

STAFFING PLAN FOR NURSING SERVICES

Applicable to: Mid Valley Hospital

Department: Nurse Staffing Committee

Revisions will be based on RCW 70.41.420

Purpose Statement:

The Staffing Plan for Nursing Services will reflect the specific needs of Mid Valley Hospital to meet patient care and the needs of the organization. Specific needs and staffing requirements will be evaluated by the Nurse Staffing Committee on an ongoing basis, along with being a component of the annual budget process. All nursing and supervisory staff will be provided the opportunity to provide input to the Nursing Committee relevant to providing patient care without any fear of retaliation.

Definitions:

- **Nursing Personnel:** Defined as a Registered Nurse, Licensed Practical Nurse and licensed/unlicensed assistive nursing personnel providing direct patient care.
- **Assistive Personnel:** Defined as anyone who assists the RN or LPN while providing nursing care which includes but not limited to CNA's, and operating room technicians.
- **On Call Personnel:** Defined as a scheduled state of being ready to be called to work at a moment's notice, within a 30 minute response time if working in a specialty care area. Standby allows 1 hour to arrive on Acute Care.
- **Patient Care Unit:** Defined as any unit or area of the hospital that provides patient care by nursing staff.
- **Skill Mix:** Defined as the number and relative percentages of Registered Nurses, Licensed Practical Nurses and licensed/unlicensed assistive personnel among the total number of nursing personnel.
- **Intensity:** 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 and meets quality standard in providing for patient's needs.
- **Census:** Defined as the total number of patients on the unit on each shift and activity related to patient intensity, admissions and transfers.

Nurse Staffing Plan:

The Nurse Staffing Plan has been formulated to identify the staffing needs on each shift based on the following criteria:

1. Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
2. Level of intensity of all patients and nature of the care to be delivered; to include the need to specialized or intensive equipment;
3. Skill mix; level of experience and specialty certification or training of nursing personnel providing care;
4. 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;
5. Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
6. Availability of other personnel supporting nursing services on the unit; and
7. 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.

The hospital will cross train personnel when needed, have flexible resources and flotation personnel to augment staffing and optimize resources. The utilization of outside agencies for staffing 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 of staff will reflect patient care needs using available staff, patient census, and budget standards.

Whenever necessary, nursing staff may request additional assistance/personnel based on clinical judgment and unit activity following the chain of command through the Nursing Supervisor, Nursing Department Managers, or the Director of Patient Care Services (DPCS). These additional staffing needs; if approved, will include the direct assistance by the staffing specialist, nursing supervisor, DPCS or the Nursing Managers. In reassigning personnel or calling in staff off of standby status to retain patient/nurse staffing ratios at appropriate levels. If at any time, available hospital staffing becomes an emergent issue, the DPCS, Nursing Managers, and Nursing Supervisor will follow the current policy/procedure to initiate the closing of a particular unit or diversion to limit admissions or divert patients to another acute care facility.

Review of the staffing plans will be at least semi-annually and may be more often dependent upon evidence based staffing information, patient needs and quality assurance indicators collected by the hospital. Staffing levels will be planned in a proactive manner to ensure and promote optimum patient care.

1. **Mid Valley Hospital will not require a Registered Nurse, Licensed Practical Nurse and Certified Nursing Assistants to work:**
 - a. Further than agreed upon shift
 - b. More than the agreed upon shift rotation relevant to the hospital's defined work week (i.e. FTE)
 - c. More than 12 consecutive hours in a 24 hour period
 - i. Exception: the hospital may require additional hours of work beyond the 12 hours if:
 - a. the hospital learns of a staff vacancy for the next shift at the end of the current shift OR
 - b. there is a possibility of potential harm to the patient if the RN, LPN or CNA left work or transferred care to another staff member.
2. **Hours Worked:**
 - a. Will be based on a schedule agreed upon by both nursing staff and management.
 - b. Will include time spent receiving education, training or attending and/or preparing for required meetings.
 - c. Will include time spent on-call or on standby when the RN, LPN, or CNA is required to be on the hospital premises.
 - d. Will not include time spent on-call but away from the hospital (i.e. at home).
3. **The provisions listed in Section 1-a, 1-b, and Section 2 above do not apply to nurse staffing needs under the following circumstances:**
 - a. In an 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 nurse 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 70.41.420, Bill 3123.
 - b. The Staffing Plan Committee shall:
 1. Put safe patient care and adequate nursing staff as its primary focus.
 2. Include equal amounts of hospital administration and direct care Registered Nurses as per RCW 70.41.420
 3. Review, analyze and amend Nurse Staffing as needed.
5. **Mid Valley Hospital will post in a public area on each patient care unit (Acute Care, Obstetrics, OR/PACU, Emergency Department) the nurse staffing plan and the nurse staffing schedule for that shift, 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; Staffing effectiveness as measured by quality assurance, patient surveys, and nursing staff satisfaction surveys.**
7. **Shift Based Nurse Staffing Plan:**
(Please see attached department specific Nurse Staffing Plans for details)
The staffing plan for each unit will be based on patient census, acuity and planned admissions procedures as well as nursing staff certifications and orientation. This will be evaluated by the Nursing Supervisor by 0500 and 1700 to make time for low/high census calls, and replacement calls for unexpected sick leave.

