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PATIENT POPULATION

Patient care services provided by Good Samaritan Hospital are based on the MultiCare mission, vision, and core values, as well as on the patient needs for the communities served. Scope of Services included in the Nurse Staffing Plan:

- Medical Palliative
- Medical Oncology
- Post-Operative/Orthopedics
- Family Birth Center/NICU/Pediatrics
- Emergency Department
- Observation Unit
- Trauma and Neuro Rehabilitation
- Cardiac Care/Cardiovascular Intensive Care
- Cath Lab/Interventional Radiology
- Progressive Care
- Intensive Care
- Perioperative Service

ENVIRONMENT OF CARE

Comprehensive care is provided with a coordinated, multidisciplinary approach. Documentation of care is provided using EPIC system. Nursing service staffing is supported by a hospital float pool, House Supervisors, and a staffing office, with break and lunch relief determined by department and considered in development and approval of Staffing Plan.

Medical Palliative - 47 bed adult care, 32 beds on the 4 River floor, and 15 beds on the 3 River floor.

Medical Oncology – 42 bed adult care located on the 6th floor of the Dally Tower, 2 negative pressure rooms, 10 ceiling lift rooms, 25 rooms with dialysis capability. All rooms have the capability for remote telemetry monitoring.

Surgical Orthopedic - 40 bed adult care located on the 7th floor of the Dally Tower, 3 negative pressure rooms, 4 ceiling lift rooms, 10 rooms with dialysis capability. All rooms have the capability for remote telemetry monitoring.

Family Birth Center – 9 Labor & Delivery Recovery (LDRs) Rooms, 2 OB Operating Rooms, 3 bed OB PACU, 3 bed OB Triage, 20 single Mother-Baby unit (MBU) rooms, 4 bed Community Pediatric Unit located within MBU with rooms 120-124, and 141-144 equipped with central monitoring capability. 11 bed Level II NICU (includes 2 isolation rooms) with central monitor capability. All labor and delivery designated rooms are also equipped with cable access to transmit fetal monitor data with central monitoring capability.

Emergency Department – Level III designated Trauma Center, beds including 4 triage bays, one room is equipped for decontamination, all ED 46 rooms capable of cardiac resuscitation and cardiac monitoring, vertical zone for the lower acuity patients, capacity for 8 hallway beds, all ED 46 rooms are capable for trauma resuscitation. Two Negative airflow rooms.
Observation Unit – 18 bed unit located on the 2nd floor of the River Pavilion, consisting of 4 shared rooms, and 10 private rooms with 1 negative pressure room with ante room. Unit has 2 shared patient restrooms without showers. Rooms are equipped for cardiac monitoring through remote telemetry.

Acute Trauma and Neuro Rehabilitation Unit - 38 bed post-acute care level 1 trauma rehab unit located on Level A Meadow in the Pavilion. The nursing unit has a total of 22 rooms, 6 of these rooms are private and the rest are semi private. Two of the private rooms have negative pressure capability with ante rooms. All rooms have the capability of remote telemetry monitoring. Five of the rooms are equipped for dialysis. Fourteen of the rooms have ceiling lift systems in place.

Cardiac Care Unit/Cardiovascular Intensive Care Unit – 40 private rooms each with a private bathroom, shower, dialysis capability, telemetry monitoring with ambulatory monitoring capability, and computer access. 22 rooms with single lifts and 4 with double lifts, 4 negative air flow rooms with adjacent anteroom.

Adult PCU- 40 bed adult care located on the 8th floor of the Dally Tower – 4 negative air flow rooms, 4 rooms with ceiling lift rooms, 18 rooms with hemodialysis capability. All rooms have bedside Philips cardiac monitors with the ability to monitor telemetry remotely from the telemetry suite on 5 Dally.

Adult Intensive Care Unit – 22 ICU beds located on the 2nd floor of the Meadow and Forest Pavilions and 8 PCU beds located on the 2nd floor of the Forest Pavilion, 4 negative pressure rooms, 17 rooms with ceiling lifts and 24 rooms with dialysis capability. All rooms have bedside Philips cardiac monitors with the ability to monitor telemetry remotely from the telemetry suite on 5 Dally.

Perioperative – 10 OR rooms, Pre-op PACU with total of 39 bays/rooms beds including 4 isolation room, equipped with hemodynamic and cardiac monitor capabilities. Pre-anesthesia clinic includes 6 individual offices for patient privacy, and GI/Special procedures unit with 5 rooms, 2 admit/recovery areas, and one bay recovery area.

INTENSITY OF UNIT AND CARE

The Medical Palliative Unit is a 47-bed unit providing care 24/7/365, specializing in:

- Palliative Care-End of Life Care- CMO (Comfort Measures Only)
- Medical management of complex and high acuity medical patients
- Long-term and total care patients, and difficult to place patients

PATIENT POPULATION SERVED

- Palliative Care
- Complications of diabetes
- Stable exacerbation CHF
- COPD, asthma
- Abdominal-gastrointestinal conditions
- Syncope
- Seizures
- Headaches/migraines
- Long-term IV antibiotic
- Pancreatitis
- Cellulitis
ENVIRONMENT OF CARE

The assigned charge nurse shares responsibility for 4 River and 3 River units and responds to needs in both locations. Patient placement within the hospital is coordinated through the Hospital Supervisor and is in accordance with admission, discharge, and transfer criteria. All nursing care includes assessment, problem identification, planning, implementation, and evaluation of the delivery of care and the patient’s response to medical and nursing therapy.

Two patient care areas. One on 4 River Unit and one directly below on the 3 River Unit, accessed by elevators or stairs. There are three nursing stations and three medication rooms.

The units include dirty utility rooms, supply rooms, equipment storage rooms, patient kitchen areas, and linen closets.

There are two employee break rooms including employee lockers, and a report room.

CORE STAFFING PATTERNS

Staffing levels are determined by number of patients and patient acuity, based on a hospital Staffing Committee approved plan, finalized each shift by the designated charge nurse. The charge nurse has responsibility to determine a final staffing plan for the shift and adjusts throughout the shift as needed to provide optimal patient care. Census and acuity fluctuations are managed through increasing or decreasing numbers of staff to support patient care. Changes to the staffing matrix may be required in the event of unscheduled absences. If there is a conflict between an applicable Collective Bargaining Agreement (CBA) and the staffing matrix, the staffing guidelines in the CBA will prevail.
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DAILY STAFFING

Unit leadership and nursing work collaboratively to address staffing issues. In emergent circumstances, this is accomplished using telephone or Everbridge texting system. The following may be utilized for additional staffing:

- Regular FTE staff
- Per diem Medical Surgical staff
- GSH Float Pool
- System Float Pool
- Travel or agency staff

Staff use the following chain of command for staffing concerns or issues:

- Charge Nurse
- Unit Nurse Manager or Assistant Nurse Manager
- House Supervisor
- Unit Director
- Chief Nurse Executive

CERTIFICATIONS

Registered Nurses and PtCAs must maintain BLS and be current in nursing service identified competencies, specific to the organization and individual department.

Nurses are encouraged to obtain at least one industry recognized specialty certification in:

- Medical Surgical Nursing
- Palliative Nursing
- Geriatric Nursing

QUALITY INDICATORS

- Patient Falls
- HAPI
- CLABSI
- CAUTI
- DVT/PE
- C-Diff
- Employee injury event

CORE MEASURES

- Stroke
- Heart Failure
- DVT/PE
- Acute MI
- Pneumonia
• Surgical Site Infections
• Readmissions

**ENGAGEMENT AND SATISFACTION**

The organization provides a yearly survey, administered by Press Ganey, to evaluate level of employee satisfaction. Scores are distributed to departments and discussed with the staff. Tactics used to improve employee job satisfaction include, but are not limited to:

• HCHAPs patient satisfaction scores
• Yearly, Culture of Safety survey
• Quarterly 1:1 leader rounding on staff
• Unit Based Council Shared Leadership model
• GSH Clinical Practice Council
• PEP program
• Years of service employee recognition program
• Various scheduled employee events

**INTENSITY OF UNIT AND CARE**

The Medical Oncology is a 42-bed unit providing care 24/7/365, specializing in:

• Inpatient oncology patients
• Medical management of complex and high acuity medical patients
• Long-term and total care patients, and difficult to place patients

**PATIENT POPULATION SERVED**

• Cancer, including chemotherapy
• Complications of diabetes
• Stable exacerbation CHF
• COPD, asthma
• Abdominal-gastrointestinal conditions
• Syncope
• Seizures
• Headaches/migraines
• Long-term IV antibiotic
• Pancreatitis
• Cellulitis
• Patients awaiting discharge placement
ENVIRONMENT OF CARE

The assigned charge nurse is responsible for shift oversight on 6 Dally. Patient placement within the hospital is coordinated through the Hospital Supervisor and is in accordance with admission, discharge, and transfer criteria. All nursing care includes assessment, problem identification, planning, implementation, and evaluation of the delivery of care and the patient’s response to medical and nursing therapy.

