I, the undersigned with responsibility for Olympic Medical Center, attest that the attached staffing plans and matrixes were developed in accordance with RCW 70.41.420 for the year 2019 and includes all units covered under our hospital license under RCW 70.41. This plan was developed with consideration given to the following elements (please check):

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

Signature

Printed Name

Date

12-28-2018
OB Staffing Plan 2019

Shifts:
There will be a minimum of three obstetrical registered nurses scheduled for day, evening and night shift, of which at least two will be core staff. Every effort will be made to schedule three core nurses per shift. On antenatal testing days, staffing will be increased by one or more core RN's skilled in antenatal testing. A unit secretary/HUC will be scheduled Monday through Friday during peak hours but may be adjusted based on unit needs.

Assignments:

The charge nurse will make assignments based on the following levels. Each nurse will be assigned a patient load of not more than three patients from Level 3, or two from Level 2, or one from Level 1. Assignments will be based on the individual skill level and experience of scheduled nurses. The charge nurse will be unassigned whenever possible to facilitate her availability to attend all deliveries, triage patients, oversee any emergencies that may arise in the department and be available to provide relief of staff for meals and breaks.

Level 3
- Mother and Baby couplet without medical complications
- Antepartum admission for medical condition: hyperemesis, kidney stones, etc.
- Medical/Surgical overflow
- Newborn with IV medications rooming in with Mother
- Newborn phototherapy

Level 2
- Cesarean section Mother and Baby couplet less than 24 hours
- Vaginal delivery of multiples
- Vaginal delivery with extensive repair requiring frequent assessment/intervention
- Mother and Baby couplet with newborn under 37 weeks or SGA
- Day of discharge: Extensive teaching
- Mother and Baby couplet with newborn requiring NAS scoring
- Breastfeeding complications requiring frequent RN assistance: SNS, etc
- English as a second language
- Postpartum eclamptic management
- Labor Observation/Antenatal Testing
- Early Labor: less than 4 cm on intermittent monitoring
- Induction of Labor by cervical ripening: Cervidil, misoprostol, balloon, etc.

Level 1
- Postpartum with high risk conditions requiring frequent monitoring, assessment and multiple IV medication management.
- Complex Discharge: CPS/Demise/Adoption
- Psychosocial issue requiring intervention
- Active Blood Transfusion and/or hemodynamic instability
- Active Labor: 4 cm or greater
- Labor with intervention: Epidural, pitocin, FHR instability
- Hypertensive Crisis
- Massive Fluid Protocol/Maternal Hemorrhage
- HELLP Syndrome
- Transfers
- Nursery Admission
- Newborn Resuscitation
Nothing in the Staffing Plan is intended to change or supersede state law or the Collective Bargaining Agreement between the parties which are considered controlling. While the Staffing Plan is a guide, the CBA provides that management retains discretion to assign staff and schedule the number of staff, and management shall retain such discretion when issues arise, notwithstanding guidelines in the Staffing Plan. Management does not waive their rights under Article 2 in the CBA. The CBA also states, in part:

3.2 Charge Nurse. A Registered Nurse who is assigned the responsibility for an organized unit. A nurse who is assigned as charge nurse shall be paid for all hours worked as a charge. An organized unit shall be defined by the Employer. The Charge Nurse has authority to initiate discussion with unit director and/or house supervisor to adjust staffing levels to meet patient care needs with guidance from an acuity tool and using MOU #11 (Staffing Alert) as a resource. ...

