Cover Page

The following is the nurse staffing plan for Lourdes Medical Center, submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420.
Attestation Form

Nurse Staffing Coalition

December 30, 2019

I, the undersigned with responsibility for Lourdes Health, LLC, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for 2020 and includes all units covered under our hospital license under RCW 70.41. This plan was developed with consideration given to the following elements:

- Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
- Level of intensity of all patients and nature of the care to be delivered on each shift;
- Skill mix;
- Level of experience and specialty certification or training of nursing personnel providing care;
- The need for specialized or intensive equipment;
- The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;
- Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
- Availability of other personnel supporting nursing services on the patient care unit; and
- Strategies to enable registered nurses to take meal and rest breaks as required by law or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff.

This staffing plan was adopted by the hospital on: November 4, 2019

As approved by Denise Clapp, CNO
Nurse Staffing Plan Submission Template

Nurse Staffing Plan Purpose
This plan was developed for the management of scheduling and provision of daily staffing needs for the hospital, and to define a process that ensures the availability of qualified nursing staff to provide safe, reliable and effective care to our patients. This plan applies to all parts of the hospital licensed under RCW 70.41.

Nurse Staffing Plan Principles
- Access to high-quality nursing staff is critical to providing patients safe, reliable and effective care.
- The optimal staffing plan represents a partnership between nursing leadership and direct nursing care staff.
- Staffing is multifaceted and dynamic. The development of the plan must consider a wide range of variables.
- Data and measurable nurse sensitive indicators should help inform the staffing plan.

*These principles correspond to The American Nursing Association Principles of Safe Staffing.

Nurse Staffing Plan Policy
- The nurse staffing committee (committee) is responsible for the development and oversight of the nurse staffing plan to ensure the availability of qualified nursing staff to provide safe, reliable and effective care to our patients.
- The committee’s work is guided by its charter.
- The committee meets on a regular basis as determined by the committee’s charter.
- The committee’s work is informed by information and data from individual patient care units.
- Appropriate staffing levels for a patient care unit reflect an analysis of:
  - Individual and aggregate patient needs;
  - Staffing guidelines developed for specific specialty areas;
  - The skills and training of the nursing staff;
  - Resources and supports for nurses;
  - Anticipated absences and need for nursing staff to take meal and rest breaks;
  - Hospital data and outcomes from relevant quality indicators; and
  - Hospital finances.

*The American Nurses Association does not recommend a specific staffing ratio, but rather to make care assignments based on acuity, patient needs and staff competencies.

- The analysis of the above information is aggregated into the hospital’s nurse staffing plan. Each individual patient care unit may use the Nurse Staffing Committee Checklist to guide their work.
- Staff continuously monitor individual and aggregate patient care needs and make adjustments to staffing per agreed upon policy and collective bargaining agreement (if applicable).
- The committee will perform a semiannual review of the staffing plan. If changes are made to the staffing plan throughout the calendar year, an updated staffing plan will be submitted to DOH.
- The hospital is committed to ensuring staff are able to take meal and rest breaks as required by law, or collective bargaining agreement (if applicable). The committee considers breaks and strategies to ensure breaks when developing the plan. A global break policy may be used, or individual patient care units may have discretion in structuring breaks to meet specific needs.
while meeting the requirements of the law. Data regarding missed or interrupted breaks will be reviewed by the committee to help develop strategies to ensure nurses are able to take breaks.

**Nurse Staffing Plan Scope**

*Acute care hospitals licensed under [RCW 70.41](#) are required by law to develop a nurse staffing plan. The plan must cover areas of the hospital that: 1) are under the hospital’s license (RCW 70.41) and 2) where a nurse(s) provides patient care (i.e., “patient care unit”).

The following areas of the hospital are covered by the nurse staffing plan:

- Med/Surg/ICU/OBS
- ED
- Acute Rehab
- Joint and Spine
- SDS
- OR
- PACU

**Nurse Staffing Plan Critical Elements**

The following represents critical elements about the nurse staffing plan: ED and OR have charge nurses.