42 patient rooms on 6 Dally that includes one room comprised of a 4-bed ward. There are two nursing stations and two medication rooms.

The units include dirty utility rooms, supply rooms, equipment storage rooms, patient kitchen areas, and linen closets.

There is an employee break room with employee lockers, and a report/conference room.

Two visitor lounge areas are provided.

CORE STAFFING PATTERNS

Staffing levels are determined by number of patients and patient acuity, based on a hospital Staffing Committee approved plan, finalized each shift by the designated charge nurse. The charge nurse has responsibility to determine a final staffing plan for the shift and adjusts throughout the shift as needed to provide optimal patient care. Census and acuity fluctuations are managed through increasing or decreasing numbers of staff to support patient care. Changes to the staffing matrix may be required in the event of unscheduled absences. If there is a conflict between an applicable Collective Bargaining Agreement (CBA) and the staffing matrix, the staffing guidelines in the CBA will prevail.
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DAILY STAFFING

Unit leadership and nursing work collaboratively to address staffing issues. In emergent circumstances, this is accomplished using telephone or Everbridge texting system. The following may be utilized for additional staffing:

- Regular FTE staff
- Per diem Medical Surgical staff
- GSH Float Pool
- System Float Pool
- Travel or agency staff

Staff use the following chain of command for staffing concerns or issues:

- Charge Nurse
- Unit Nurse Manager or Assistant Nurse Manager
- House Supervisor
- Unit Director
- Chief Nurse Executive

CERTIFICATIONS

Registered Nurses and PTCAs must maintain BLS and be current in nursing service identified competencies, specific to the organization and individual department.

Nurses are encouraged to obtain at least one industry recognized specialty certification in:

- Medical Surgical Nursing
- Oncology Nursing
- Geriatric Nursing

QUALITY INDICATORS

- Patient Falls
- HAPI
- CLABSI
- CAUTI
- DVT/PE
- C-Diff
- Employee injury event

CORE MEASURES

- Stroke
- Heart Failure
- DVT/PE
- Acute MI
- Pneumonia
• Surgical Site Infections
• Readmissions

**ENGAGEMENT AND SATISFACTION**

The organization provides a yearly survey, administered by Press Ganey, to evaluate level of employee satisfaction. Scores are distributed to departments and discussed with the staff. Tactics used to improve employee job satisfaction include, but are not limited to:

• HCHAPs patient satisfaction scores
• Yearly, Culture of Safety survey
• Quarterly 1:1 leader rounding on staff
• Unit Based Council Shared Leadership model
• GSH Clinical Practice Council
• PEP program
• Years of service employee recognition program
• Various scheduled employee events

**INTENSITY OF UNIT AND CARE**

**The Surgical Orthopedic Unit** is a 40-bed unit providing care 24/7/365, specializing in:

• Post-surgical care
• Orthopedic care
• Medical management of complex and high acuity medical patients

**PATIENT POPULATION SERVED AND ACTIVITIES**

• General Surgery
• Orthopedic Surgery
• Traction set-up and management
• Chest tube management
• Blood administration
• Pain Management
• Antibiotic therapy
ENVIRONMENT OF CARE

The assigned charge nurse is responsible for shift oversight on 7 Dally. Patient placement within the hospital is coordinated through the Hospital Supervisor and is in accordance with admission, discharge, and transfer criteria. All nursing care includes assessment, problem identification, planning, implementation, and evaluation of the delivery of care and the patient’s response to medical and nursing therapy.

40 patient rooms on 7 Dally. There are multiple nursing stations and three medication rooms.

The units include dirty utility rooms, supply rooms, equipment storage rooms, patient kitchen areas, and linen closets.

There is an employee break room with employee lockers, a report room, conference room, and dedicated charge nurse work area.

Two visitor lounge areas are provided.

A Total Joint room is available for patient classes.

CORE STAFFING PATTERNS

Staffing levels are determined by number of patients and patient acuity, based on a hospital Staffing Committee approved plan, finalized each shift by the designated charge nurse. The charge nurse has responsibility to determine a final staffing plan for the shift and adjusts throughout the shift as needed to provide optimal patient care. Census and acuity fluctuations are managed through increasing or decreasing numbers of staff to support patient care. Changes to the staffing matrix may be required in the event of unscheduled absences. If there is a conflict between an applicable Collective Bargaining Agreement (CBA) and the staffing matrix, the staffing guidelines in the CBA will prevail.
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DAILY STAFFING

Unit leadership and nursing work collaboratively to address staffing issues. In emergent circumstances, this is accomplished using telephone or Everbridge texting system. The following may be utilized for additional staffing:

- Regular FTE staff
- Per diem Med Surg staff
- GSH Float Pool
- System Float Pool
- Travel or agency staff

Staff use the following chain of command for staffing concerns or issues:

- Charge Nurse
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- House Supervisor
- Unit Director
- Chief Nurse Executive

CERTIFICATIONS

Registered Nurses and PTCAs must maintain BLS and be current in nursing service identified competencies, specific to the organization and individual department.

Nurses are encouraged to obtain at least one industry recognized specialty certification in:

- Medical Surgical Nursing
- Orthopedic Nursing

QUALITY INDICATORS

- Patient Falls
- HAPI
- CLABS
- CAUTI
- DVT/PE
- C-Diff
- Employee injury event

CORE MEASURES

- Stroke
- Heart Failure
- DVT/PE
- Acute MI
- Pneumonia
- Surgical Site Infections
- Readmissions

**ENGAGEMENT AND SATISFACTION**

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- HCHAPs patient satisfaction scores
- Yearly, Culture of Safety survey
- Quarterly 1:1 leader rounding on staff
- Unit Based Council Shared Leadership model
- GSH Clinical Practice Council
- PEP program
- Years of service employee recognition program
- Various scheduled employee events

**INTENSITY OF UNIT AND CARE**

**The Family Birth Center (FBC)** is a 47-bed unit providing care 24/7/365, specializing in:

- Any age female patient with obstetrical needs within the scope of services offered.
- Adult female patients with medical and/or surgical needs within the scope of services offered.
- Obstetric patients ≥ 32 weeks gestation determined to be low risk. Patients below 32 weeks’ gestation will be stabilized and transferred to a higher level of care. If immediate delivery is determined to be in the best interest of the mother and neonate, then delivery and stabilization will occur with the neonate less than 32 weeks gestation transported to a higher level of care.
- Adult females with gynecologic surgeries.
- The GSH Level ll NICU provides a comprehensive, coordinated and multidisciplinary approach to the continued assessment, diagnosis and management of neonates ≥ 32 weeks of gestation. These infants are stable and can be managed with the nursing and medical care provided by a level 2 nursery, as defined by the Washington State Perinatal Level of Care (LOC) Guidelines, 2017.
- 4 bed community- centered Pediatrics unit for patients 0-18 years exclusive of mental health diagnoses

**PATIENT POPULATION SERVED**

- Management of spontaneous and induced labor processes including:
  - Pharmacologic and mechanical induction of labor
  - Vaginal, operative and surgical deliveries
  - Post anesthesia care of patients who have under gone regional or general anesthesia
  - Placement/removal of cerclage, tubal ligations, D& Cs
• Physical and psychological care of women experiencing a fetal demise/stillbirth
• Stabilization and transport of high-risk patients to a tertiary care center
• Transitional and postpartum care of mother/baby dyad
• Gynecological patients
• Care of ≥ 32 weeks or greater infants requiring Level II NICU care
• Pediatric patients; newborn to young adult
• OB ED managed by OB hospitalist and Triage RN (average of 300 patients seen monthly)
• Pregnant women
• Neonates ≥ 32 weeks with limited respiratory support requirement, feeding and growing problems, thermoregulation, jaundice, infections, drug/alcohol withdrawal and social issues.
• Children 0-18 years of age with limited respiratory support management, sepsis, post-surgery

ENVIRONMENT OF CARE

There are 2 assigned charge nurses for FBC. The Labor Charge RN is responsible for Labor & Delivery. The MBU Charge RN is responsible for MBU, PEDs, and the NICU. Both collaborate to coordinate nursing care. Patient placement within the hospital is coordinated through the Hospital Supervisor and is in accordance with admission, discharge, and transfer criteria. All nursing care includes assessment, problem identification, planning, implementation, and evaluation of the delivery of care and the patient’s response to medical and nursing therapy.