Acute Care 0700-1900:

- 1 Nursing Supervisor
- 3 RNs Monday-Wednesday (higher volume surgical days)
- 2 RNs Thursday-Sunday
- 2 CNAs Sunday-Saturday
- Ward Clerk 0730-2000 Sunday-Saturday
- 1 Respiratory Therapist 0600-1600 then on-call

Acute Care 1900-0700:

- 1 Nursing Supervisor
- 3 RNs scheduled for Monday-Wednesday (higher volume surgical days)
- 2 RNs Thursday-Sunday
- 1 CNA Sunday-Saturday
- Ward Clerk until 2000 Sunday-Saturday
- 1 Respiratory Therapist on-call

OB 0700-1900:

- 2 RNs Sunday-Saturday

OB 1900-0700

- 2 RNs Sunday-Saturday

ER 0700-1900:

- 1 RN Sunday-Saturday

ER 1900-0700:

- 1 RN Sunday-Saturday

ER Float 0700-1900:

- 1 RN Sunday-Saturday (may be used where needed OB, AC, ER)

ER Float 1900-0700:

- 1 RN Sunday-Saturday (may be used where needed OB, AC, ER)

Sitters:

Sitters will be used for 1:1 or 1:2 nurse to patient ratio, depending on patient room placement. The Nursing Supervisor will first look at the available staff in house who could come and be a sitter, then call staff from the sitter pool to see if they are available to come in.

OR/PACU:

Staffing dependent on the number of cases scheduled Monday-Friday. There is an RN and Surgical Tech on call after hours at all times.

8. Evaluating complaints- Please refer to assessing and evaluating complaints.



Alan Fisher, CEO
Mid Valley Hospital

10/25/2020
Date

This Nurse Staffing Plan needs to be reviewed semi-annually by the Nurse Staffing Committee.
Last Reviewed: 05 13 2021

Nurse Staffing Committee Charter

Committee Name	Mid Valley Hospital Nurse Staffing Committee
Committee Membership and Leadership	<p>Co-Chair: Cheryl Pfeifer RN - ER Co-Chair: Randy Coffell - HR Committee Membership:</p> <ol style="list-style-type: none"> 1. Judy Mirick RN – ER Float Noc 2. Teresa Cutchie RN- ER Float Days 3. Karla Walker RN – OB Noc 4. Rebecca Christoph RN - DPCS 5. Erin Andreas RN – AC/OB Manager 6. Aliya Quidwai RN- ER Manager <p>The Nurse Staffing Committee will consist of eight members: Four Registered Nurses currently providing direct patient care, (one half of the total committee membership) and four hospital administrative staff, (up to one half of the total membership). Each department where nursing care is provided will have the opportunity to provide input to the Nurse Staffing Committee. Department representatives will be called to meetings when their attendance is required. Committee meetings are open, and any interested Registered Nurse employed by Mid Valley Hospital may attend, but only committee members will have a vote.</p> <p>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.</p> <p>Registered Nurse participants will be selected according to the collective bargaining agreement or by their peers if staff are not represented by a union.*</p>
Overall Purpose/ Strategic Objective	<p>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.</p> <p>The staffing committee has ready access to organizational data pertinent to the analysis of nurse staffing which may include but is not limited to:</p> <ul style="list-style-type: none"> • Patient census and census variance trends • Patient LOS • Nurse Sensitive Outcome indicator data

* Under Section 9(a) of Taft-Hartley Act, a union which has been certified or recognized as the representative of the workers in a bargaining unit has the right of exclusive representation for all workers in that unit and has the right to choose the individuals who bargain on its behalf.

	<ul style="list-style-type: none"> • Quality metrics and adverse event data where staffing may have been a factor • Patient experience data • Staff engagement/experience data • Nursing overtime and on-call utilization • Breaks taken, breaks missed • Nursing agency utilization and expense • “Assignment by objection” or other staffing complaint/concern data • Patient utilization trends in those areas where on-call is used • Recruitment, retention, and turn-over data • Education, vacation, and sick time (including leaves of absence, scheduled or unscheduled) <p>The committee conducts routine surveys to assess the satisfaction of both nurse staffing committee members, and bedside nursing staff, with nurse staffing and with the effectiveness of the staffing committee.</p>
<p>Tasks/ Functions</p>	<ul style="list-style-type: none"> • Develop / produce and oversee the establishment of an annual patient care unit and shift-based nurse staffing plan and staffing plan modifications based on the needs of patients and use this plan as the primary component of the staffing budget. • 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. <ul style="list-style-type: none"> Typical timeline for annual review and validation of staffing plans: <ul style="list-style-type: none"> ▪ Bi- Annual – committee review every 6 months ▪ Q 6 Months- Staff input ▪ Q 6 months – finalize communication to the CEO • Review, assess, and respond to staffing variations or 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 on each shift: <ul style="list-style-type: none"> ○ Census, including total numbers of patients on the unit and activity such as patient discharges, admissions, and transfers ○ Level of intensity of all patients and nature of the care to be delivered, to include the need for specialized or intensive equipment ○ Skill mix, level of experience and specialty certification or training of nursing personnel providing care ○ 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