**Nurse Staffing Plan Matrices**

*Matrices are developed as a guide for shift-by-shift unit-based staffing decisions and are adjusted up or down based on patient factors and skill-mix of hospital staff.*
LOURDES HEALTH

STAFFING PLAN

FOR

NURSING SERVICES

January 2020
Nursing Care at Lourdes Health Network, comprised of Lourdes Medical Center (LMC), Lourdes Counseling Center (LCC), and Physician Clinics is provided according to established staffing schedules. The staffing schedules are based on projected patient census, acuity demands and industry standards. Staffing schedules are kept and are updated daily by the House Supervisor or designee. Adjustments to the schedule are made based on fluctuations in census, activity, and/or acuity, utilizing additional staff as necessary. Additional staff is called in by either the Staffing Coordinator, Nurse Director/Manager or House Supervisor by phoning low censused, or non scheduled staff to come in for extra shifts. As a last resort, staffing agencies are called to provide staff.

Staffing assessments are performed at least each shift and as needed by the Director/Manager and/or House Supervisors at Lourdes Medical Center and by the Director and charge nurses at Lourdes Counseling Center. Staffing takes into consideration patient acuity, staff skill mix and competency of nursing staff members. Adherence to and/or appropriateness of the schedule is monitored on an ongoing basis to determine if the patient care needs are being met. Staffing needs are reviewed as part of the annual budgetary process.

**Low Census or House Request**
Nursing staff members may be placed on low census standby or house request, according to policy or union contract if schedule staffing exceeds the need. “Low Census” requires the nurse to remain available for immediate recall to duty at the hospital during the nurse’s regularly scheduled shift. “House Request” releases the nurse from further duty at any time during the nurse’s regularly scheduled shift. The determination is made to either low census or house request a nurse by the nursing director/designee/house supervisor, based on patient acuity, staff skill mix and competency of nursing staff members.

**Nurse Staffing Patterns**
Basic nurse staffing patterns have been established by each nursing unit. These patterns are based on staffing data, patient days, nursing hours per patient day required to deliver safe nursing care, budget information, quality improvement data, acuity, ages of patients served, specialty certifications, staff competencies, and technologies used. Furthermore, the utilization of skill mix is made in accordance with laws governing nursing practice and the scope of the Nurse Practice Act for the State of Washington. The following skill mix and nurse staffing patterns are defined by each unit. Lourdes Counseling Center prepares their own staffing plan. The physician clinics have established staffing levels.
LOURDES MEDICAL CENTER
CORE STAFFING

Emergency Department
The Emergency Department is staffed with a minimum of two RN’s 24 hours per day, seven days a week. One RN is assigned as Charge/Triage Nurse. Additional staff are utilized based on census and acuity, including LPNs, HUCs, and CNAs.

Med/Surg/Pediatrics/Observation
There must be at least one RN on each shift. Other skill mix utilized consists of LPNs, CNAs, and a Telemetry Tech/Health Unit Coordinator to assist with non-nursing tasks. Staffing is based on acuity, census, patient care needs and established matrix.

Rehabilitation Unit
One RN must be assigned for each shift and they must be FIM (Functional Independent Measure) certified. In addition if there is a trauma patient, there must be a CRN within the 24 hour day. A HUC/PPS Coordinator, LPNs and CNAs are also utilized to provide care for Rehab patients. Skill mix is determined by the acuity of the patient population.

Orthopedic Unit
One RN must be assigned to the unit. Additional staff are utilized based on patient needs including LPNs, HUC and CNAs.

Post Anesthesia Care Unit (PACU)
At least two RNs must be staffed in PACU at all times of operation. One RN must be Phase I competent.

Operating Room
One RN is assigned as Charge Nurse. The circulator must be an RN. The scrub may be an RN, LPN, or surgical technician.

Ambulatory/GI Lab Services
One RN must be in the unit during hours of operation and a second qualified staff (RN or LPN). One RN is assigned as charge nurse. Other skill mixes utilized include LPNs, CNAs, and HUCs.

Intensive Care Unit
Two RNs shall be assigned to ICU when Intensive Care Status patients are present. The second or third nurse may be assigned outside the unit if staff and Director/House Supervisor, determines it is safe to do so. The preferred assignments include those which lend themselves to early release and quick return to the ICU for the second RN. If there are no patients in the ICU, the primary nurse shall remain on the unit, the second nurse may be on call but must be made immediately available for call in. Staffing on each shift must consist of at least 50% RN staff. Special circumstances may support augmentation with additional ancillary staff.
Pre Admission
At least one RN and one Medical Assistant are assigned during days of operation, M-F.

Float RNs
There are 4 float RN positions available to serve on applicable units.

House Supervisor
There is one RN House Supervisor 24 hours a day.

Available staffing matrixes guidelines are attached.

