified staff will be on duty at all times to give patients the nursing care that they require. The Supervisor and RN’s will plan, supervise and evaluate the nursing care of each patient.

i. The daily staffing pattern for each unit is determined by the CCO, Manager, and/or Supervisor, based on the Kindred Hospital acuity-adjusted tool (KHAT—see KHAT policy and procedure). This staffing projection is based on patient care needs and nursing care mix, as well as the supervisors assessment of nursing skill mix, geographic considerations on the unit, other factors that may impact staffing levels such as procedures, family issues, and budget. The staffing levels are adjusted each shift as patient categories and/or patient needs change.

j. The KHAT acuity tool has a separate acuity tool for the 6 bed ICU and adheres to AACN guidelines for staffing as well as all of the items listed in “1 b.”

k. If in the professional judgment of the Supervisor the allocated staffing numbers or the staffing mix is not adequate, the Manager is to be contacted and provided with the justification for any desired changes. If the Manager cannot be reached, contact the Chief Clinical Officer or Administrator on Call to receive authorization to alter the guidelines for the next 12 hours or 24 hours.

l. Staffing assignments are based on each nursing staff’s educational preparation, applicable licensing regulations and assessment of current competence. In addition, assignments are based on the complexity and stability of the patient condition, the nursing care needs, the complexity of assessment and types of technology required for the patient, the degree of supervision required, infection control and safety issues, utilization of each team member to their full scope of practice, and unit geography.

m. The RN and/or Supervisor are assigned responsibilities for the nursing process, including oversight of other members of the nursing care team.
n. Staff meetings which will include nursing staff are at least twice annually and will participate in the development of this annual plan. Staff meetings which will include nursing staff are at least twice annually and will participate in the development of this annual plan. This participation will include involvement in the decisions related to: patient census on the units, level of intensity of all patient and the nature of care to be provided on the units, skill mix, level of experience and certifications or training for nursing staff, the need for specialized equipment, the geography and architecture of the unit, staffing guidelines adopted by professional organizations, availability of supportive staff on the unit, and strategies regarding meals and rest breaks.

4. Core Staffing by Shift

i. The schedules are based on average patient census on a daily and shift basis. Expected core needs will be 8 RN’s and 5 CNA's for each shift 24/7.

j. Nurses will work 12 hour shifts, either 6:30 am-7:00pm or 6:30 pm to 7:00 am. Each shift includes at thirty minute meal break and three (3) 15 minute rest breaks per the collective bargaining unit agreement.

k. All schedules are posted for a 6 week period of time. New schedules will be posted a minimum of ten (10) days prior to the beginning of the scheduled work period.

l. Daily rosters will be placed in the staffing book with requests for staff to volunteer to cover any vacancies from core and/or expected staffing needs. Requests to fill vacancies must be approved by the manager/supervisor.

m. If cancellations are needed they will be completed 2 hours before the scheduled shift. Skill mix is always a consideration in the decision making process. Order of priority for cancellation once skill mix has been determined is agency, any employee at overtime, employee request, extra shift, per diem staff, then regularly scheduled PT and FT staff in order of low census roster.

n. If insufficient numbers of nurses are available for the care of patients, the nurse manager will attempt to fill the vacancies up to two weeks in advance. If insufficient numbers of nurses exist when planning for staffing for the next shift, the supervisor will make attempts to fill the vacancies by contacting nurses who are not scheduled in the following order: per diem staff, part time staff, then full time staff who will incur overtime, then agency per the collective bargaining unit agreement.
Sample Attestation Form
Nurse Staffing Coalition
June 1, 2018

I, the undersigned with responsibility for [KINDRED] (hospital/health system name), attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for the 2018/19 [year] 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

[Printed Name] Market CEO

Date 12/20/18