The FBC is a secured unit located on One Meadow, accessed by badge/card use. Four patient care areas are contained within the department. LDRs, OB ORs, OB PACU and OB Triage, are in the Birth Center. MBU and Pediatrics are in the Mother-Baby Unit. The Level II NICU is a separate unit within the FBC. There are four nursing stations and four medication rooms.

The units include dirty utility rooms, supply rooms, equipment storage rooms, patient kitchen areas, and linen closets.

There is one employee break room and two employee locker rooms.

There are four provider on-call rooms.

CORE STAFFING PATTERNS

Staffing levels are determined by number of patients and patient acuity, per a hospital Staffing Committee approved plan based on AWHONN/NANN, and AAP guidelines, finalized each shift by the designated charge nurse. The charge nurse has responsibility to determine a final staffing plan for the shift and adjusts throughout the shift as needed to provide optimal patient care. Census and acuity fluctuations are managed through increasing or decreasing numbers of staff to support patient care. Changes to the staffing matrix may be required in the event of unscheduled absences. If there is a conflict between an applicable Collective Bargaining Agreement (CBA) and the staffing matrix, the staffing guidelines in the CBA will prevail.
## NURSE TO PATIENT RATIO BIRTH CENTER (L & D)

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## NURSE TO PATIENT RATIO MBU

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# Nurse to Patient Ratio Level II NICU

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# Nurse to Patient Ratio MBU

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MBU: 13 couples. With the elimination of Lactation services line, bedside RNs will be responsible for this additional teaching/instruction.

NAS (Neonatal Abstinence Scoring) will be done every 3 hours in the MBU by this staff to enable the mom-baby dyad to remain together (Best practice).

1 PEDs RN to be on unit 24/7. 1 PTCA 24/7. 1 ADT (i.e. charge RN 24/7, currently only Monday through Friday 9am-9pm). HUC 7am-7pm.
DAILY STAFFING

Unit leadership and nursing work collaboratively to address staffing issues. In emergent circumstances, this is accomplished using telephone or Everbridge texting system. The following may be utilized for additional staffing:

- Regular FTE staff
- Per diem FBC staff
- GSH Float Pool
- Travel or agency staff

Staff use the following chain of command for staffing concerns or issues:

- Charge Nurse
- Assistant Nurse Manager(s)
- House Supervisor
- Unit Director
- Chief Nurse Executive

CERTIFICATIONS

Registered Nurses and PTCAs must maintain BLS and be current in nursing service identified competencies, specific to the organization and individual department. L&D nurses are ACLS trained, and RNs are required to maintain NRP certification.
Nurses are encouraged to obtain at least one industry recognized specialty certification in:

- Obstetrics Nursing
- Pediatrics Nursing
- Low Risk and/or High Risk Neonatal Nursing
- Fetal Monitoring
- Lactation Consultant (IBCLC)

**QUALITY INDICATORS (MAY INCLUDE BUT NOT LIMITED TO):**

- Fetal monitoring strip review
- Apgar score < 7 at 5 minutes
- Umbilical artery cord blood gas <7.10
- Transfer of term infant (> 37 weeks)
- Intrapartum fetal death > 24 weeks (excludes fetal demise known prior to admission)
- Infant injury during birth (fracture, laceration, hematoma)
- Emergent crash c section
  - Time of decision: 
  - Time of incision:
- Placental abruption
- Uterine rupture
- Extensive episiotomy/perineal laceration/tear and/or repair
- Shoulder dystocia
- Maternal hemorrhage (transfusion, hysterectomy, uterine embolization)
- Unplanned maternal transfer to surgery
- Maternal transfer to ICU
- Maternal death
- RN ONLY present at birth
- SSIs (surgical site infections)
- Other: (AFE, pulmonary embolism)
- Transfers of infant to Level III or Level IV NICU
- Glucose maintenance
- Successful intubations
- CPAP/High flow oxygen
- NOW morphine treated infants/LOS
- Use of donor milk
- Pneumothorax
- Corticosteroid use
- Hypothermia first hour of life
- NICU mortality
- Patient Falls
- Employee injury events

**CORE MEASURES**

- PC-01 Elective Delivery < 39 completed weeks of gestation
- PC-02 Cesarean Birth
- PC-03 Antenatal Steroids
- PC-04 Health Care-Associated Bloodstream Infections in Newborns
- PC-05 Exclusive Breast Milk Feeding

**ENGAGEMENT AND SATISFACTION**

The organization provides a yearly survey, administered by Press Ganey, to evaluate level of employee satisfaction. Scores are distributed to departments and discussed with the staff. Tactics used to improve employee job satisfaction include, but are not limited to:

- HCAHPS patient satisfaction scores
- Yearly, Culture of Safety survey
- Quarterly 1:1 leader rounding on staff
- Unit Based Council Shared Leadership model
- NQUIG (Neonatal Quality Program)
- Breast Feeding Committee
- Perinatal Bereavement Committee
- GSH Clinical Practice Council
- PEP program
- Years of service employee recognition program
- Various scheduled employee events

**INTENSITY OF UNIT AND CARE**

**The Emergency Department** is a department with 71 patient care spaces providing care 24/7/365. The 71 spaces are divided into 44 ED beds, 4 Triage beds and 23 Vertical Zone bays for lower acuity patients. The ED specializes in:

- Full range emergency services to individuals from newborn to geriatric, including resuscitation, stabilization, and disposition of the seriously ill or injured and treatment/referral of those with non-life-threatening conditions.
- Level 3 Trauma Response and Resuscitation
- Stroke Stabilization
- Cardiac Resuscitation and Stabilization

The Charge Nurse is a free charge

The ED is “no-divert” and accepts all EMS calls (approximately 12,500 calls per year)

Patients are admitted to the hospital after consultation and acceptance by inpatient physician groups.

Team care is utilized in the sub-waiting room seeing approximately 24% of the ED census in a 23-chair room.
ENVIRONMENT OF CARE

The units include dirty utility rooms, supply rooms, equipment storage rooms, patient kitchen areas, linen closets, minimal risk rooms.

There is one employee break room and an employee locker room.

CORE STAFFING PATTERNS

Medical care is provided around the clock by in-house, Board Certified Emergency Physicians and Providers. Nursing care is provided by Registered Nurses (RN) using a Primary Care Model. All RNs are ACLS certified.

Emergency Room Technicians (ERT) assist the RN in health care delivery.

Emergency care is provided to patients following Emergency Nurses Association (ENA) Scope & Standards for Emergency Nursing Practice.

Staffing levels are determined by number of patients and patient acuity, based on a hospital Staffing Committee approved plan, finalized each shift by the designated charge nurse. The charge nurse has responsibility to determine a final staffing plan for the shift and adjusts throughout the shift as needed to provide optimal patient care. Census and acuity fluctuations are managed through increasing or decreasing numbers of staff to support patient care. Changes to the staffing plan may be required in the event of unscheduled absences. If there is a conflict between an applicable Collective Bargaining Agreement (CBA) and the staffing plan, the staffing guidelines in the CBA will prevail.

The waiting room is staffed by a First Nurse and is supported by 1-3 intake nurses, flex nurse, and a 24/7 charge nurse. Additionally, the charge nurse can determine resource allocation of nurses and ERTs for the support of waiting room rounding.

NURSE TO PATIENT RATIO

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*ERT’s perform the duty of sitters for psychiatric patients. During these times the ratio may vary up to 1:16 to ensure safe patient care.
DAILY STAFFING

Unit leadership and nursing work collaboratively to address staffing issues. In emergent circumstances, this is accomplished using telephone or Everbridge texting system. The following may be utilized for additional staffing:

- Regular FTE staff
- Per diem ED staff
- System Float Pool
- Travel or agency staff

Staff use the following chain of command for staffing concerns or issues:

- Charge Nurse
- Unit Nurse Manager or Assistant Nurse Manager
- House Supervisor
- Unit Director
- Chief Nurse Executive

CERTIFICATIONS

Registered Nurses must maintain:

- BLS
- ACLS
- PALS
- TNCC
- NIHSS
- Current in nursing service identified competencies, specific to the organization and individual department

Emergency Room Technicians must maintain:

- BLS
- Current competencies and certifications, specific to the organization and individual department

Nurses are encouraged to obtain at least one industry recognized specialty certification in:

- Certified Emergency Nurse

QUALITY INDICATORS

- Patient Falls
- Door to Doc
- Door to Balloon (STEMI)
- Door to CT (Neuro)
- Door to antibiotic (Sepsis)
- Employee injury event
CORE MEASURES

- Stroke
- Acute MI
- Pneumonia
- Sepsis
- Readmissions

ENGAGEMENT AND SATISFACTION

The organization provides a yearly survey, administered by the Advisory Board, to evaluate level of employee satisfaction. Scores are distributed to departments and discussed with the staff. Tactics used to improve employee job satisfaction include, but are not limited to:

- Patient satisfaction scores
- Yearly, Culture of Safety survey
- Leader rounding on staff
- Unit Based Council Shared Leadership model
- GSH Clinical Practice Council
- PEP program
- Years of service employee recognition program
- Various scheduled employee events

INTENSITY OF UNIT AND CARE

The Observation unit is an 18-bed unit providing care 24/7/365, specializing in:

- Observation patient care
- Cardiac care
- Medical management of complex and high acuity medical patients

PATIENT POPULATION SERVED AND ACTIVITIES

- Chest pain
- TIA/CVA
- Complications of diabetes
- CHF exacerbation
- COPD, asthma
- Abdominal-gastrointestinal conditions
- Syncope
- Seizures
- Electrolyte disturbances
- Headaches/migraines
ENVIRONMENT OF CARE

The assigned charge nurse is responsible for shift oversight on Observation. Patient placement within the hospital is coordinated through the Hospital Supervisor and is in accordance with admission, discharge, and transfer criteria. All nursing care includes assessment, problem identification, planning, implementation, and evaluation of the delivery of care and the patient’s response to medical and nursing therapy.