**APPROVED BY:**

Mary Lou Culver, RNC  
OB Staffing Committee

Shanna Walton, RN  
OB Staffing Committee

Laurie Elmer, RNC  
OB Staffing Committee

Christina E Johnson, RN  
Director – Mother/Baby

Chloe Brown, RN  
OB Staffing Committee

Michelle Uranga, RN  
SEIU Representative

Lorraine Wall, RN, MSN  
CNO/Hospital COO  
12/28/18

Eric Lewis  
Chief Executive Officer
Medical/Surgical/Pediatrics
Staffing Plan
2019

1. **Charge Nurse**
   a. There will be a minimum of one designated Charge Nurse on duty at all times. A second charge nurse may be assigned, pending census and staffing needs. Charge Nurse responsibilities include but not limited to assigning patients, taking into account patient acuity, geographic location, staff skill set, patient needs, and patient volumes.
   b. The Charge Nurse will assign patients based on the most current acuity tool.
   c. An additional Charge Nurse will be assigned for greater than 26 patients on Day shift.
   d. An additional Charge Nurse will be assigned for greater than 30 patients from 3p-7p and will be re-evaluated at 7p for additional support.
   e. There will be 1 Charge Nurse without a patient assignment on Night shift.

2. **Registered Nurse-to-patient ratios**
   a. **Day Shift**: 1 RN up to 4 patients
   b. **Evening Shift**: 1 RN up to 5 patients
   c. **Night Shift**: 1 RN up to 6 patients

3. **Certified Nursing Assistant-to-Patient Ratios**
   a. **Day Shift**: 1 CNA up to 8 patients
   b. **Evening Shift**: 1 CNA up to 10 patients
   c. **Night Shift**: 1 CNA up to 12 patients

4. **Health Unit Coordinator**
   a. **Day Shift**: 1 HUC 0600-1630
   b. **Evening Shift**: 1 HUC 1300-2330
   c. **Night Shift**: 0 HUC

5. **Pediatric Patients**
   a. 1 RN to not more than 3 patients, based on acuity and guardian support
   b. If a pediatric patient requires 1:1 staffing, there must be an accompanying physician order

6. **Behavioral Health Patients**
   a. ITA patients requiring 1:1 for seclusion will have a trained staff member.
   b. The Charge Nurse will collaborate with the Staffing Office/Unit Supervisor and/or Director to determine the best option for appropriate care.

7. **Floating**
   a. Floating to another unit will occur only if there is adequate staffing available to meet Medical/Surgical/Pediatric patient care needs.

8. **Inability to meet projected staffing needs**
   a. If there are not an adequate number of CNA’s available, the Charge Nurse may adapt the number of RN staff to adequately meet patient needs.
   b. If there is not a HUC available, an appropriately trained CNA may be utilized as a HUC.

9. **Breaks**
   a. Communication will occur between the staff members and charge nurses using the break board.
   b. Breaks will be determined at the discretion of the staff members and charge nurses.
Nothing in the Staffing Plan is intended to change or supersede state law or the Collective Bargaining Agreement between the parties which are considered controlling. While the Staffing Plan is a guide, the CBA provides that management retains discretion to assign staff and schedule the number of staff, and management shall retain such discretion when issues arise, notwithstanding guidelines in the Staffing Plan. Management does not waive their rights under Article 2 in the CBA. The CBA also states, in part:

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Eric Lewis, CEO  
Date

Robin Burse, Director  
12/28/18

Patty Stewart-Ford, RN  
Date

Barbara Davis, HUC  
Date

SEIU Rep  
Date

Lorraine Wall, CNO  
Date

Karen Ahrndt, RN  
Date

Kaylee Sullivan, RN  
Date

Sandy Caswell, CNA  
Date
Staffing Plan
Surgery and PACU

Working together to provide excellence in health care.

Day shift Surgery
- One RN as a Circulating Nurse for each Operating Room
- One Scrub Person for each Operating Room.
- Break relief provided by additional staffing or the charge nurse
- Orderly
- Anesthesia Aide

Day Shift Endoscopy
- One RN as a Circulating Nurse for Each Endoscopy Room
- One Endoscopy Assistant for each Endoscopy-Room. The Endoscopy Assistant can be a Surgical Technologist, A Certified Surgical Technologist or an RN.
- Break relief provided by additional staffing or the charge nurse

