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 20 minute response time if working in a specialty care area, otherwise within a 30 minute response time. Low census standby allows 1 hour to arrive.
- **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 based on the following criteria listed below:

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 on each shift;
3. Skill mix;
4. Level of experience and specialty certification or training of nursing personnel providing care;
5. The need for specialized or intensive equipment;
6. 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;
7. Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
8. Availability of other personnel supporting nursing services on the unit; and
9. 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 through either the Director of Patient Care Services (DPCS) Acute Care, Emergency Room, OR Managers, or Nursing Supervisor. 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 shift rotation relevant to the hospital defined work week
   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:
         1. The hospital learns that a staff vacancy for the next shift at the end of the current shift OR
         2. If 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. Hours worked will be based on a schedule agreed upon by both nursing staff 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, LPN, or CNA is required to be on the hospital premises will be included in hours worked.

3. The provisions listed in section 1 and 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:
      i. Put safe patient care and adequate nursing staff as its primary focus.
      ii. Include equal amounts of hospital administration and direct care Registered Nurses as per RCW 70.41.420
      iii. Review, analyze and amend Nurse Staffing as needed

5. The Hospital:
   a. Mid Valley Hospital will post in a public area on each patient care unit (Acute Care, Obstetrics, Intensive Care Unit, Emergency Department) the nurse staffing

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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:
   a. Staffing effectiveness as measured by quality assurance, patient surveys, and nursing staff satisfaction surveys.

7. Shift Based Nurse Staffing Plan:
   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.

**Acute Care 0700-1900:**
   - 1 Nursing Supervisor
   - 3 RNs scheduled for 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 1900-1900:**
   - 1 RN Sunday – Saturday
ER Float 0700-1900:
  ➢ 1 RN Sunday – Saturday (may be used where needed OB, Acute Care, or ER)

ER Float 1900 – 0700:
  ➢ 1 RN Sunday – Saturday (may be used where needed OB, Acute Care, or 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 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.

Alary Fisher, CEO
Mid Valley Hospital