	<ul style="list-style-type: none"> ○ 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 collective bargaining agreement. ● Evaluate staffing effectiveness against predetermined nurse sensitive metrics collected by Washington hospitals. ● Hospital finances and resources as well as defined budget cycle must be considered in the development of the staffing plan. ● Develop and implement a process to examine and respond to complaints submitted by a nurse that indicates: <ul style="list-style-type: none"> ○ That the nurse personnel assignment in a patient care unit is not in accordance with the adopted staffing plan; or ○ An objection to the shift-to-shift adjustments in staffing levels required by the plan made by the appropriate hospital personnel overseeing patient care operations. ● Track complaints coming in and the resolution of the complaints. ● Make a determination that a complaint is resolved or dismissed based on unsubstantiated data. ● Orientation to the staffing committee law is a part of routine hospital orientation.
<p>Timeline for Outcome Completion</p>	<p>By September 1, 2008, the Nurse Staffing Committee will be established in accordance with Chapter 70.14 Revised Code of Washington</p> <ul style="list-style-type: none"> ● By 12/31/2018, the Nurse Staffing Committee will have approved the Charter and finalized the membership selection process ● By 12/31/2018, the Nurse Staffing Committee will have reviewed, approved, and submitted unit/area staffing plans to the Chief Executive Officer for approval ● By 12/31/2018, the Nurse Staffing Committee will have reviewed and evaluated all staffing plans using the designated nurse sensitive quality indicators
<p>Meeting Management</p>	<p>Meeting schedule: The Nurse Staffing Committee will meet on a quarterly basis. Notices of meeting dates and times will be distributed at least six weeks 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 preferably 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 scheduled day off.</p>

	<p>Record-keeping/minutes:</p> <ul style="list-style-type: none"> • Meeting agendas will be distributed to all committee members at least one week in advance of each meeting via email. • 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. • A master copy of all agendas and meeting minutes from the Nurse Staffing Committee minutes will be maintained and available for review on request from HR and available on the intranet under Registered Nurse login credentials. <p>Attendance requirements and participation expectations:</p> <ul style="list-style-type: none"> • All members are expected to attend at least 80 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 Randy Coffell in HR, 2 weeks prior to the meeting. 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. <p>Decision-making process:</p> <ul style="list-style-type: none"> • 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 (not just the majority of the members present at a particular meeting).
<p>New Staff Committee Requirements</p>	<ul style="list-style-type: none"> • Staffing committee members will go through formal education/orientation prior to joining the committee. • If possible, staff are encouraged to attend at least 1 meeting and review charter prior to committing.