Day Shift PACU (Recovery Room)
- Staffing 1 PACU RN per 2 patients

Addition of extra staff (RN, anesthesia aide, tech, orderly) will be at the discretion of the manager and Charge nurse

Evening Shift Surgery-1500-2300
- One RN as a Circulating Nurse for each Operating Room
- One Scrub person for each Operating Room.
- One Orderly/Anesthesia Aide or Transporter

Evening Shift PACU-1500-2300
- Staffing 1 PACU RN per 2 patients

Addition of extra staff (RN, anesthesia aide, tech, orderly) will be at the discretion of the manager and Charge nurse

Night Shift, Weekends, and Holidays Surgery
- One RN Circulator is placed ‘on-call’ for emergency operations.
  - For weeknights, ‘on-call’ starts at 2230 and goes until 6:45.
  - On Saturday and Holidays ‘on-call’ covers from 0700 to 0700
  - On Sunday on-call covers 0700 – 06:45
- One Surgical Technologist is placed ‘on-call’ for emergency operations.
  - For weeknights, ‘on-call’ starts at 2230 and goes until 6:45.
  - On Saturday and Holidays ‘on-call’ covers from 0700 to 0700
  - On Sunday on-call covers 0700 – 06:45

Addition of extra staff (RN, anesthesia aide, tech, orderly) will be at the discretion of the manager and Charge nurse
Night Shift, Weekends, and Holidays ENDO

- On weekends and holidays, (1) ENDO staff member will be placed ‘on-call’ for emergency ENDO Procedures from 0800 to 1630.

Addition of extra staff (RN) will be at the discretion of the manager and Charge nurse & reviewed prior to the weekend.

Night Shift, Weekends, and Holidays PACU

- On weekends and holidays, (1) PACU RN will be placed ‘on-call’ for recovery of emergency operation patients from 0700 to 2300.

Addition of extra staff (RN) will be at the discretion of the manager and Charge nurse & reviewed prior to the weekend. The house supervisor is available to provide assistance in location of after-hours staffing assistance.

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<table>
<thead>
<tr>
<th>Stakeholders (Approval Required)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive Officer</td>
<td>Eric Lemoine</td>
<td>12/28/2018</td>
</tr>
<tr>
<td>Chief Nursing Officer</td>
<td>Amanda Hendley</td>
<td>12/27/18</td>
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<tr>
<td>SEIU Representative</td>
<td>M.M.</td>
<td>12/27/18</td>
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<tr>
<td>Department Manager/Director</td>
<td>Vickie Fingerer</td>
<td>12-27-2018</td>
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<tr>
<td>Staffing Committee Member</td>
<td>Sarah Winfield</td>
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</table>
1. MINIMUM OF 2 RN STAFF MEMBERS PRESENT ON THE UNIT WHENEVER PATIENT CARE IS BEING ADMINISTERED

2. DAILY STAFFING DETERMINED AS FOLLOWS:
   NURSES:  no more than 6 patients in an 8 hour period
             no more than 8 patients in a 10 hour period
             no more than 9 patients in a 12 hour period
   HUCs:     6-20 patients – 1 HUC
             20+ patients – 2 HUCs
   HUCs: Weekend and Holiday: 6-25 medical patients – 1 HUC

3. The addition of extra staff (RN, HUC or CNA) will be at the discretion of the manager and/or charge nurse scheduled for that day. When necessary to reduce work force due to low census at least one nurse will be placed on standby to support afternoon staff.

4. The Charge nurse shall coordinate and support staff breaks and lunches

5. MANAGER: 1 Monday through Friday. OR Manager or Director of Surgical Services will cover when manager not available.

6. HOLIDAY STAFFING: 3 RN’s will be assigned by the unit manager to standby status for a minimum of 1 holiday of the year, called to work if necessary and adhere to the above stated plan. HUCs will be assigned by the manager to 2 holidays per year. An RN may be assigned to two holidays per year by the manager on a rotating basis to accommodate the 3 RN holiday staffing plan. HUCs will be assigned by the manager to 2 holidays per year. A HUC may be assigned to three holidays per year by the manager on a rotating basis in order to adhere to the above stated plan. The Unit Manager will assign holidays equitably.