This portion of the staffing plan for nursing services is agreed upon by the following individuals:

[Signatures and dates]

Nurse Staffing Committee Representative 11/04/19

Denise Clapp, RN 11/4/19
CNO/VP of Nursing

President and CEO 11/4/19

Implemented September 1991.
Revision Dates: 7/10, 7/11, 1/13, 1/14, 11/15, 7/16, 2/18, 11/19
ED STAFFING IN A 24 HOUR PERIOD.

STAFF:

9P-5A
1 NAC

7P-7A
2 RN
1 HUC

3P-3A
1 RN

10:30-6:30P
11A-11P
1 RN
1 NAC

7A-7P
9A-9P
1 RN
1 HUC
REHAB STAFFING MATRIX

Level II Trauma Rehab Designation: Requires 1 Shift/24 hrs CRRN staffing, when trauma admitted to unit.

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<th>DAYS</th>
<th>CENSUS</th>
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<th>RN/LPN**</th>
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<th>NIGHTS</th>
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** Must be FIM Certified, both nurses if possible for 5 or more patients. If FIM Certified is unavailable, 1 Non FIM Certified LPN or RN to be floated. Rehab is to be staffed to skills and ability, BEFORE FTE and or Low Census hours.

FIM documentation must be completed every 12 hours by licensed nursing that are FIM certified. This mandatory 18 category, scoring with narrative entry, burdensome documentation requires about 45 minutes for each and every person on the Rehab Unit.

RN with Rehab experience must be staffed 24/7 per CARF and Level II Trauma Rehab Standards. CRRN must be staffed one shift every day while a trauma patient is an inpatient on the Rehab Unit. CRRN must initiate, review and update plan of care and team conference summary report for Trauma patients.
REHAB STAFFING MATRIX

1 RN with Rehab Experience and other staff, to be assigned to Rehab Unit per Matrix Guideline minimums.

RN Primary Nurse and or CRRN, will be expected to attend Tuesday morning team conference and rounds with physician, depending on census 1-2 hours will be utilized. LPN cannot fill this role per WAC. (A second licensed staff is most often needed, with census greater than 4 due to patients requiring medication etc...in am during conference times.)

RN Primary Nurse and or CRRN will be expected to attend and participate in Grand Rounds/Weekly Family conference; depending on census 1-2 hours will be utilized. (A second licensed staff is most often needed, with census greater than 4 due to patients requiring medications etc...in am during conference times.)

Deviations from routine staffing matrix will be assessed and addressed for the unit, staff and patient care needs by Clinical Manager, House Shift Supervisors and or Director of Rehabilitation and Nursing Services.

Rehab Administrative Staff:
PPS Coordinator 1.0 FTE Monday–Friday 0730-1600 since 10/2016.
HUC/PPS Coordinator 0.5 FTE Monday–Thursday 1/1/2017 added to staffing plan, low census etc... Will be decided on a day to day basis per the Rehab Director and or Clinical Manager, taking into account CARF, UDS, CMS, Level II Trauma Rehab, Unit Workload and DOH compliance, regulations, census and completion of the required billing.

House Shift Supervisors 24/7

Rehab Interdisciplinary Team: CRRN Case Manager/DC Planner Monday-Friday
Social Work/Psychone Counselor
PT, OT, ST, PTA, & COTA
Nursing & Therapy Clinical Managers
Medical Director/Physiatrist & Hospitalist
Joint and spine surgical suite staffing matrix 2019

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<th>DAYS</th>
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Monday-Thursday HUC 11:00am-5pm, Friday 9am-5:30pm, Saturday 9am-3:30pm, Sunday 9am-3:30pm
House Shift Supervisors 24/7

Clinical Manager Monday-Friday
Case Management Monday- Friday

**ONC RN’s to be staffed minimum of 1 per 12 hour shift as a Primary Resource Nurse for Joint & Spine, as we strive to be an Orthopedic Center of Excellence, this may not be possible initially.**
**Hospital Medical Center (include COID)**

**Dept #**

615

**Type of Nursing Unit:** Medical/Surgical & ICU Mix Unit

Manager is staffed for 8 hours on days (M-F). Staffing Matrix based on 5:1 M/S ratio and an estimate of 2 ICU patients. If no ICU patients, staffing should be adjusted to the M/S ratio.

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<th>FTE By Shift and Skillmix - 12 Hr Shifts</th>
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