18 patient rooms on the Observation Unit. There are two nursing stations and two medication rooms.

The units include dirty utility rooms, supply rooms, equipment storage rooms, patient kitchen areas, and linen closets.

There is an employee break room and employee locker room.

CORE STAFFING PATTERNS

Staffing levels are determined by number of patients and patient acuity, based on a hospital Staffing Committee approved plan, finalized each shift by the designated charge nurse. The charge nurse has responsibility to determine a final staffing plan for the shift and adjusts throughout the shift as needed to provide optimal patient care. Census and acuity fluctuations are managed through increasing or decreasing numbers of staff to support patient care. Changes to the staffing matrix may be required in the event of unscheduled absences. If there is a conflict between an applicable Collective Bargaining Agreement (CBA) and the staffing matrix, the staffing guidelines in the CBA will prevail.

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DAILY STAFFING

Unit leadership and nursing work collaboratively to address staffing issues. In emergent circumstances, this is accomplished using telephone or Everbridge texting system. The following may be utilized for additional staffing:

- Regular FTE staff
- Per diem staff
- GSH Float Pool
- System Float Pool
- Travel or agency staff

Staff use the following chain of command for staffing concerns or issues:

- Charge Nurse
- Unit Nurse Manager or Assistant Nurse Manager
- House Supervisor
- Unit Director
- Chief Nurse Executive

CERTIFICATIONS

Registered Nurses must maintain BLS, ACLS, NIH certifications and be current in nursing service identified competencies, specific to the organization and individual department. PtCAs must maintain active WA state licensure, and current BLS certifications.

Nurses are encouraged to obtain at least one industry recognized specialty certification in:

- Nurses are encouraged to obtain specialty certification as a Progressive Care Certified Nurse (PCCN) from the American Association of Critical Care Nurses (AACN).

QUALITY INDICATORS

- Patient Falls
- HAPI
- CLABSI
- CAUTI
- DVT/PE
- C-Diff
- Employee injury event

CORE MEASURES

- Stroke
- Heart Failure
- DVT/PE
- Acute MI
- Pneumonia
• Sepsis
• Surgical Site Infections
• Readmissions

ENGAGEMENT AND SATISFACTION
The organization provides a yearly survey, administered by Press Ganey, to evaluate level of employee satisfaction. Scores are distributed to departments and discussed with the staff. Tactics used to improve employee job satisfaction include, but are not limited to:

• HCHAPs patient satisfaction scores
• Yearly, Culture of Safety survey
• Quarterly 1:1 leader rounding on staff
• Unit Based Council Shared Leadership model
• GSH Clinical Practice Council
• PEP program
• Years of service employee recognition program
• Various scheduled employee events

INTENSITY OF UNIT AND CARE
The Trauma and Neuro Rehabilitation Unit is a 38-bed CARF accredited unit providing care 24/7/365, specializing in:

• Physical and cognitive rehabilitation of acquired neurological conditions resulting from medical or trauma events
• Complex medical patients with functional deficits requiring a multidisciplinary approach to enhance their ability to return to the community

PATIENT POPULATION SERVED
• CVA
• Traumatic SCI
• Non-traumatic SCI
• TBI
• LVAD
• Amputation
• Medically complex with functional deficits
ENVIRONMENT OF CARE

The assigned charge nurse is responsible for shift oversight on the rehab unit. Our shifts are 8 hours long to enhance continuity of care over the patient’s length of stay and to promote a healthy work environment for our staff, as the work is very physical in nature, with the frequent mobilization of our patients in and out of bed. The charge nurse works with our Community Resource Liaisons on the coordination and timing of admissions. All nursing care includes assessment, problem identification, planning, implementation, and evaluation of the delivery of care and the patient’s response to medical and nursing therapy within an interdisciplinary approach. Daily huddles and weekly care conferences on each patient with the whole therapy team including SW and Care Coordination promotes the communication of specific individualized patient goals and progress towards discharge.

The rehab nursing unit is located on level A, in the pavilion accessed from a lobby area off the top of the P2 parking garage. There is accessible parking on this top level for our patients and visitors. The therapy gyms and treatment spaces are located on this same level along with office spaces for the rehab physicians, psychologist and neuropsychologists. There are four nursing stations and three medication rooms.

The unit includes dirty utility rooms, supply rooms, equipment storage rooms, a patient dining room, and linen closets. The rehab unit has a fully furnished one-bedroom apartment located just off the main patient care unit, an ADA accessible kitchen and OT training room containing a tub, shower, toilet, washer and dryer. These are all used in discharge planning and education. There is also a therapeutic covered outdoor space for practicing mobilization on different outdoor surfaces. This outdoor area has raised garden beds that are also used as part of the therapeutic treatment plan for functional recovery.

There is one large employee break room that has access to an outdoor patio. Employee lockers are in this room and it is used as a report room at change of shift. Space is available on the nursing unit for use as a lactation room. Returning to a quality of life that is satisfying to our patients is the goal of rehab, to support this transition, nursing works closely with our certified therapeutic and recreational specialist and peer support staff.

CORE STAFFING PATTERNS

Staffing levels are determined by number of patients and patient acuity, based on a hospital Staffing Committee approved plan, finalized each shift by the designated charge nurse. The charge nurse has responsibility to determine a final staffing plan for the shift and adjusts throughout the shift as needed to provide optimal patient care. Census and acuity fluctuations are managed through increasing or decreasing numbers of staff to support patient care. The nursing staff work as a team consisting of an RN, LPN and PtCA caring for a group of patients. This arrangement is called a Pod and it is used to promote staff and patient satisfaction related to continuity of care and complex discharge planning. Each staff member in this pod works to top of their license with the appropriate oversight and delegation. Changes to the staffing matrix may be required in the event of unscheduled absences. If there is a conflict between an applicable Collective Bargaining Agreement (CBA) and the staffing matrix, the staffing guidelines in the CBA will prevail.
NURSE TO PATIENT RATIO REHAB

DAILY STAFFING

Unit leadership and nursing work collaboratively to address staffing issues. In emergent circumstances, this is accomplished using telephone or Everbridge texting system. The following may be utilized for additional staffing:

- Regular FTE staff
- Per diem Rehab staff
- GSH Float Pool
- System Float Pool
- Travel or agency staff

Staff use the following chain of command for staffing concerns or issues:

- Charge Nurse
- Unit Nurse Manager or Assistant Nurse Manager
- House Supervisor
- Unit Director
- Chief Nurse Executive
CERTIFICATIONS

Registered Nurses, Licensed Practical Nurses and PtCAs must maintain BLS and be current in nursing service identified competencies, specific to the organization and individual department.