Nothing in the Staffing Plan is intended to change or supersede state law or the Collective Bargaining Agreement between the parties which are considered controlling. While the Staffing Plan is a guide, the CBA provides that management retains discretion to assign staff and schedule the number of staff, and management shall retain such discretion when issues arise, notwithstanding guidelines in the Staffing Plan. Management does not waive their rights under Article 2 in the CBA. The CBA also states, in part:

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Staffing Plan Approval Page

Department Manager/Director to obtain signatures then scan and upload PDF to the Staffing Page for reference.

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<td>Deborah Bell</td>
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PURPOSE:

The Medical Oncology Nurse Coordinators (MONCs) and Radiation Oncology Nurse Coordinators (RONCs) provide skilled nursing services for Olympic Medical Cancer Center (OMCC) patients. The OMCC Nurse Staffing Committee is comprised of, at minimum, two front line nurses and one administrator. Nurse Coordinators are non-union. Staffing requirements in the Cancer Center are determined by utilizing budgeted hours of care, historical data, nursing judgment, and the staffing plan. Nurse Staffing Committee meetings will be held a minimum of twice per year during regularly scheduled work time, and will be paid. Members of the OMCC Clinic Staffing Committee are encouraged to solicit input from their fellow clinic nurses regarding staffing, workload, workflows and support teams and bring this feedback to the committee for review, assessment and coordinated response. All clinic nurses are welcome to attend Staffing Committee meetings as desired.

STAFFING PLAN:

MONCs and RONCs work under the direction of Medical Oncologists and Radiation Oncologists in an outpatient based practice. Support is provided to OMCC nurse coordinators by a variety of support staff including Medical Assistants, Patient Navigation, Medical Oncology Schedulers, Customer Service Representatives and Management. The OMCC organization chart can be found on SharePoint.

The MONCs and RONCs will be staffed with at least one RN per two providers in order to provide high quality coordination of care in the complex setting of OMCC’s oncology patients. MONC and RONC staffing may be increased or decreased depending upon the number of providers working each day, the level of nursing support required by the providers on their team, and the census of the clinic. Additionally, in Medical Oncology there will be a designated Lead Nurse who will coordinate staffing needs, and function as a GWN nurse as needed. It is recognized that staff meetings and educational activities may require additional staffing coverage. Staffing will be adjusted to meet the clinic needs on a daily basis.

All MONCs and RONCs will take three breaks per day: two paid 15 minute breaks (one in the morning and one in the afternoon) and one 30 minute unpaid break for lunch. It is the employees’ responsibility to promptly notify the Oncology Nurse Manager and/or Lead Nurse of any issues related to the ability to take all daily breaks. In Medical Oncology, the Lead Nurse also serves as a resource to help ensure all staff are able to take all their scheduled breaks each day. Per diem nurses who have been oriented to Medical Oncology and/or Radiation Oncology will be utilized for planned and unplanned absences. The Oncology Nurse Manager has the overall responsibility for staffing the Medical Oncology and Radiation Oncology clinics.

OMCC Medical Oncology and Radiation Oncology Clinic Staffing Committee:

[Signatures and dates]
Working together to provide excellence in health care.

1. The RN staffing for Diagnostic Imaging is at 3 FTE’s per week. As a minimum 2 DI RN’s shall be available to the department 8 am to 5 pm, Monday through Friday.

2. Call Weekend schedule - rotating nurse call schedule 9 hours per day Saturday and Sunday to cover for in-patient PICC placements and coverage for emergent/urgent DI procedures.

3. Lead DI RN/Director – Lead will cover from 8 am to 4:30 pm. Will coordinate scheduling nurses with Director to best match FTE’s and department needs each month. Adjustments to the schedule during the month will need DI management approval.

