Attestation Form
Nurse Staffing Committee
December 18, 2018

I, the undersigned with responsibility for Lake Chelan Community Hospital, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for the year 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.

Betsy A. Mendy
Signature
Printed Name

Beatriz Mendez
Signature
Printed Name

Tonya M. Reid
Signature
Printed Name

12/18/18
Date
Staffing Plan for Nursing Services

Applicable to: Lake Chelan Community Hospital (LCCH)

Department: Nurse Staffing Committee

Revisions to this plan will be based on RCW 70.41.410 and RCW 70.41.420

Purpose Statement:

The Staffing Plan for Nursing Services reflects the specific needs of LCCH to meet patient care and organizational needs. Specific needs and staffing requirements will have an ongoing evaluation by the Nurse Staffing Committee and as a component of the annual budget process. All nursing staff and supervisory staff may provide input to the Nursing Staff Committee relevant to providing patient care.

Definitions:

- **Nursing Personnel**: Defined as Registered Nurse providing direct patient care.
- **Assistive Personnel**: Defined as anyone who assists the RN while providing nursing care which includes and not limited to CNA's, unit coordinators, operating room technicians, medical assistants, emergency room technicians, Paramedics and EMT's.
- **On Call Personnel**: Defined as a scheduled state of being ready to be called to work within the response time defined in their job description.
- **Patient Care Unit**: Defined as any unit or area of the hospital where patient care is planned and implemented by Registered Nurses.
- **Skill Mix**: Defined as the number and relative percentages of Registered Nurses and assistive personnel among the total numbers of nursing personnel.
- **Acuity**: Defined as the level of patient need for nursing care as determined by the nursing assessment.
- **Safe Patient Care**: Defined as nursing care that is provided effectively, in a timely manner that meets the patient’s needs.
- **Census**: Defined as the total number of patients on the unit on each shift and activity related to patient acuity, admissions, discharges and transfers.
- **Core Staffing**: Minimum numbers of each skill level of nursing staff members on each unit needed to provide patient care. Core numbers may vary by shift and by day of the week and should be based on staff and skill mix needed to care for that unit’s most frequent patient census and average patient acuity.
Per diem float caregiver: Caregiver who is not in a full-time or part-time position, who is utilized on an intermittent basis as needed.

Nursing Staffing Plan:
The Nursing Staffing Plan has been formulated to identify the staffing needs based on the following criteria listed below:

1. Patient population and individual patient needs (acuity)
2. Average Daily census
3. ADT (admission, discharge, transfer) intensity
4. Length of stay
5. Specialty needs of the patient population served
6. Physical environment and available technology
7. Skill mix, including level of experience
8. Competencies required
9. Availability of other personnel supporting nursing services on the unit
10. Strategies to enable registered nurses to take meal and rest breaks as required by law or collective bargaining agreement.
11. Measurable outcomes of nursing services
12. Standards of Nursing Practice as set forth by the State of Washington, national nursing professional associations, specialty nursing organizations and other health professional organizations

The hospital will cross train personnel, have flexible resources and float personnel to augment staffing and optimize resources. The use of outside agencies will be limited to episodes when all other means of staffing have been exhausted. The skill mix will be evaluated by each unit to ensure an adequate skill mix which will reflect patient care needs using available staff, patient census and budget standards.

Responsibility for providing staff for patient care needs is a team effort. Unit Nursing Managers have 24 hour/day accountability and responsibility for their unit’s staffing. Responsibility for each shift is delegated to House Supervisors and/or designees/Charge Nurses. Whenever necessary, nursing staff may request additional assistance/personnel based on clinical judgment and unit activity through the House Supervisor, unit Nursing Manager, or Chief Nursing Officer. These additional needs may include the direct assistance by the House Supervisor, Manager, or CNO, reassigning personnel or calling in staff to maintain patient care at appropriate levels. If at any time, hospital staffing or available patient beds become an emergent issue, the House Supervisor will notify the Nurse Leader on-call and initiate
the surge plan (See Placing the Hospital on Diversion in Policy Tech) to manage admissions or divert patients to another acute care facility.

Breaks are planned at the beginning of the shift. If assistance is required to cover breaks, the House Supervisor is notified and will arrange for coverage.

Planned leaves are managed with schedule development. Unplanned leaves are managed as a sick call or increase in census would be for the shift of notice. The Nurse Manager addresses unplanned leaves on the first business day after notified.

Review of the staffing plan will be at least semiannually and may be more often if evidence-based staffing information, patient needs and quality assurance indicators collected by the hospital have changed. Staffing levels will be planned in a proactive manner to ensure and promote optimum patient care.