PATIENT POPULATION & NURSING CARE PROVISION	ESSENTIAL STAFFING & EVALUATION PROCESS	STAFFING FOR ACUITY	STANDARDS AND QUALITY
<p>DEFINITION Mid-Valley Hospital is a full service, 25 bed Critical Access acute care facility, with an additional licensure for 5 swing beds. The hospital operates 24 hours per day and has provision for diagnostic, surgical and treatment modalities. Mid-Valley Hospital does not have the capability for providing continuing care beyond emergency medical stabilization for the following patient populations:</p> <ol style="list-style-type: none"> 1. Neonatal Intensive Care 2. Psychiatric Patients 3. Burn Victims 4. Patients Requiring Organ Transplant 5. Dialysis Patients Requiring In-Patient Admission 6. Cardiovascular Surgical Patients 7. Cancer Chemotherapy <p>SCOPE OF SERVICES Acute Care floor is a medical/surgical and progressive care unit within the Department of Patient Care Services.</p> <p>The goal is to provide quality patient care and medical management using a collaborative multidisciplinary approach, minimizing the negative physical and psychological effects of disease processes through education, ultimately restoring each patient to self-care across the lifespan.</p> <p>The department participates in hospital performance improvement programs in conjunction with the hospital Quality Management Program.</p> <p>Acute Care has ready access to emergency and routine services from laboratory diagnostics, blood bank, radiology, respiratory therapy, physical therapy, occupational therapy, speech therapy, pharmacy, and nutritional consultations. All available resources will be utilized to facilitate a timely discharge.</p>	<p>STAFFING RN, LPN, CNA and unlicensed assistive personnel are staffed twenty-four hours a day. Staffing is adjusted for census changes, increased or decreased level of care required for the patients on the unit and the competencies of the staff.</p> <p style="text-align: center;"><u>Shift Based Nurse Staffing Plan</u></p> <p>The staffing plan for each unit will be based on patient census, acuity, and planned admissions/procedures as well as nursing staff certifications/orientation. This will be evaluated by the Nursing Supervisor by 5 AM and 5 PM, to make time for low/high census calls, and replacement calls for unexpected sick leave.</p> <p><u>7a-7p</u></p> <ul style="list-style-type: none"> 1 Nursing Supervisor 3 RNs/LPNs Monday-Friday 2 RNs/LPNs Saturday-Sunday. 2 CNAs Monday-Sunday 1 Ward Clerk 0730-2000 Monday-Sunday 1 Respiratory Therapist 0600-1600 then on call <p><u>7p-7a</u></p> <ul style="list-style-type: none"> 1 Nursing Supervisor 3 RN/LPNs Monday-Friday 2 RN/LPNs Saturday-Sunday 2-CNAs Monday-Tuesday 1 CNA Wednesday-Sunday Ward Clerk until 2000 Sunday-Saturday Respiratory Therapy on call 	<p>Whenever necessary, nursing staff may request additional assistance/personnel based on clinical judgment and unit activity following the chain of command through the Nursing Supervisor, Nursing Department Managers, or the Director of Patient Care Services (DPCS). These additional staffing needs; if approved, will include the direct assistance by the staffing specialist, nursing supervisor, DPCS or the Nursing Managers. In reassigning personnel or calling in staff off of standby status to retain patient/nurse staffing ratios at appropriate levels. If at any time, available hospital staffing becomes an emergent issue, the DPCS, Nursing Managers, and Nursing Supervisor will follow the current policy/procedure to initiate the closing of a particular unit or diversion to limit admissions or divert patients to another acute care facility.</p> <p>Patient conditions that contribute to a higher level of acuity on Medical/Surgical include but are not limited to:</p> <ul style="list-style-type: none"> • Frequent VS • Multiple IV medications • Alcohol withdrawal 	<p>RN: BLS, ACLS, EKG and Medication competency, and complete the hospital required annual review training as assigned. PALS is optional.</p> <p>Quality Measures:</p> <ul style="list-style-type: none"> • CAUDI • CLABSI • Pressure Injuries • Restraint Use • HCAHPS • Surgical Site Infections • Anti-Microbial Stewardship • Patient Falls • Medication Errors • CMS Core Measures <ul style="list-style-type: none"> ○ Stroke ○ AMI ○ Sepsis • Vaccinations • Transfusions • MRSA Bacteremia • Clostridium Difficile Rates • HAI • RN/LPN Review • Mini-Nutritional Assessments



Edited 12.2018; Approved 09.23.2020

**Acute Care Staffing Plan
Staffing Plan**

<p>coordinated with the case manager to promote the continuum of care for all patients.</p> <p>HOURS OF OPERATION Acute Care provides daily twenty-four hour care.</p>	<p>Sitters will be used for 1:1 or 2:1 depending on patient room placement. The Nursing supervisor will first look at the available staff in house who could be a sitter, then call staff from the sitter pool to see if they are available to come in.</p> <p><u>Strategies to Enable Nurses to Take Meal and Rest Breaks:</u></p> <ul style="list-style-type: none"> • The Primary RN and /or department CNA are responsible for providing the sitter breaks/lunch to the sitter on duty. • Should the non-breaking nurse be unavailable per census standards noted in specific departments, the nurse requiring relief is responsible for contacting the Nursing Supervisor. • Nursing supervisors are responsible for breaking at 0915,(L) 1200, 1500, 1700. If an uninterrupted break is not achieved they are responsible to follow the Kronos Policy. M-F 0700-1700, the Nursing supervisor should reach out to the Nsg. Department Manager for coverage when necessary. 	<ul style="list-style-type: none"> • Dementia/delirium • Complicated wound care • Complicated family situation • Unstable patient • Bariatric Patient • Pediatric patient • High fall risk • Suicide Risk • Continuous Bladder Irrigation • Critical Patients • Insulin drip • Diltiazem drip 	
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Obstetrical Staffing Plan