Nurses are encouraged to obtain their specialty certification in:

- Rehabilitation
- Medical Surgical Nursing

QUALITY INDICATORS

- Patient Falls
- HAPI
- CLABSI
- CAUTI
- MRSA
- C-Diff
- QRP Measure through CMS
- Employee injury event

ENGAGEMENT AND SATISFACTION

The organization provides a yearly survey, administered by the advisory board, to evaluate level of employee satisfaction. Scores are distributed to departments and discussed with the staff. Tactics used to improve employee job satisfaction include, but are not limited to:

- Patient Press -Ganey satisfaction scores
- Yearly, Culture of Safety survey
- Quarterly 1:1 leader rounding on staff
- Multidisciplinary Unit Based Council Shared Leadership model
- GSH Clinical Practice Council
- PEP program
- Years of service employee recognition program
- Various scheduled social employee events during work hours and outside of work

INTENSITY OF UNIT AND CARE

Pulse Heart Institute is a 40-bed unit providing care 24/7/365, specializing in:

- Medical management of complex and high acuity cardio, vascular, pulmonary patients
- Advanced heart failure
- Post-operative cardiac surgery
PATIENT POPULATION

Nursing care is provided to adults 18 years of age or older. Adolescents are cared for on a limited, case by case basis. The following patient conditions allow for admission or transfer to the CCU/CVICU may include, but are not limited to:

**CVICU population**
- High-acuity vascular surgery patients requiring hemodynamic monitoring and treatment
- Cardiovascular and Pulmonary systems:
  - AMI and post-arrest treatment, including therapeutic temperature management
  - IABP
  - Advanced heart failure monitoring and treatment
  - Ventilator support for patients requiring advanced respiratory interventions/treatments
  - Bipap FIO2 >60%
  - Temporary pacer insertion/monitoring
  - CRRT – Continuous Renal Replacement Therapy
  - Hemodynamic instability, requiring advanced cardiac monitoring and treatment, including vasoactive medicines.
  - Thrombolytics administration, monitoring and maintenance for vascular and neuro
  - Other conditions that are deemed high risk and necessary for ICU admission

**CCU population**
- Rule out MI/unstable angina
- MI not requiring thrombolytic therapy and/or hemodynamic monitoring
- Dysrhythmia requiring observation and telemetry monitoring
- Pre and post cardiac cath lab diagnostic procedural patients requiring telemetry
- Post cardiovascular surgical patients
- Post Endovascular TCAR and Carotid Endarterectomy
- Pre and post temporary permanent pacemaker implantation/lead replacement
- Cardioversion
- Initiation of sotolol therapy
- Hypertensive crisis
- CHF, newly diagnosed, moderate to severe exacerbation
- Endocarditis, pericarditis
- Syncope
- CVA with and without TPA administration as indicated
- IV infusions. See infusion policy
- Conditions requiring telemetry monitoring and/or acuity considerations
## ENVIRONMENT OF CARE

The assigned charge nurse is responsible for shift oversight on 5Daily. Patient placement within the hospital is coordinated through the Hospital Supervisor and is in accordance with admission, discharge, and transfer criteria. All nursing care includes assessment, problem identification, planning, implementation, and evaluation of the delivery of care and the patient’s response to medical and nursing therapy.

<table>
<thead>
<tr>
<th>40 private rooms each with private bathroom, shower and dialysis capabilities</th>
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<tr>
<td>There are four nursing stations and two medication rooms</td>
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<tr>
<td>The unit includes dirty utility rooms, supply rooms, equipment storage, patient kitchen areas and linen closets</td>
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<td>There is an employee break room including employee lockers and kitchen</td>
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<td>There is a huddle room that can be used for staff education</td>
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<td>22 rooms with lifts including 4 with double lifts, 4 negative pressure rooms with adjacent anteroom</td>
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<td>There is one visitor waiting room located off the visitor elevators</td>
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## INTENSITY OF UNIT AND CARE FOR CVICU LEVEL PATIENTS

The CVICU is a 10-bed acuity adaptable unit providing care 24/7/365

- **Vascular Surgery**
  - Trans Carotid Artery Revascularization
  - Carotid endarterectomy
  - Thrombolytic therapy for Saddle Pulmonary Emboli (EKOS)
- **Cardiac System**
  - Cardiac arrest
  - Cardiogenic shock
  - Hypertensive emergencies
  - Unstable angina
  - Complete heart block
  - Acute congestive heart failure with respiratory failure
- **Respiratory failure requiring ventilator support**
- **Therapeutic temperature management**
- **CRRT**
- **IABP management**
- **Invasive hemodynamic monitoring (Swan Ganz)**
- **Administration of IV vasoactive and inotropic agents**
INTENSITY OF CARE FOR CCU LEVEL OF CARE PATIENTS

The CCU is a 30-bed acuity adaptable unit providing care 24/7/365. CCU specializes in

- Cardiac system
  - STEMI and NSTEMI
  - Chest Pain
  - Heart Failure
  - Arrhythmias and antiarrhythmic management
  - Cardioversion
  - TEE
  - Continuous cardiac monitoring
  - Continuous infusions of low risk cardiac medications
- Stroke
- Respiratory
- Thrombolytic therapy for deep vein thrombosis (Ekos)

UNIT ACTIVITY CCU/CVICU

The Charge Nurse is designed to be free floating

Admission is coordinated between the Charge Nurse and the Hospital Supervisor and is in accordance with MHS Admission, Discharge, and Transfer Criteria.

CCU and CVICU supports transfers from Cath Lab, PACU, Emergency Department and other units in the hospital. CCU/CVICU supports direct admits from home, provider offices, and transfers from other hospitals.

Services that support the CCU/CVICU include Vascular Surgery, Cardiology, Neurology, Intensivist, Hospitalists, CHF Team, Social Work, Personal Health Partners, Chaplain Services, Respiratory Therapy, Phlebotomy, Dietician, leadership

CORE STAFFING PATTERNS

Staffing levels are determined by number of patients and patient acuity, based on a hospital Staffing Committee approved plan, finalized each shift by the designated charge nurse. The charge nurse has responsibility to determine a final staffing plan for the shift and adjusts throughout the shift as needed to provide optimal patient care. Census and acuity fluctuations are managed through increasing or decreasing numbers of staff to support patient care. The condition of the critically ill patient can rapidly change, the charge nurse or nursing leadership will make immediate adjustments to support acuity. Changes to the staffing matrix may be required in the event of unscheduled absences. If there is a conflict between an applicable Collective Bargaining Agreement (CBA) and the staffing matrix, the staffing guidelines in the CBA will prevail.
Care to the CVICU and CCU patient is provided in accordance with the American Association of Critical Care Nurses (AACN) Scope & Standards for Acute and Critical Care Nursing Practice.

### NURSE TO PATIENT RATIO/ACUITY BASED CVICU/CCU COMBINED UNIT

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DAILY STAFFING

Unit leadership and nursing work collaboratively to address staffing issues. In emergent circumstances, this is accomplished using telephone or Everbridge texting system. The following may be utilized for additional staffing:

- Regular FTE staff
- Per diem Medical Surgical staff
- GSH Float Pool
- System Float Pool
- Travel or agency staff

Staff use the following chain of command for staffing concerns or issues:

- Charge Nurse
- Unit Nurse Manager or Assistant Nurse Manager
- House Supervisor
- Unit Director
- Chief Nurse Executive

CERTIFICATIONS

Registered Nurses and PTCAs must maintain BLS and be current in nursing service identified competencies, specific to the organization and individual department. Registered Nurses must also be current in Advanced Cardiac Life Support.

Nurses are encouraged to obtain at least one industry recognized specialty certification in:

CCU/CVICU

- CCRN
- PCCN
- NIH

Skills needed for CCU/CVICU

- Groin site and sheath management
- Specialty Annual Mandatory Education (LMS)

Skills needed for CVICU

- Advanced Hemodynamics monitoring and treatment knowledge
- Ventilator management
QUALITY INDICATORS

- Patient Falls
- HAPI
- CLABSI
- CAUTI
- DVT/PE
- C-Diff
- Employee injury event
- M2I

CORE MEASURES

- Stroke
- Heart Failure
- DVT/PE
- Acute MI
- Pneumonia
- Surgical Site Infections
- Readmissions

ENGAGEMENT AND SATISFACTION

The organization provides a yearly survey, administered by Press Ganey, to evaluate level of employee satisfaction. Scores are distributed to departments and discussed with the staff. Tactics used to improve employee job satisfaction include, but are not limited to:

- HCHAPs patient satisfaction scores
- Yearly, Culture of Safety survey
- Quarterly 1:1 leader rounding on staff
- Unit Based Council Shared Leadership model
- GSH Clinical Practice Council
- PEP program
- Years of service employee recognition program
- Various scheduled employee events
**INTENSITY OF UNIT AND CARE**

The Cardiac Cath Lab and Cardiovascular Interventional Radiology are staffed M-F 06-1730, specializing in:

- Patients presenting for elective procedures as well as critically ill patients needing life-saving IR procedures such as PE Ekos and embolization of GI bleed.

**PATIENT POPULATION**

Nursing care is provided to adults 18 years of age or older. Adolescents will be cared for on a limited, case by case basis. The following patient conditions are frequently encountered in CVIR and CCL:

**CCL AND CIR POPULATION**

- STEMI patients
- Diagnostic right and left heart catheterizations
- PCI
- Peripheral vascular cases
- PE Ekos
- Temporary and permanent pacemakers
- Loop recorder insertions and removals
- TEE
- Fluoroscopy guided LP and myelogram
- Port implants and removals
- Nephrostomy tube placement
- G-tube placement
- Percutaneous biopsy
- UFE
- CTACE
- Y-9- mapping and treatment
- Dialysis catheter placement

**ENVIRONMENT OF CARE**

The assigned charge nurse and the CCL Lead Tech are responsible for overseeing care in CCL and CVIR. Patients are scheduled as outpatients, and inpatients are added as needed both emergently and urgently. All nursing care includes assessment, problem identification, planning, implementation, and evaluation of the delivery of care and the patient’s response to medical and nursing therapy.

