SCOPE:
- Hospital

LEVEL:
- Acute Care Department
- Emergency Department
- Surgery Department

POSITIONS RESPONSIBLE:
- CNO
- DNS
- Nursing Supervisors
- Hospital Nurse Staffing Committee
- Nursing Staff

PURPOSE:
1. To define standards which promote safe patient care, with consideration of available resources
2. To provide qualified care that meets patient expectations, and can adapt to change in census, acuity and individual patient needs
3. To reflect the 3 values of Klickitat Valley Health (purpose and passion, partners in care, responsible stewardship)

In keeping with the mission of Klickitat Valley Health and the philosophy of the Nursing Department, the primary intent of the staffing plan is to provide qualified personnel to achieve safe standards of nursing care with consideration of available resources. Services to patients are based on their physical, mental, and social needs. To achieve this, nursing leadership and the nursing committee define these standards outlining the amounts of nursing personnel to meet patient needs.

The staffing plan of Klickitat Valley Health is designed to accommodate changes in patient care needs, with appropriate levels of qualified staff with consideration of acuity and available resources. This system recognizes and provides balance among all of these needs.

Ensuring safe and qualified patient care requires adequate nurse staffing. KVH will utilize nursing staff who are working agreed upon regularly scheduled shifts; taking reasonable safeguards to limit overtime to maintain appropriate patient care. Every attempt will be made to consider staff needs to the fullest extent possible within any given situation.

PROCEDURE:
The following is the base staffing model. Staff will be subject to low/high census.

ACUTE CARE DEPARTMENT: Continuous 24 hour service

EMERGENCY DEPARTMENTS: Continuous 24 hour service

SURGERY DEPARTMENT: Weekdays

ACUTE CARE AND EMERGENCY DEPARTMENTS HOURS:
Day Shift: 07:00-19:30
- 1 RN Charge/Float Nurse (Charge Nurse is always an RN, Float Nurse may be an RN or LPN)
- 1 RN or LPN Primary Care Nurse – Acute Care
- 1 CNA – Acute Care
- 1 Unit Secretary – Acute Care
- 1 RN – Emergency Department (depending on staffing, the ED RN may also serve as the Charge Nurse)
- 1 ED Tech – Emergency Department

Night Shift: 19:00-07:30
- 1 RN Charge/Float Nurse (Charge Nurse is always an RN, Float Nurse may be an RN or LPN)
- 1 RN or LPN Primary Care Nurse – Acute Care
- 1 CNA/Unit Secretary – Acute Care
- 1 RN – Emergency Department (depending on staffing, the ED RN may also serve as the Charge Nurse)
- 1 ED Tech – Emergency Department

NURSING OPERATIONS SUPERVISORS
- 10:00-22:30 Six Days a Week:
  - 1 Nursing Operations Supervisor Acute Care or
  - 1 Nursing Operations Supervisor Emergency Department

ACUTE CARE AND EMERGENCY DEPARTMENTS NURSE CALL:
- 1900—0100 and 0100 – 0700 – : Weekdays (12 hours)
- 0700—1300, 1300—1900, 1900—0100, and 0100—0700 : Weekends (24 hours)
- Additional Call hours may be added for Community Events, Holidays, or if no supervisors available.

ACUTE CARE AND EMERGENCY DEPARTMENT LOW CENSUS:
- When the Acute Care unit is closed – 0 patients:
  Dayshift: All scheduled Acute Care staff subject to low census on weekdays due to the additional RN and clinical personnel support in the building to assist the Emergency Department (Respiratory Therapy, Pharmacy, Supervisors, DNS, CNO, Employee Health RN, UR RN, IT RN and Swing Bed Coordinator).

  During nights, weekends, and holidays the Charge/Float Nurse will remain in the building to float to the Emergency Department.

- Acute Care Department Patient Census of 1-2 on dayshift:
  For patient safety, there must be at least two clinical (RN, LPN, CNA) staff scheduled for the Acute Care unit whenever there are 1 or more patients.

- Acute Care Department Patient Census of 3-4 on dayshift:
  For patient safety, there must be at least two clinical (RN, LPN, CNA) staff scheduled for the Acute Care unit whenever there are 3 or more patients. Additional staff may be added at charge nurse discretion.

- Acute Care Department Patient Census of 5-8 on dayshift:
  For patient safety, there must be at least three clinical (RN, LPN, CNA) and a HUC scheduled for the Acute Care unit whenever there are 5 or more patients. Additional staff may be added at charge nurse discretion.

- Acute Care Department Patient Census of 9-12 on dayshift:
  For patient safety, there must be at least four clinical (RN, LPN, CNA) staff scheduled for the Acute Care unit whenever there are 9 or more patients. Additional staff may be added at charge nurse discretion.
• Acute Care Department Patient Census of 1-5 on nightshift:
  For patient safety, there must be at least two clinical (RN, LPN, CNA) staff scheduled for the Acute Care unit whenever there are 1 or more patients.

• Acute Care Department Patient Census of 6-12 on nightshift:
  For patient safety, there must be at least three clinical (RN, LPN, CNA) staff scheduled for the Acute Care unit whenever there are 6 or more patients. Additional staff may be added at charge nurse discretion.

• Acute Care Department Patient Census > 12:
  An additional clinical staff member may be added (RN, LPN, or CNA).

• In lieu of call/low census, the Charge Nurse may retain staff to assume other duties as assigned or to cross-train to another department. Must be approved by the Department Supervisor, Manager, DNS, or CNO.