PATIENT POPULATION & NURSING CARE PROVISION	ESSENTIAL STAFFING & EVALUATION PROCESS	STAFFING FOR ACUITY	STANDARDS AND QUALITY
<p>DEFINITION The Obstetrics Department at Mid-Valley Hospital is a 3-room department equipped with necessary equipment to monitor the obstetric patient and assist with delivery of the newborn. The Nursery, which provides care to the normal newborn after delivery until discharge home is equipped with open bassinets, Ohio Incubators, and a radiant warmer complete with resuscitation equipment. Care for a sick infant is provided on a limited basis with those having significant complications being transferred to a tertiary center. The patients with severe complications or anticipated problems are transferred to a tertiary center if condition is stable. Some patients may be assessed on an outpatient basis. Non-stress tests are scheduled on an outpatient basis.</p> <p>SCOPE OF SERVICES The goal of the Obstetrics Department is:</p> <ul style="list-style-type: none"> To monitor the progress of labor and monitor the fetus during labor. To teach and offer support to the patient in labor and others significant to the patient. To assist with safe and supportive deliveries and provide newborn care upon delivery. To assist and support the patient and her significant other during a cesarean section and provide immediate care of the newborn following a cesarean section procedure. To provide proper identification of newborn infants. To provide assessment of the newborn including health status and family interaction with the newborn. To offer teaching and support to family members toward the care, nurturing and safety of the newborn. To provide direct care of the newborn including bathing, feeding, and assisting with procedures such as circumcision, blood glucose, newborn hearing screen, and BiliChecks. <p>Monitoring and support is provided for low risk obstetrical conditions. As census allows, transition of the postpartum patient, as well as, teaching is provided in the Obstetrics Department to ease the psychological and physical transition to parenthood for patient and her significant other. In the Nursery, a comfortable, safe, and secure</p>	<p>STAFFING OB RN's are staffed twenty-four hours/day. Staffing is adjusted for census changes, increased or decreased level of care required and the competencies of the staff. RN supervisors are in the facility twenty-four hours/day.</p> <p>The OB Nurse is scheduled either #1 or #2 to be in the OB department. If the 2nd OB nurse is not needed in the OB department, they will float to another department as needed. A plan will be made by the Nursing Supervisor at the beginning of the shift if they need to return to the OB department as to who will be taking thier patients.</p> <p style="text-align: center;"><u>7a-7p</u> 2 RNs Monday-Sunday <u>7p-7a</u> 2 RNs Sunday-Saturday</p> <p><u>Strategies to Enable Nurses to Take Meal and Rest Breaks:</u></p> <ul style="list-style-type: none"> Should the non-breaking nurse be unavailable per census standards noted in specific departments, the nurse requiring relief is responsible for contacting the Nursing Supervisor. When the department census is less than or equal to 2 patients that are not in active labor or requiring 1:1 per AWOHNN Standards, utilize the #2 nurse for breaks and lunch. If the #2 nurse is not available, contact the Nursing Supervisor. 	<p>AWOHNN Guidelines will be followed.</p> <p>Patients that may have a higher acuity</p> <ul style="list-style-type: none"> Abnormal FHT Tracing Preterm Labor Vaginal bleeding PIH Amnioinfusion Psycho-social issues Advanced labor Induction of labor C/S Precipitous Delivery Second Stage of labor 	<p>RN: BLS, ACLS, NRP, EFM, EKG and Medication competency, and complete the hospital required annual review training as assigned. PALS is optional</p> <p>Quality Measures:</p> <ul style="list-style-type: none"> CAUDI CLABSI Pressure Injuries Restraint Use HCAHPS Surgical Site Infections Anti-Microbial Stewardship Patient Falls Medication Errors CMS Core Measures <ul style="list-style-type: none"> Stroke AMI Sepsis Vaccinations Transfusions Induction Rates Total Cesarean Section Rates (NTSVC/PMTSVC) See OB Statistics & Washington State Hospital Association Reports

Obstetrical Staffing Plan

environment for the newborn is maintained. Rooming in with parents is promoted to allow mothers and healthy babies to remain together during hospital stay. The Obstetrics Department participates in hospital performance improvement programs in conjunction with the hospital Quality Management Program.

HOURS OF OPERATION

The Obstetrics Department provides daily twenty-four hour care.

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Updated 12.2018; Approved 09.23.2020