4. Daily RN Staffing is determined with in DI as follows:
   - Adequate DI RN coverage to provide excellent patient care and safety to allow for scheduled patients and add-ons.
   - Peripheral Intravenous Central Catheter (PICC), peripheral IV placements, Port a catheter access lab draw, and central line dressing’s hospital wide will be triaged by DI nurses, coordinated with DI patient Care.
   - Procedures: DI RN’s will schedule each day to accommodate the # of nurses available on shift not to exceed potential patient care issues and safety.
   - Add-ons for procedures afterhours or would extend into after hours will be at the discretion of the RN on at the time and DI leadership.
   - Weekend call to support DI invasive procedures and PICC placement for inpatient in coordination with the DI RN’s and Radiologists.
   - When necessary to reduce work force due to low census, at least one nurse when possible, shall be placed on standby to support the staff.
   - Radiologist will have oversight for all PICC’s inserted at OMC and assist PICC DI RN’s when needed.
   - PICC placements will be scheduled between 8 am and 3:30 pm coordinating with the radiologists schedule on-site and giving time for the PICC insertion.
   - Add-ons will be kept within the normal DI RN work schedule to keep excessive hours and overtime to a minimum. DI RN’s will work with management for any after hour procedures.

5. Meals and breaks – Lunches will be off set with 2 DI RN’s scheduled at 8 am taking ½ hour lunch at 12 pm and the 8:30 am DI RN taking lunch break at 12:30 pm; the lunch times may vary with nurse coordination adjusting to accommodate patient care. The DI RN’s will have 2 breaks throughout the 8 hour day and will work the breaks in around patient care.

6. Holiday staffing: Call coverage will follow weekend coverage protocol.
## RN Staffing Plan
### Diagnostic Imaging

*Working together to provide excellence in health care.*

### Staffing Plan Approval Page

<table>
<thead>
<tr>
<th>Diagnostic Imaging Department</th>
<th>Effective Date: 1/1/2019</th>
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<tbody>
<tr>
<td><strong>Stakeholders (Approval Required)</strong></td>
<td><strong>Approved By</strong></td>
</tr>
<tr>
<td>Chief Executive Officer</td>
<td>Eric Lewis, CEO</td>
</tr>
<tr>
<td>Lorraine Wall, RN/CNO</td>
<td>[Signature]</td>
</tr>
<tr>
<td>John Troiglia, RDMS, RT(R)</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Kent Fosnes, RN Lead</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Marilyn Patterson, RN</td>
<td>[Signature]</td>
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<tr>
<td>SEIU Representative</td>
<td>Michelle Uranga, RN</td>
</tr>
</tbody>
</table>

Olympic Medical Physicians Nurse Staffing Plan

2019

The OMP NSC Committee

The OMP NSC is comprised of, at minimum, three front line RNs from different departments within OMP (i.e. Primary Care, Specialty Care, Pediatrics, and Walk-In Clinics), and one Administrator. OMP RNs are non-union. NSC meetings will be held during regularly scheduled work time and paid. The OMP NSC has no concerns about retaliation or intimidation for participation.

The OMP RN Staffing Plan

The OMP NSC has completed an initial overview of RN Staffing in the clinics. This overview includes any additional training or certifications necessary to perform specific RN roles in OMP. Positions not requiring specific training or certifications will be staffed with RNs who have been oriented and trained in accordance with OMP Work Standards, Competencies, and Standing Orders commiserate with their experience and assigned duties. Below is a grid of current staffing levels and planned/projected nursing levels for 2019. These staffing levels will be reviewed by the NSC twice annually, including analysis of indicated data. The OMP clinic managers have overall responsibility for staffing the OMP Clinics.