• During times of limited staff (i.e. two clinical staff on the Acute Care unit) one clinical staff member can float to the Emergency department until additional staff can be called in.

ACUTE CARE AND EMERGENCY DEPARTMENTS REST/MEAL BREAKS:

• The Charge Nurse or designee will ensure that rest and meal breaks occur.
• If the Charge Nurse is on call (weekdays), the Nursing Supervisor will ensure that rest and meal breaks occur.
• The Acute Care and Emergency Department Call Nurse may be called in to ensure rest/meal breaks can occur on nights, weekends, and holidays.

CHARGE NURSE STAFFING RESPONSIBILITIES:

• The RN Charge Nurse will float between departments unless the Emergency Department RN is scheduled as the Charge Nurse - the Float RN/LPN will then float/assist in each department.
• The Charge Nurse or designee will facilitate/cover rest/meal breaks.
• The base staffing plan will be altered according to Acute Care unit census.
• The Charge Nurse will ensure the Daily Staffing Tool is completed for the Acute Care unit no later than 05:00 for the oncoming day shift and 17:00 for the oncoming night shift.
• The Staffing Matrix will be applied to all patients regardless of stay type (Acute, Observation, Skilled Swing, Extended Swing, & Respite).
• The Charge Nurse is responsible to place the appropriate staff on call/assign low census based upon Acute Care unit census – no later than 06:00 for the oncoming day shift and 18:00 for the oncoming night shift.

SURGERY STAFF HOURS:

In accordance with surgical volume scheduled each day. In general, surgical hours begin at 07:00 and end at 15:30.

• 1 RN Circulator
• 1 RN/LPN Scrub Nurse or Scrub Tech
• 1 RN/LPN Pre-Op Nurse
• 1 RN PACU Nurse

SURGERY DEPARTMENT LOW CENSUS:

• No surgeries scheduled: All scheduled surgical staff subject to low census.
• If only one surgery is scheduled: The Pre-op Nurse will be subject to low census.
• Two or more surgeries scheduled: A full surgical staff crew will begin the shift.
Any and all staff may be considered for low census once surgical cases are completed/patients discharged from the department.

SURGERY DEPARTMENT REST/MEAL BREAKS:

- The surgery manager or designee will ensure that rest and meal breaks occur.

Under certain conditions and according to RCW 49.28.130 and RCW 49.28.140, a hospital may require a nurse to work overtime. These are:

1. Unforeseeable emergent circumstances, (declared national, state, or municipal emergencies, disaster activation, or any unforeseen or catastrophic events that increase the need for healthcare services)
2. Overtime is caused by prescheduled on call time
3. After KVH makes reasonable attempts to obtain staffing
4. Necessary hours to complete patient care procedure already in progress (including documentation after an emergency)

In all cases, a nurse may accept overtime work voluntarily.

We believe optimal patient care is best achieved by coordinating the proper amount/mix of staff for patient care needs in the most cost efficient manner.

References:

(1) SHB 1155, (2) RCW 49.28.130, (3) RCW 49.28.140, (4) RCW 49.12, (4) RCW 70.41.420, (5) RCW 70.41.425
## Klickitat Valley Health Hospital Staffing Matrix

### MED/SURG DAY SHIFT MATRIX

<table>
<thead>
<tr>
<th>Census</th>
<th>Time</th>
<th>Charge RN</th>
<th>RN/LPN</th>
<th>CNA</th>
<th>HUC</th>
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<tr>
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<td>1</td>
<td>1*</td>
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<tr>
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<td>1</td>
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<tr>
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<td>2-3</td>
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### MED/SURG NIGHT SHIFT MATRIX

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<td>On call</td>
<td>On call</td>
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<tr>
<td>1-5</td>
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### ED MATRIX

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<tbody>
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<td>PRN</td>
<td>1</td>
<td>1</td>
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</tr>
<tr>
<td>N/A</td>
<td>7p-7a</td>
<td>PRN</td>
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<td>1*</td>
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### OUTPATIENTS

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<th>RN</th>
<th>CNA</th>
<th>HUC</th>
</tr>
</thead>
<tbody>
<tr>
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<td>8a-5p</td>
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<td>0</td>
<td>N/A</td>
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<tr>
<td>Over 2</td>
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<td>0</td>
<td>0.5-1*</td>
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</table>

* At charge nurse discretion, depending on skill mix needs. Document reason below.

### Additional Charge Nurse Duties:

1. Care for patients to be included in the Med/Surg Matrix: Extended post-surgical care, Observations, Inpatients, Swing Bed, Blood product transfusions, and Outpatient procedures lasting more than 2 hours.
2. The charge nurse will cover meal and rest breaks in the ED and on the Med/Surg unit.
3. Charge nurse will perform daily outpatient procedures.
4. Assess and evaluate staffing and make changes as needed. Additional staff may be called in at the charge nurse discretion, based on needs, must have supportive documentation.
5. Perform daily chart audits.
6. Check for out dates and stock supplies.
7. Perform daily code cart checks on the code carts in the operating room and on the Med/Surg unit.
8. Ensure patient teaching has been performed and appropriate materials have been given to patient prior to discharge.

### Was staffing accurate?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### Comments

Days:

Nights:
Attestation Form
KVH Nurse Staffing Committee
December 10, 2019

I, the undersigned with responsibility for Klickitat Valley Health (hospital/health system name), attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for the 2019-2020 (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

Date