ER
Staffing Plan

PATIENT POPULATION & NURSING CARE PROVISION	ESSENTIAL STAFFING & EVALUATION PROCESS	STAFFING FOR ACUITY	STANDARDS AND QUALITY
<p>DEFINITION The Emergency Department provides patient care for a wide variety of diagnoses without regard to a patient’s race, creed, color, religion, national origin, sex, marital status, age, disability, sexual orientation, gender expression, gender identity, genetic information or ability to pay. The scope of care ranges from minor (non-urgent), acute (urgent), emergent, to critical (life threatening) emergencies. Every effort will be made to provide the emergency birth of an infant within the Obstetrical Department, due to immediate availability of specialized equipment and personnel with higher level of expertise; however, the equipment/tray is readily available in the Emergency Department.</p> <p>SCOPE OF SERVICES The Emergency/Trauma Department is available to meet the needs of Mid-Valley Hospital’s community seven days a week, 24 hours per day. Mid-Valley Hospital is a designated Level IV Trauma Center with surgical services, Level ---Stoke Center and Level --- Cardiac Center for the North Central Washington area. Emergency/Trauma care is provided to all individuals presented for treatment within the facility’s capabilities. Major aspects of care include, but are not limited to, trauma care, cardiac, CVA, medical and pediatric care.</p> <p>All patients will be triaged and priority of care will be based on physical and psychosocial needs. Assessment, reassessment, and patient response to treatment are integral to the course of care determination. Family and/or significant others will be involved in patient care and education. Physicians, nurses and other healthcare personnel collaborate to expedite care.</p> <p>This department participates in hospital performance improvement programs in conjunction with the hospital Quality Management Program.</p>	<p>Staffing is adjusted for census changes, increased or decreased level of care required for the patients.</p> <p>A dedicated Emergency Department RN plus additional Emergency Department Float RN and Supervisory RN are available as needed.</p> <p style="text-align: center;"><u>7a-7p</u></p> <p>1- ED RN 1- ED Float RN 1- CNA 1- ED Physician</p> <p style="text-align: center;"><u>7p-7a</u></p> <p>1-ED RN 1-ED Float RN 1-CNA 1-ED Physician</p> <p>Sitters will be used for 1:1 or 2:1 depending on patient room placement. The Nursing supervisor will first look at the available staff in house who could be a sitter, then call staff from the sitter pool to see if they are available to come in.</p> <p>The Nursing Supervisor may also be called upon to assist with patients as needed.</p> <p><u>Strategies to Enable Nurses to Take Meal and Rest Breaks:</u></p> <ul style="list-style-type: none"> The Primary RN & ED Float RN will make an attempt to break one another. If this is not possible due to census, then the Nursing Supervisor will be contacted to provide a rest break. 	<p>All patients will be triaged and priority of care will be based on physical and psychosocial needs. Assessment, reassessment, patient response, and patient desire are integral to the course of care. Family and/or significant others will be involved in patient care and education. Physicians, nurses and other healthcare personnel collaborate to expedite care.</p> <p>Staffing is adjusted for census changes, increased or decreased level of care required for the patients.</p> <p>Patient conditions that contribute to a higher level of acuity in the ED include but are not limited to:</p> <ul style="list-style-type: none"> Suicide Risk Stroke AMI Sepsis Trauma Cardiac/Respiratory Arrest 	<p>RN: BLS, ACLS, PALS, TNCC, EKG and medication competency. Complete the hospital required annual review training as assigned.</p> <p>Quality Measures:</p> <ul style="list-style-type: none"> CAUDI CLABSI Pressure Injuries Restraint Use HCAHPS Surgical Site Infections Anti-Microbial Stewardship Patient Falls Medication Errors CMS Core Measures <ul style="list-style-type: none"> Stroke AMI Sepsis EDTC (Emergency Department Transfer Communication) Cardiac Arrest Registry to Enhance Survival (My CARES) TNK for STEMI TPA for CVA Trauma Registry/Filters CART & Quality Net Measures



Updated 12.2018; Approved 09.23.2020

**ER
Staffing Plan**

<p>Patients may be discharged from the Emergency/Trauma department either to home, another facility, or admitted to a unit within the facility.</p> <p>HOURS OF OPERATION The Emergency Department is operated 24 hours a day and has diagnostic support services available to assist in definitive care 24 hours a day.</p> <p>PHYSICAL DESCRIPTION The Emergency Department:</p> <ul style="list-style-type: none">• Is located at ground level with easy public access, and is wheelchair accessible.• Consists of eight private ED rooms and a private triage room.• Two rooms are designated as trauma rooms and are larger than the other six.• One room is designated as a safe room with direct line of sight from the Emergency Department's nurse's station, removable equipment on wheels and a secured immobile low bed, ligature prevention fixtures, and breakaway curtains for patients assessed to be at risk to harm themselves or others.• Patient care is managed by the Emergency Department physician and/or trauma surgeon utilizing sub-specialty on-call physicians based on patient need and/or request.	<ul style="list-style-type: none">• The Primary RN and /or department CNA are responsible for providing the sitter breaks/lunch to the sitter on duty.• Should the non-breaking nurse be unavailable per census standards, the nurse requiring relief is responsible for contacting the Nursing Supervisor.		
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**OR/ PACU
Staffing Plan**