<table>
<thead>
<tr>
<th>Department</th>
<th>Role</th>
<th>2018 Current FTE</th>
<th>Data to Support</th>
<th>2019 Planned FTE</th>
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<td>4-6 provider per team</td>
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<td>Per Shift/ Per Location</td>
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<tr>
<td>Pediatrics</td>
<td>Triage</td>
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<td>Per location (PA/SQ)</td>
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<td>MA-C/ Provider only</td>
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<tr>
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<td>0</td>
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<tr>
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Special training/Skills Mix:

* RNs assigned to primarily support the anti-coag program complete the Anticoagulation Therapy Management Program thru the Southern Indiana University every 3 years.

^ RNs supporting our Telehealth program receive Telepresenter training through Swedish Medical Group Telehealth

It is the goal of the OMP NSC to encourage innovative and creative strategies for enabling our nurses to take meal and rest breaks while fostering teamwork and collaboration. Some strategies for this will include group walks, cross-training for coverage and lunch and learn opportunities.

Support is provided to the OMP RNs by a diverse group of administrative and clinical support staff including Clinic Registration Reps, Patient Care Coordinators, Care Navigators, Patient Intake Reps, and Medical Assistants. A full OMP Staffing plan is available on the OMP SharePoint site.

Members of the OMP NCS are encouraged to solicit input from their fellow clinic RNs regarding staffing, workload,
workflows, and support teams and bring this feedback to the committee for review, assessment and coordinated response.

Committee Member Signatures:

Ninette Swanson, RN  
Specialty Services

Kellie Brady, RN  
Primary Care

Patrice Speed, RN  
Walk-In Clinic

Heidi Wickersham, Operations Director  
OMP Administration

Olympic Medical Center Administration Signatures:

Lorraine Wall, CNO, COO  
12/27/18

Eric Lewis, CEO  
12/28/2018
**2019 ICU/TELEMETRY STAFFING PLAN**

- **INTENSIVE CARE PATIENT:** A maximum of 2 patients/nurse.
- **TELEMETRY PATIENTS:** Staffing decisions are made in cooperation with the charge nurse.
  a. **Day & Evening shift:** 3 patients to one nurse maximum unless the acuity allows flexing up to 4 when there are Overflow patients or decreasing the ratio if there is limited CNA support in the unit.
  b. **Night shift:** 3 to 4 patients to one nurse unless acuities are high and there is limited CNA support.
- **Charge RN for ICU/Telemetry areas every shift:** May assist with care but do not take an assignment except a low one who is low acuity when census is low* (see below); may do recoveries on nightshift.
- **If census 5 or less:** Charge nurse may take a low acuity patient assignment or arrhythmia technician can be put on call. This will be based on acuity of patients. The CNA can also be cancelled, if lifting/care can be done by existing staff assisting each other. This is up to the charge nurse.
- **Arrhythmia Tech for both ICU/Tele areas, also covers heart monitoring for patients on wards:** One per shift. If unavailable, this is done by ICU nurses, a charge nurse may opt to do this as well as being charge, but census and acuity will impact this decision, it is not expected.
- **CNA (Certified Nursing Assistant):** A minimum of one per shift for days, evenings, and nights. No more than 8-10 patients per aide on all shifts, depending on acuity.
- **Meal and Rest Period:**
  a. Each staff member shall collaborate with the Charge nurse to coordinate meal and rest periods Rest periods are defined as a period of time when the employee is not involved in patient care activity and may include personal activities such as leaving the departments for personal reasons, personal internet use, phone calls, texting, obtaining food, etc.
  b. The charge nurse will be available during identified peak times to assist with meal and breaks.
- **Eraser board at closed end of unit provides nurse names, pt. status, MD, and charge nurse/arrhythmia technician for each shift.**
Nothing in the Staffing Plan is intended to change or supersede state law or the Collective Bargaining Agreement between the parties which are considered controlling. While the Staffing Plan is a guide, the CBA provides that management retains discretion to assign staff and schedule the number of staff, and management shall retain such discretion when issues arise, notwithstanding guidelines in the Staffing Plan. Management does not waive their rights under Article 2 in the CBA. The CBA also states, in part:

3.2 Charge Nurse. A Registered Nurse who is assigned the responsibility for an organized unit. A nurse who is assigned as charge nurse shall be paid for all hours worked as a charge. An organized unit shall be defined by the Employer. The Charge Nurse has authority to initiate discussion with unit director and/or house supervisor to adjust staffing levels to meet patient care needs with guidance from an acuity a tool and using MOU #11 (Staffing Alert) as a resource. ...