The unit includes 2 Cath Labs, 2 private rooms in CVIR, and 7 patient care bays as well as dirty utility rooms, supply rooms, equipment storage, patient kitchen area.

There is an employee break room with kitchen, separate locker rooms for males and females, and bathrooms and showers.
The assigned charge nurse and the CCL Lead Tech are responsible for overseeing care in CCL and CVIR. Patients are scheduled as outpatients, and inpatients are added as needed both emergently and urgently. All nursing care includes assessment, problem identification, planning, implementation, and evaluation of the delivery of care and the patient’s response to medical and nursing therapy.

There is a family waiting room.

The imaging conference room is located on 3 Dally and utilized for staff education.

**Intensity of Unit and Care**

The CCL and CVIR are staffed M-F 06-1730

A call team is available 24/7/365 for emergent cases

The CCL takes care of pts with vascular insufficiency, renal failure, CHF, MI, chest pain, arrhythmia and includes the care of the critically ill patient requiring IABP.

The CVIR takes care of a wide range of patients presenting for elective procedures as well as critically ill patients needing life-saving IR procedures such PE Ekos and embolization of GI bleed.

**Unit Activity**

The Charge Nurse is designed to be free floating

Admission is coordinated between the Charge Nurse, the CCL Lead Tech and the Hospital Supervisor and is in accordance with MHS Admission, Discharge, and Transfer Criteria.

CCU and CVICU supports transfers from Cath Lab, PACU, Emergency Department and other units in the hospital. CCU/CVICU supports direct admits from home, provider offices, and transfers from other hospitals.

Services that support the CCL/CVIR include Vascular Surgery, Cardiology, Interventional Radiology, Imaging, Pharmacy, Hospitalists, CHF Team, Chaplain Services, Respiratory Therapy, Laboratory, and Leadership

**Core Staffing Patterns**

Staffing levels are determined by number of patients, patient acuity, and procedures based on a hospital Staffing Committee approved plan, by the designated charge nurse. The charge nurse has responsibility to determine a final staffing plan for the shift and adjusts throughout the shift as needed to provide optimal patient care. The number and timing of procedures varies widely from day to day and schedules are adjusted as needed. We value the ability to flex to meet the needs of our patient population. Changes to the staffing plan may be required in the event of unscheduled absences. If there is a conflict between an applicable Collective Bargaining Agreement (CBA) and the staffing plan, the staffing guidelines in the CBA will prevail.
NURSE TO PATIENT RATIO

1:1 for procedural sedation in IR, CVIR, and CCL

1:1 up to 1:4 for CVIR Admit Recovery

DAILY STAFFING

1 CNA, 5 RNs, and 1 Charge RN for CVIR

2-3 RNs for Cath Lab

CERTIFICATIONS

Registered Nurses and PTCAs must maintain BLS and be current in nursing service identified competencies, specific to the organization and individual department. Registered Nurses must also be current in Advanced Cardiac Life Support.

Nurses are encouraged to obtain at least one industry recognized specialty certification in:

- CCRN (Critical Care Registered Nurse)
- CRN (Certified Radiology Nurse)
- CVNC (Cardiac Vascular Nursing Certification)

Skills need for CCL/CVIR

- Groin site and sheath management
- Specialty Annual Mandatory Education (LMS)
- Procedural Sedation
- Radiation Safety

QUALITY INDICATORS

HCAHPS

On time procedure starts
Room turnover times

CORE MEASURES

- Stroke
- Heart Failure
- Acute MI
- Surgical Site Infections
ENGAGEMENT AND SATISFACTION

The organization provides a yearly survey, administered by Press Ganey, to evaluate level of employee satisfaction. Scores are distributed to departments and discussed with the staff. Tactics used to improve employee job satisfaction include, but are not limited to:

- HCHAPs patient satisfaction scores
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- Quarterly 1:1 leader rounding on staff
- Unit Based Council Shared Leadership model
- GSH Clinical Practice Council
- PEP program
- Years of service employee recognition program
- Various scheduled employee events

INTENSITY OF UNIT AND CARE

The Progressive Care Unit (PCU) is a 40-bed unit providing care 24/7/365, specializing in:

- Medical management of complex and high acuity medical patients
- Patients at increased risk of their condition becoming unstable or of experiencing a life-threatening event

PATIENT POPULATION SERVED

- Patients transitioning out of the Intensive Care Unit
- Sepsis
- Respiratory Failure
- COPD
- Pneumonia
- Chronic Renal Failure
- Endocrine Disorders
- Electrolyte disturbances
- ETOH/Drug addiction and withdrawal
- Suicide Ideation
- GI Bleed-nonactive bleed
- Cancer
ENIRONMENT OF CARE

The assigned Charge Nurse provides oversight of patient care for each shift. Patient placement within the hospital is coordinated through the Hospital Supervisor and is in accordance with admission, discharge, and transfer criteria. All nursing care includes assessment, problem identification, planning, implementation, and evaluation of the delivery of care and the patient’s response to medical and nursing therapy.

40 private patient rooms on 8 Dally. There are multiple nursing stations and three medication rooms.

The unit includes dirty utility rooms, supply rooms, equipment storage rooms, patient kitchen areas, and linen closets.

There is an employee break room including employee lockers, a huddle room, a multipurpose conference room, a family conference room, a lactation room, and various office spaces.

A visitor lounge area is provided at the main elevator area of the unit.

CORE STAFFING PATTERNS

Staffing levels are determined by number of patients and patient acuity, based on a hospital Staffing Committee approved plan, finalized each shift by the designated Charge Nurse. The Charge Nurse has responsibility to determine a final staffing plan for the shift and adjusts throughout the shift as needed to provide optimal patient care. Census and acuity fluctuations are managed through increasing or decreasing numbers of staff to support patient care. Changes to the staffing matrix may be required in the event of unscheduled absences. If there is a conflict between an applicable Collective Bargaining Agreement (CBA) and the staffing matrix, the staffing guidelines in the CBA will prevail.
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*1st 1:1 PtCA pull from Matrix, additional 1:1s may request increased PtCA staffing.
* If PtCA to patient ratio is greater than 1:10, increase by 1 RN to reduce RN ratios and provide primary care nursing.
DAILY STAFFING

Unit leadership and nursing work collaboratively to address staffing issues. In emergent circumstances, this is accomplished using telephone or Everbridge texting system and social media. The following may be utilized for additional staffing:

- Regular FTE staff
- Per diem PCU/ICU staff
- GSH Float Pool
- System Float Pool
- Travel or agency staff

Staff use the following chain of command for staffing concerns or issues:

- Charge Nurse
- On-Call Unit Leader (ANM, Manager or Director)
- House Supervisor
- Chief Nurse Executive

CERTIFICATIONS

Registered Nurses must maintain an active WA RN license and both BLS and ACLS certification in addition to identified nursing competencies, specific to the organization and individual department.

PtCAs must maintain active WA state licensure, BLS certification and all identified nursing competencies, specific to the organization and individual department.

Nurses are encouraged to obtain specialty certification as a Progressive Care Certified Nurse (PCCN) from the American Association of Critical Care Nurses (AACN).