Edited 12.2018; Approved 09.23.2020

PATIENT POPULATION & NURSING CARE PROVISION	ESSENTIAL STAFFING & EVALUATION PROCESS	STAFFING FOR ACUITY	STANDARDS AND QUALITY
<p>DEFINITION The Surgical Services Department provides surgical, anesthesia, and recovery services for both inpatients and outpatients.</p> <p>SCOPE OF SERVICES Surgical, anesthesia, recovery, and outpatient care is provided to adults and children (including newborns, infants, children, adolescents, adults, and geriatric age groups) in the following specialties:</p> <ul style="list-style-type: none"> ▪ General Surgery ▪ Orthopedics ▪ Obstetrics & Gynecology ▪ Ophthalmology <p>Thoracic and Vascular surgery is not performed at Mid-Valley Hospital. Emergency cases are completed as needed, major trauma cases are completed at other Trauma Centers.</p> <p>Anesthesia Services are provided for all the above specialty areas utilizing the following types of anesthesia:</p> <ul style="list-style-type: none"> ▪ General Anesthesia ▪ Regional Anesthesia ▪ Spinal Anesthesia ▪ Epidural Anesthesia ▪ Local Standby (MAC) ▪ Bier Blocks ▪ Epidural pain management <p>HOURS OF OPERATION The Surgical Services Department provides daily twenty-four hour care. An on-call system is used for evening and weekend cases. The Ambulatory Surgery Area is open Mon-Fri from 6AM to 5PM. Provisions for overnight stay should be indicated and will be coordinated with the Acute Care Supervisor. Patients needing care outside of these parameters shall be cared for on the Acute Care Unit.</p>	<p>Assignments are made based on the clinical competency and skill levels of each staff member. The OR staffing consists of one RN Circulator and one to two Surgical Technologists per OR Suite. RN's provide monitoring services for local only cases. IV Conscious Sedation cases are provided by a CRNA. All patients are recovered in PACU. RN's with appropriate knowledge and skills may assist the surgeon as directed as a First Assist. An all RN staff is assigned in the PACU on a ratio of 1:1 or 1:2 depending on acuity.</p> <p>Out patients are admitted and discharged through the Out Patient/Same Day Surgery area.</p> <p>Patients will be evaluated on a case by case basis for admission to the Same Day Surgery Unit vs. Acute Care Unit. Some considerations are as follows:</p> <ul style="list-style-type: none"> ▪ Pediatric Patients ▪ Wheelchair dependent patients (space consideration) ▪ Patients who need a quiet environment. <p><u>Strategies to Enable Nurses to Take Meal and Rest Breaks:</u></p> <ul style="list-style-type: none"> • Breaks /lunches will be booked into the OR/PACU schedule. • If a nurse is unable to take a break they should first contact the OR/PACU Manager then the Nursing Supervisor for help in getting a break/lunch. 	<p>Staffing for Acuity considers the following :</p> <ul style="list-style-type: none"> • Complex surgical case • Patient with a Hx of confusion/dementia • Multiple IV medications • Poor pain control • Infection Control and safety issues • Unstable patient • Bariatric patient • Pediatric patient 	<p>RN/RN First Assist: BLS, ACLS, EKG and medication competency. Complete the hospital required annual review training as assigned.</p> <p>Surgical Technologists: BLS and complete the hospital required annual review training as assigned.</p> <p>Quality Measures:</p> <ul style="list-style-type: none"> • CAUDI • CLABSI • Pressure Injuries • Restraint Use • HCAHPS • Surgical Site Infections • Anti-Microbial Stewardship • Medication Errors • Surgical Complications

Assessing and Evaluating Complaints

Nurse Staffing Committee

Introduction

This document was created in May of 2018 as a collaborative effort between WSHA, SEIU Healthcare 1199NW, UFCW 21, and WSNA. These organizations came together in early 2018 to develop sample tools that are intended to help hospitals implement House Bill (HB) 1714, which was passed in the previous legislative session. HB 1714 was intended to update and create some accountability around the nurse staffing committee process.

This tool is intended to help hospital staff assess and evaluate complaints relative to HB 1714. The following document breaks complaints into valid and dismissed categories and resolved and unresolved categories and provides examples for each category. The document concludes with a decision tree to help nurse staffing committees understand the processes they should follow.

Nurse Staffing Committee Responsibilities Under RCW 70.41.420

There are multiple issues that Nurse Staffing Committees (NSCs) should be considering and to which they should be responding. According to RCW 70.41.420 staffing committees must develop a staffing plan, review the plan semiannually, and review, assess, and respond to staffing variations or concerns brought to the committee. While not all issues will trigger a DOH investigation these are relevant issues that functional NSCs investigate as part of their normal business.

New Nurse Staffing Committee Accountability Provided by HB 1714

HB 1714 requires NSCs to develop a process to examine and respond to complaints made by nurses about variations or concerns about unit-based staffing plans and/or objections to shift-to-shift adjustments. This process must include the ability to determine if a complaint is resolved or dismissed.

Complaints must be considered in a timely manner by the staffing committee if:

- The hospital does NOT follow the nursing personnel assignments in a patient care unit according to the staffing plan; or
- A nurse disagrees with shift-to-shift adjustments made by management.

Complaints may be dismissed if:

- The hospital follows the nursing personnel assignments in a patient care unit as called for in the nurse staffing plan;
- Evidence does not support the staffing complaint;

- Hospital documents it has made reasonable efforts to obtain staffing but has been unable to; or
- Incident causing the complaint occurred during an unforeseeable emergency defined in RCW 70.41.425 Sec 4:
 - any unforeseen national, state, or municipal emergency;
 - when a hospital disaster plan is activated;
 - any unforeseen natural disaster or catastrophic event that substantially affects or increases the need for health care services; or
 - when a hospital is diverting patients to another hospital or hospitals for treatment or the hospital is receiving patients from another hospital or hospitals.

Resolved vs. Unresolved Complaints

Resolved complaints

- Nurse staffing committee agrees that the complaint has been resolved.

Unresolved complaints

- Nurse staffing committee agrees that the complaint was not resolved; or
- Nurse staffing committee is unable to agree if the complaint has been resolved.