1. Lake Chelan Community Hospital **will not require** a Registered Nurse or Certified Nursing Assistant to work:
   A. Longer than the agreed shift
   B. More than the agreed shift rotation relevant to the hospital defined work week in normal circumstances
   C. More than 12 consecutive hours in a 24-hour period
      **Exception:** the hospital may require an additional hour of work beyond the 12 hours if:
      1. The hospital learns about a staff vacancy for the next shift at the end of the current shift **OR**
      2. If there is the possibility of potential harm to the patient if the RN or CNA left work or transferred care to another.
   D. The hospital may require on call availability (2 shifts per month) above the usual schedule when RN positions are unfilled and there are significant gaps in staffing. All attempts will be made to avoid using these on call staff.

2. Hours worked:
   A. Hours worked will be based on a schedule agreed on by personnel and management.
   B. Time spent receiving education, training or attending and/or preparing for required meetings.
   C. Time spent **on-call** but away from the hospital (i.e., at home) may not be included as hours worked.
   D. Time spent on-call or on standby when the RN is **required** to be on the hospitals' premises is included in hours worked.
HOSPITAL & CLINICS

3. The provisions listed in sections 1 and 2 (above) do not apply to nursing staff needs under the following circumstances:
   A. In the event of a national, state or local emergency
   B. In the event of a hospital disaster or implemented disaster plan
   C. If the hospital has made reasonable efforts to contact all qualified nursing staff and nursing/staffing agencies.

4. Hospital Staffing Plan Committee
   A. The written staffing plan is dynamic and will be developed, monitored, evaluated and modified by the Nursing Staffing Committee as per RCW 70.41.410 and RCW 70.41.420.
   B. The Staffing Committee will
      1. Place safe patient care and adequate nursing staff as its primary focus
      2. Include nurse managers and direct care Registered Nurses, with a minimum of 50% of members being registered nurses currently providing direct patient care, as described in RCW 70.41.410 and RCW 70.41.420
      3. Include preferably one direct care Registered Nurse from each unit or specialty when staff are agreeable: include at least one CNA. The hospital will define the units and/or specialties
      4. Review, analyze, and amend the Nurse Staffing Plan as needed

5. LCCH will post, in a public area on each patient care unit, the core nurse staffing plan and the nurse staffing schedule for that shift for that unit, as well as the relevant clinical staffing for that shift. The staffing plan and current staffing levels must also be made available to patients and visitors upon request. The hospital will be accountable to the intent outlined in RCW 70.41.420.

6. Measurable Outcomes of Nursing Care
   A. Nurse Sensitive quality indicators, such as patient falls, pressure ulcers, catheter associated urinary tract infections will be monitored with results reported to staff at intervals
   B. Staffing effectiveness as measured by quality management, patient surveys and nursing staff surveys.

See attached addendum for core staffing.
Original Staffing Plan signed and adopted on 7/1/2010.

**Modified and approved by Nurse Staffing Committee 12/18/18**

[Signatures]

Nurse Staffing Committee

Donna Struck, Chair of Nurse Staffing Committee

CEO
Nurse Staffing Plan
Addendum
Core Nursing Staff for Patient Care Units

Med-Surg Unit (includes Swing Bed, Observation, OB, and Post-Partum)
  Day shift 7a-7p
  RN – 2
  CNA – 1
  HUC – 1 on most weekdays
  Night shift 7a-7p
  RN – 2
  CNA – 1

Note: In the event of low census, one RN may be placed on-call at discretion of the House Supervisor or designee/Charge Nurse. If census, acuity, or patient mix indicates need, an additional RN may be placed on-call at discretion of the House Supervisor or designee.

Emergency Department
  Day shift 7a-7p
  RN – 1
  Night shift 7p-7a
  RN – 1

Note: an ED Tech is typically staffed 1200-0030, depending on census and intensity; hours may vary by season

Sanctuary
  Day Shift
  RN – 2 (1st nurse and CNA start at 0700, 2nd nurse starts at 0900)
  CNA – 1
  Night shift 7p-7a
  RN – 1
  CNA – 1

Perioperative 7a
  RN – 1 weekdays and on call 24/7
  Surgery Tech – 1 weekdays and on call 24/7

PACU variable depending on surgery schedule
  RN - 1 Weekdays when procedures are scheduled

Note: Staffing is addressed periodically and each weekday to support the volume of procedures for the next day.

House Supervisor
  Day Shift 6:30a-7p
  RN – 1
  Night shift 6:30p-7a
  RN – 1

NOTE: Copies of complete LCCH Nurse Staffing Plan are available on request from Patient Access (Registration) desk, Executive Assistant or CNO
Reviewed, modified, and approved by Nurse Staffing Committee 12/18/18