QUALITY INDICATORS

- CLABSI
- CAUTI
- C-Diff
- Patient Falls
- HAPI
- DVT/PE
- Employee injury event

CORE MEASURES

- Stroke
- Heart Failure
- DVT/PE
- Acute MI
- Pneumonia
- Surgical Site Infections
- Readmissions
ENGAGEMENT AND SATISFACTION

The organization provides an annual employee engagement survey, administered by the Advisory Board. Scores are distributed to departments and shared with the staff to collaboratively work to improve engagement and retention. Tactics used to improve employee engagement include, but are not limited to:

- Active Unit Based Council (Shared Governance Committee)
- UBC representation on the GSH Clinical Practice Council
- Promotion and participation in the PEP program
- Annual Culture of Patient Safety survey
- Quarterly 1:1 leader rounding on staff
- Years of service Employee Recognition program
- UBC sponsored events outside of work

INTENSITY OF UNIT AND CARE

The Intensive Care Units (ICU) combined 22 ICU beds: 14 beds on 2 Meadow, and 8 beds on 2 Forrest. Adjacent to the ICU’s, there is a PCU (Progressive Care Unit) with 8 beds located on 2 Forrest. All units providing care 24/7/365, specializing in:

- Patients with severe and life-threatening illnesses and injuries
- Patients requiring continuous and immediate nursing interventions
- Patients requiring support from specialized equipment and medications which required highly trained staff

PATIENT POPULATION SERVED

- Sepsis
- Respiratory Failure (COPD exacerbation, asthma, pneumonia)
- MI, Cardiac Dysrhythmias
- GI Bleed
- Post cardiac and respiratory arrest
- CHF
- CVA
- DKA
- Renal failure
- ETOH/ Drug addiction and withdrawal
- Multi-Organ Failure
- Post-operative patients requiring recovery and/or post-surgical ventilation
- Advanced cardiac monitoring which may include non-invasive and invasive hemodynamic monitoring (arterial lines, Swan-Ganz, Central venous pressures, etc.)
- Advanced Treatments: IABP, CVVH, Proning Therapy (Mechanical and Manual Proning), Arctic Sun, EKOS and TPA
ENVIRONMENT OF CARE

The assigned Charge Nurse provides oversight of patient care for both 2 Meadow and 2 Forest each shift. Patient placement within the ICU is coordinated through the Hospital Supervisor/Bed Planner and is in accordance with admission, discharge, and transfer criteria.

The patient’s progress is monitored through an interdisciplinary approach including Registered Nurses, Physicians, Respiratory Therapists, Pharmacists, PT/OT/ST, Care Management/SW, and other support departments. All nursing care includes assessment, problem identification, planning, implementation, and evaluation of the delivery of care and the patient’s response to medical and nursing therapy.

14 private ICU patient rooms on 2 Meadow, 8 private ICU patient rooms on 2 Forest and 8 semi-private rooms (used as private rooms unless in surge status) on 2 Forest. There are multiple nursing stations and four medication rooms.

The unit includes dirty utility rooms, supply rooms, equipment storage rooms, patient kitchen areas, and linen closets.

There are two employee break rooms including employee lockers, a huddle/conference room and various office spaces.

A public visitor lounge area is provided.

CORE STAFFING PATTERNS

Staffing levels are determined by number of patients and patient acuity, based on a hospital Staffing Committee approved plan, finalized each shift by the designated Charge Nurse. The Charge Nurse has responsibility to determine a final staffing plan for the shift and adjusts throughout the shift as needed to provide optimal patient care. Census and acuity fluctuations are managed through increasing or decreasing numbers of staff to support patient care. Changes to the staffing matrix may be required in the event of unscheduled absences. If there is a conflict between an applicable Collective Bargaining Agreement (CBA) and the staffing matrix, the staffing guidelines in the CBA will prevail.
**NURSE TO PATIENT RATIO ICU**

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*Free Charge RN at all times
*1:1/Level 6 patients require additional staff

ICU level patients can be accommodated in 2 Meadow and the 260s in 2 Forest. PCU patients can be accommodated in 2 Forest 270 rooms. PCU and M/S patients should be 1:3/1:4 if being boarded in the ICU while waiting to be transferred.

**DAILY STAFFING**

Unit leadership and nursing work collaboratively to address staffing issues. In emergent circumstances, this is accomplished using telephone or Everbridge texting system and social media. The following may be utilized for additional staffing:

- Regular FTE staff
- Per diem PCU/ICU staff
- GSH Float Pool
- System Float Pool

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• Travel or agency staff

Staff use the following chain of command for staffing concerns or issues:

• Charge Nurse
• On-Call Unit Leader (ANM, Manager or Director)
• House Supervisor
• Chief Nurse Executive

CERTIFICATIONS

Registered Nurses must maintain an active WA RN license and both BLS and ACLS certification in addition to identified nursing competencies, specific to the organization and individual department.

PtCAs must maintain active WA state licensure, BLS certification and all identified nursing competencies, specific to the organization and individual department.

Nurses are encouraged to obtain specialty certification as a Certified Critical Care Registered Nurse (CCRN) from the American Association of Critical Care Nurses (AACN).

QUALITY INDICATORS

• VAE
• CLABSI
• CAUTI
• C-Diff
• Patient Falls
• HAPI
• DVT/PE
• Employee injury event

CORE MEASURES

• Stroke
• Heart Failure
• DVT/PE
• Acute MI
• Pneumonia
• Surgical Site Infections
• Readmissions

ENGAGEMENT AND SATISFACTION

The organization provides an annual employee engagement survey, administered by the Advisory Board. Scores are distributed to departments and shared with the staff to collaboratively work to improve engagement and retention. Tactics used to improve employee engagement include, but are not limited to:

• Active Unit Based Council (Shared Governance Committee)
• UBC representation on the GSH Clinical Practice Council
• Promotion and participation in the PEP program
• Annual Culture of Patient Safety survey
• Quarterly 1:1 leader rounding on staff
• Years of service Employee Recognition program
• UBC sponsored events outside of work

**INTENSITY OF UNIT AND CARE**

**Perioperative Services** is a collaborative network of departments responsive for overseeing and delivering care to patients from the time surgery is scheduled through the operative period to full recovery and includes:

- Per-Anesthesia Clinic
- Pre-Op/PACU
- Operating Room
- GI/Special Procedures
- Sterile Processing

**PATIENT POPULATION SERVED**

- Pediatric patients beginning at aged 2 years
- Adult and geriatrics
- Inpatient
- Outpatient

Specialties include:

- ENT
- General Surgery
- Gynecology
- Oral
- Ophthalmology
- Orthopedics
- Plastics
- Podiatry
- Urology
- Vascular
- Robotic assisted general, gynecology urology procedures

Pre-Op PACU procedures include:

- Blood Patch & Baclofen Trial
- Placement of arterial lines and central line monitoring
- Regional anesthetic block & Pain block placement

GI/Special Procedures

- Endoscopy
- Pain management
- Bone marrow aspiration
- Bronchoscopy
- Pain procedures
- Post anesthesia recovery

**ENVIRONMENT OF CARE PRE-ANESTHESIA CLINIC**

The assigned Charge Nurse provides oversight of patient care in the Pre-Anesthesia Clinic. Every pre-scheduled surgery patient, and GI/SPU outpatients requiring an Anesthesiologist for their procedure are scheduled for a Pre-Anesthesia appointment as either for a clinic visit or telephone interview. Hours of operation are Monday through Friday, 8:00 am to 4:30 pm.

Located on level 3 of the Dally Tower.

They share an employee break room with IR. 6 offices are available for patient care.

A waiting area is provided outside of Door B.

**CORE STAFFING PATTERNS**

Staffing levels are determined by number of patients scheduled for interviews. Charge Nurse makes assignments based on acuity. The Charge Nurse has responsibility to determine a final staffing plan for the shift and adjusts as needed to provide optimal patient care. Census and acuity fluctuations are managed through increasing or decreasing numbers of staff to support patient care. Changes to the staffing plan may be required in the event of unscheduled absences. If there is a conflict between an applicable Collective Bargaining Agreement (CBA) and the staffing plan, the staffing guidelines in the CBA will prevail.

**NURSE TO PATIENT RATIO**

<table>
<thead>
<tr>
<th>Role/Position</th>
<th>0800-1630</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge RN</td>
<td>1</td>
</tr>
<tr>
<td>Staff RN</td>
<td>1-2 RN for in-person appointments</td>
</tr>
<tr>
<td>CNA</td>
<td>1</td>
</tr>
<tr>
<td>Scheduler</td>
<td>1</td>
</tr>
<tr>
<td>HUC</td>
<td>1</td>
</tr>
</tbody>
</table>

**DAILY STAFFING**

Unit leadership and nursing work collaboratively to address staffing issues, in consideration of workload. Daily duties include:

- 35-40 appointments/day
- Review of medical history
• Provide Day of Surgery (DOS) instructions
• Insure all medical clearance and labs are completed prior to DOS

ENVIRONMENT OF CARE PRE-OP PACU

The assigned Charge Nurses provide oversight of patient care in the Pre-Operative PACU units, responsible for Admission, Pre-Operative preparation and Recovery of surgery patients. Regular hours of operation are 5:30 am to 10:30 pm, Monday through Friday and 6:00 am to 6 pm, Saturday through Sunday. Call team members are available during all non-staffed hours and holidays.

The patient’s progress is monitored through an interdisciplinary approach including Registered Nurses, Physicians, Respiratory Therapist, Pharmacists, PT/OT/ST, Care Management, and other support departments. All nursing care includes assessment, problem identification, planning, implementation, and evaluation of the delivery of care and the patient’s response to medical and nursing therapy.

Located on 2 Dally and 2 Meadow.

The unit includes 27 bays/rooms in 2 Dally and 12 bays/rooms in 2 Meadow. 4 total negative air flow rooms

There are 2 employee break rooms with employee lockers in the changing rooms. Various office spaces are available in 2 Dally.