Washington State Department of Health Oversight

The following issues will trigger an investigation upon receipt of a complaint with documented evidence. Such investigations could lead to financial sanctions:

- No staffing committee;
- No semi-annual review of a staffing plan;
- Staffing plans are not submitted annually to DOH;
- Updates to the staffing plan are not submitted to DOH as they occur; or
- A pattern of unresolved complaints over a minimum 60-day continuous period leading up to receipt of complaint by the department.

THIS SECTION TO BE FILLED OUT BY NURSING SUPERVISOR / DEPARTMENT MANAGER / ACTING ADMINISTRATOR

Were any corrective actions taken as a result of the complaint submission? Yes No

If yes, explain the corrective action(s): _____

THIS SECTION TO BE FILLED OUT UPON RECEIPT BY NURSING MANAGEMENT

This complaint was reviewed on: _____ An initial investigation was completed by: _____
Referral for expedited review and prn meeting by Nurse Staffing Committee Yes No

THIS SECTION TO BE FILLED OUT BY NURSE STAFFING COMMITTEE AND RETURNED TO NURSE MAKING INITIAL COMPLAINT

- This complaint was dismissed for the following reasons(s): *(check all that apply)*
- The hospital is following follows the nursing personnel assignments in a patient care unit as called for in the nurse staffing plan
- The evidence presented to the nurse staffing committee does not support the staffing complaint;
- The hospital has documented that it has made reasonable efforts to obtain staffing but has been unable to; or
- The incident causing the complaint occurred during an unforeseeable emergency as defined in RCW 70.41.425 Sec 4: *(check all that apply)*
- any unforeseen national, state, or municipal emergency;
 - when a hospital disaster plan is activated;
 - any unforeseen natural disaster or catastrophic event that substantially affects or increases the need for health care services; or
 - when a hospital is diverting patients to another hospital or hospitals for treatment or the hospital is receiving patients from another hospital or hospitals.

This complaint was considered by the Nurse Staffing Committee on _____.
The Committee:

Resolved the complaint. The resolution is described below:

Was unable to resolve the complaint. The reason is described below:

Staffing Complaint Form

Use this form to submit a complaint to the Nurse Staffing Committee

Employee (name) _____ Date _____ Time _____

As a patient advocate, in accordance with the Washington Nurse Practice Act, this is to confirm that I notified you that, in my professional judgment, today's assignment is unsafe and places our patients at risk. I will, under protest, attempt to carry out the assignment to the best of my ability.

This assignment has compromised my ability to provide quality patient care because of the following (check all that apply):

- Our unit is not staffed according to its staffing plan
- Our staffing plan and/or staffing is inadequate. Please select any of the following:
 - Census is higher than planned
 - Patient acuity is higher than planned
 - Unit activities (e.g., discharges, admissions, transfers) are different than planned
 - Need for specialized equipment
 - Staff support different than the plan (please list staff #s below)
 - Inappropriate assignment for skill level of RN or coworkers
 - Other (please describe): _____
- Shift adjustments to the staffing plan are inadequate. Please select any of the following:
 - Census is higher than planned
 - Patient acuity is higher than planned
 - Unit activities (e.g., discharges, admissions, transfers) are different than planned
 - Need for specialized equipment
 - Staff support different than the plan (please list staff #s below)
 - Inappropriate assignment for skill level of RN or coworkers
 - Other (please describe): _____
- Missed breaks: Meal Break Rest Break x1 Rest Break x2 Rest Break x3
- Other (please describe): _____

Please provide details about your shift

Unit: _____ Shift: _____ Census: _____

Number of staff: RN _____ LPN _____ CNA _____ Unit Secretary _____

Other: _____

Did you notify a supervisor about this issue? Yes No

If so, who did you notify? Nursing Supervisor Department Manager
 Director of Patient Care Services Other Management Staff

Name of person notified: _____

Signature of RN issuing unsafe/inadequate staffing objection: _____ Date: _____

Staffing Complaint Form

A nurse questioning an assignment is encouraged to communicate this concern in the following manner:

- a) Discuss the concern with the nursing supervisor on that shift. The nursing supervisor should then assess options and seek to remedy the situation. When no alternatives are identified as possible, the nursing supervisor should follow the chain of command.
- b) The department manager/administrator should attempt to resolve the situation using available resources as he/she determines appropriate.
- c) If the nurse is dissatisfied with the decision of the supervisor or deciding party, 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. Nurse staffing committees should not interpret this recommendation to submit complaints promptly as a reason to dismiss complaints submitted later than 24 hours after a shift – there is no time limit on submitting complaints to nurse staffing committees. Forms can be obtained in the Employee Hallway and should be turned into HR via their secure mailbox across from Pharmacy.
- d) If there is no mutually satisfactory resolution to the problem, and the problem appears to be one which will be recurring, the nurse may submit their documentation to the unit or hospital staffing committee (and/or to the nurse's local bargaining unit, as appropriate).
- e) Nurses who raise assignment concerns should be free from restraint, interference, discrimination, or reprisal.

Complaint Process Decision Tree