Signature/Date:

Sue Yanik, RN

Ken Reynolds, LPN

Stacey Frost, CNA

Lorraine Wall, COO

Katrin Junghanns-Royack, ICU/Telemetry Director

SEIU Representative, RN

Eric Lewis, CEO
Working together to provide excellence in health care.

Guidelines

Emergency department nurse to patient ratios will be based on the ENA Staffing Guidelines, which include patient acuity and nursing interventions required to provide safe care. Adjustments may be made as patient conditions change:

- ESI Level 5 – 1 RN to 4 patients
- ESI Level 4 – 1 RN to 3 patients
- ESI Level 3 – 1 RN to 3 patients
- ESI Level 2 – 1 RN to 2 patients
- ESI Level 1 – 1 RN to 1 patient

The goal for the emergency department nursing ratios will be 1 RN to 3 patients. This ratio may be increased to 1 nurse to 4 patients based on patient acuity and needs after collaboration between the primary nurse and the charge nurse. The floor ERT to patient ratio will be 1 ERT to 10 patients.

### 2019 Scheduled ED Staffing by Hour of Day

<table>
<thead>
<tr>
<th></th>
<th>7am</th>
<th>8am</th>
<th>9am</th>
<th>10am</th>
<th>11am</th>
<th>12pm</th>
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<th>3pm</th>
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<th>6pm</th>
</tr>
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<tbody>
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### 2019 Minimum ED Staffing by Hour of Day

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## 2019 Staffing Plan

### Emergency Department

*Working together to provide excellence in health care.*

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<tr>
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<tbody>
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</tbody>
</table>

The minimum ED staffing is to include:
- One designated Charge Nurse assigned to each shift (24/7);
- One designated triage nurse from 0900-2300;
- One Emergency Room Technician (ERT) assigned to the desk on all shifts (24/7);
- One ERT assigned to patient care on all shifts (24/7);
- One additional ERT assigned to patient care from 0900-0330 as indicated by census

In the event of low census, scheduled onsite ED staff may be cancelled, placed on call, or assigned to “Go Where You are Needed” (GWYN) as long as the nurse patient ratios in the ED are not exceeded. This decision will be made by the ED Charge Nurse in collaboration with the ED Supervisor/ED Director/House Supervisor.

ED staff who are assigned to “Go Where You are Needed” (GWYN) will not assume a patient assignment and will be immediately available to return to the ED if needed.

### Meal and Rest Period

Each staff member shall collaborate with the charge nurse to coordinate meal and rest periods. Rest periods are defined as a period of time when the employee is not involved in patient care activity and may include personal activities. Additional staff will be scheduled during identified peak times to assist with meal and breaks.
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Staffing Plan Approval Page

Department Manager/Director to obtain signatures then scan and upload PDF to the Staffing Page for reference.

<table>
<thead>
<tr>
<th>Emergency Department</th>
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<table>
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<th>Stakeholders (Approval Required)</th>
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<tbody>
<tr>
<td>Chief Executive Officer</td>
<td>Eric Lewis</td>
<td>12/28/2018</td>
</tr>
<tr>
<td>Lorraine Wall, RN/CNO</td>
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Emergency Department Director and Supervisor
2019 Staffing Plan
Emergency Department

Working together to provide excellence in health care.

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Helen Morison, RN</td>
<td></td>
<td>12/27/18</td>
</tr>
<tr>
<td>Trisha Duerr, RN</td>
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<tr>
<td>Bruce Schwab, RN</td>
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<td>LaDonna Wilson, RN</td>
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<td>Randi McDougall, ERT</td>
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- Staffing Committee Member RN
- SEIU Representative