A waiting area is provided for both 2 Dally and 2 Meadow.

CORE STAFFING PATTERNS

Staffing levels are determined by number of patients and patient acuity, based on a hospital Staffing Committee approved plan, finalized each shift by the designated Charge Nurse. The Charge Nurse has responsibility to determine a final staffing plan for the shift and adjusts as needed to provide optimal patient care. Census and acuity fluctuations are managed through increasing or decreasing numbers of staff to support patient care. Changes to the staffing plan may be required in the event of unscheduled absences. If there is a conflict between an applicable Collective Bargaining Agreement (CBA) and the staffing plan, the staffing guidelines in the CBA will prevail.

NURSE TO PATIENT RATIO

<table>
<thead>
<tr>
<th>Role/Position</th>
<th>Pre-Op</th>
<th>PACU Phase 1</th>
<th>PACU Phase 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>1:2</td>
<td>Adults</td>
<td>Adults</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1:2 Stable</td>
<td>1:3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1:1 Unstable</td>
<td>Pediatrics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2:1 Critical</td>
<td>1:2 without family at bedside</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ICU/unstable</td>
<td>Pediatrics</td>
</tr>
</tbody>
</table>
DAILY STAFFING

Unit leadership and nursing work collaboratively to address staffing issues, in consideration of workload and number of cases scheduled.

ENVIRONMENT OF CARE OPERATING ROOM

The assigned Charge Nurses provide oversight of patient care in the Operating Room. Regular hours of operation are 6:30 am to 10:30 pm, Monday through Friday and 6:00 am to 6 pm, Saturday through Sunday. Call team members available during all non-staffed hours and holidays.

The patient’s progress is monitored through an interdisciplinary approach including Registered Nurses, Physicians, Anesthesia Techs, Pharmacists, and other support departments. All nursing care includes assessment, problem identification, planning, implementation, and evaluation of the delivery of care and the patient’s response to medical and nursing therapy.

Located on 2 Daily and 2 Meadow.

The unit includes 6 OR rooms on 2 Daily and 4 OR rooms on 2 Meadow.

There are 2 employee break rooms with employee lockers in the changing rooms. Various office spaces are available in 2 Daily.

A waiting area is provided for both 2 Daily and 2 Meadow.

CORE STAFFING PATTERNS

Staffing levels are determined by number of patients and patient acuity, based on a hospital Staffing Committee approved plan, finalized each shift by the designated Charge Nurse. The Charge Nurse has responsibility to determine a final staffing plan for the shift and adjusts as needed to provide optimal patient care. Census and acuity fluctuations are managed through increasing or decreasing numbers of staff to support patient care. Changes to the staffing plan may be required in the event of unscheduled absences. If there is a conflict between an applicable Collective Bargaining Agreement (CBA) and the staffing plan, the staffing guidelines in the CBA will prevail.
NURSE TO PATIENT RATIO

<table>
<thead>
<tr>
<th>Role/Position</th>
<th>All Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>1:1</td>
</tr>
<tr>
<td>Surgical Tech</td>
<td>1:1</td>
</tr>
<tr>
<td></td>
<td>2:1 in robotic procedures and when 2 MDs are performing procedures</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Role/Position</th>
<th>Day</th>
<th>Evening</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>RN &amp; Surgical Tech</td>
<td>14-15</td>
<td>2</td>
<td>1 RN 1 Surg Tech</td>
</tr>
<tr>
<td>Anesthesia Tech</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HUC</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

DAILY STAFFING

Unit leadership and nursing work collaboratively to address staffing issues, in consideration of workload and number of cases scheduled considering an average of 720 surgeries/month.

ENVIRONMENT OF CARE GI/SPECIAL PROCEDURES

The assigned Charge Nurse provides oversight of patient care in the GI/Special procedures unit. Regular hours of operation are 7:00 am to 5:30 pm, Monday through Friday and 10:00 am to 6:30 pm, Saturday. Call team members available during all non-staffed hours and holidays.

The patient’s progress is monitored through an interdisciplinary approach including Registered Nurses, Physicians, Respiratory Therapists, Pharmacists, Pathology, and other support departments. All nursing care includes assessment, problem identification, planning, implementation, and evaluation of the delivery of care and the patient’s response to medical and nursing therapy.

Located on 3 River

The unit includes 3 procedure Rooms/Endo/BMA; 1 Bronchoscopy Negative Airflow; 1 pain management suite; 2 admit/recovery areas. One bay recovery area for up to 12 patients.

There is 1 employee break room with employee lockers, and various office spaces.

A waiting area is provided.

CORE STAFFING PATTERNS

Staffing levels are determined by number of patients and patient acuity, based on a hospital Staffing Committee approved plan, finalized each shift by the designated Charge Nurse. The Charge Nurse has responsibility to determine a final staffing plan for the shift and adjusts as needed to provide optimal patient care. Census and acuity fluctuations are managed through increasing or decreasing numbers of
staff to support patient care. Changes to the staffing plan may be required in the event of unscheduled absences. If there is a conflict between an applicable Collective Bargaining Agreement (CBA) and the staffing plan, the staffing guidelines in the CBA will prevail.

### NURSE TO PATIENT RATIO

<table>
<thead>
<tr>
<th>Role/Position</th>
<th>Hours of operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge</td>
<td>1</td>
</tr>
<tr>
<td>RN Pain Management</td>
<td>1:1</td>
</tr>
<tr>
<td>RN Endo/SPU</td>
<td>2:1 conscious sedation, 1 RN for sedation and 1 for procedure assist</td>
</tr>
<tr>
<td></td>
<td>2:1 general anesthetic, 1 circulator and 1 procedure assist</td>
</tr>
<tr>
<td></td>
<td>1:1 pain procedure</td>
</tr>
<tr>
<td></td>
<td>1:1 bone marrow aspiration, bronchoscopy</td>
</tr>
<tr>
<td></td>
<td>1:3 PACU Phase II</td>
</tr>
<tr>
<td>HUC</td>
<td>1</td>
</tr>
<tr>
<td>LPN Endo Assistant</td>
<td>1</td>
</tr>
<tr>
<td>CNA</td>
<td>2</td>
</tr>
</tbody>
</table>

### DAILY STAFFING

Unit leadership and nursing work collaboratively to address staffing issues, in consideration of workload and number of cases scheduled considering an average of 720 surgeries/month.

### CERTIFICATIONS

Registered Nurses must maintain an active WA RN license and both BLS, and ACLS certification in addition to identified nursing competencies, specific to the organization and department.

Pre-Op/PACU nurses must also maintain PALs certification.

RNs are encouraged to maintain specialty certifications including CAPA, CPAN, CNOR, CGRN.

### QUALITY INDICATORS

- Patient falls
- Employee injuries
- HAPI
- On-time starts
- Turnover times
- Day of surgery cancellations
- Immediate use sterilization
CORE MEASURES

- Stroke
- Heart Failure
- DVT/PE
- Acute MI
- Pneumonia
- Surgical Site Infections
- Readmissions

ENGAGEMENT AND SATISFACTION

The organization provides an annual employee engagement survey, administered by the Advisory Board. Scores are distributed to departments and shared with the staff to collaboratively work to improve engagement and retention. Tactics used to improve employee engagement include, but are not limited to:

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- UBC representation on the GSH Clinical Practice Council
- Promotion and participation in the PEP program
- Annual Culture of Patient Safety survey
- Quarterly 1:1 leader rounding on staff
- Years of service Employee Recognition program
- UBC sponsored events outside of work
- Team STEPPs
- Reward and recognition activities
January 1, 2019

Nurse Staffing Coalition

I, the undersigned, Charlene Falgout, with responsibility for Good Samaritan nursing staff, attest that the attached staffing plans were developed in accordance with RCW 70.41.420 for 2019 and include all units covered under our hospital license under RCW 70.41. These plans were developed with consideration given to the following elements:

- Census, including total number 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

This document is submitted for review by MultiCare Health System Administration and submission for Washington State Nurse Staffing Coalition.

Good Samaritan Hospital Administration

By: Charlene Falgout, DSL, MPPM, BSN, RN
Charlene Falgout, DSL, MPPM, BSN, RN
Good Samaritan Hospital
Chief Nurse Executive
Date: 12/20/18

Chris Bredesen
President & Chief Operating Officer
Good Samaritan Hospital
Date: 12/24/18

MultiCare Health System
MultiCare Allenmore Hospital ~ MultiCare Auburn Medical Center ~ MultiCare Good Samaritan Hospital
MultiCare Mary Bridge Children's Hospital & Health Center ~ MultiCare Tacoma General Hospital ~ MultiCare Clinics