Cover Page – Updated Nurse Staffing Plan

The following is an updated nurse staffing plan for Providence Saint Joseph’s Hospital, submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420.

The following nurse staffing plan replaces the nurse staffing plan previously submitted to the Washington State Department of Health.

This area intentionally left blank
I, the undersigned with responsibility for Providence Saint Joseph’s Hospital, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for 2020 and includes all units covered under our hospital license under RCW 70.41. This plan was developed with consideration given to the following elements:

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

This staffing plan was adopted by the hospital on: 12-13-2019

As approved by Ron Rehn, Chief Administrative Officer
Nurse Staffing Plan Purpose

The purpose of this council is to: protect patients, support greater retention of registered nurses, and promote evidence-based nurse staffing by establishing a mechanism whereby direct care nurses and hospital management can participate in a joint process regarding decisions about nurse staffing.

Nurse Staffing Plan Principles

- Develop / produce and oversee the establishment of an annual patient care unit and shift-based nurse staffing plan and staffing plan modifications based on the needs of patients and use this plan as the primary component of the staffing budget.
- Review, assess, and respond to staffing variations or concerns presented to the council.
- Assure that patient care unit annual staffing plans, shift-based staffing, and total clinical staffing are posted on each unit in a public area.
- Assure factors are considered and included, but not limited to, the following in the development of staffing plans:
  - 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
- Evaluate staffing effectiveness against predetermined nurse sensitive metrics collected by Washington hospitals.
- Develop and implement a process to examine and respond to complaints submitted by a nurse that indicates:
  - That the nurse personnel assignment in a patient care unit is not in accordance with the adopted staffing plan; or
  - An objection to the shift-to-shift adjustments in staffing levels required by the plan made by the appropriate hospital personnel overseeing patient care operations.
- Track complaints coming in and the resolution of the complaints.
- Make a determination that a complaint is resolved or dismissed based on unsubstantiated data.
- An introduction to shared governance, including the staffing council and nurse staffing law, is a part of routine hospital orientation.
Nurse Staffing Plan Policy

- The nurse staffing committee is responsible for the development and oversight of the nurse staffing plan to ensure the availability of qualified nursing staff to provide safe, reliable and effective care to our patients.
- The committee’s work is guided by its charter.
- The committee meets on a regular basis as determined by the committee’s charter.
- The committee’s work is informed by information and data from individual patient care units. Appropriate staffing levels for a patient care unit reflect an analysis of:
  - Individual and aggregate patient needs;
  - Staffing guidelines developed for specific specialty areas;
  - The skills and training of the nursing staff;
  - Resources and supports for nurses;
  - Anticipated absences and need for nursing staff to take meal and rest breaks;
  - Hospital data and outcomes from relevant quality indicators; and
  - Hospital finances.
- The analysis of the above information is aggregated into the hospital’s nurse staffing plan. Each individual patient care unit may use the Nurse Staffing Committee Checklist to guide their work.
- Staff continuously monitor individual and aggregate patient care needs and make adjustments to staffing per agreed upon policy and collective bargaining agreement (if applicable).
- The committee will perform a semiannual review of the staffing plan. If changes are made to the staffing plan throughout the calendar year, an updated staffing plan will be submitted to DOH.
- The hospital is committed to ensuring staff are able to take meal and rest breaks as required by law, or collective bargaining agreement (if applicable). The committee considers breaks and strategies to ensure breaks when developing the plan. A global break policy may be used, or individual patient care units may have discretion in structuring breaks to meet specific needs while meeting the requirements of the law. Data regarding missed or interrupted breaks will be reviewed by the committee to help develop strategies to ensure nurses are able to take breaks.

Nurse Staffing Plan Scope

*Acute care hospitals licensed under [RCW 70.41](#) are required by law to develop a nurse staffing plan. The plan must cover areas of the hospital that: 1) are under the hospital's license (RCW 70.41) and 2) where a nurse(s) provides patient care (i.e., “patient care unit”).
The following areas of the hospital are covered by the nurse staffing plan: Acute Care Unit, Emergency Department, and Outpatient/Surgical Services.

### Exhibit A: Acute Care Unit – Staffed 24/7 – Located on the first floor of the Hospital (15 bed unit)

<table>
<thead>
<tr>
<th>Projected Pt. Census/Staff Hours</th>
<th>Charge Nurse</th>
<th>RN</th>
<th>CNA</th>
<th>Health Unit Coordinator</th>
<th>Additional Support Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3</td>
<td>N/A</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>Administrative Supervisor/Assistant Nurse Manager</td>
</tr>
<tr>
<td>4-5</td>
<td>N/A</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Administrative Supervisor/Assistant Nurse Manager</td>
</tr>
<tr>
<td>6-7</td>
<td>N/A</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>Administrative Supervisor/Assistant Nurse Manager</td>
</tr>
<tr>
<td>8-9</td>
<td>N/A</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>Administrative Supervisor/Assistant Nurse Manager</td>
</tr>
<tr>
<td>10-11</td>
<td>N/A</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>Administrative Supervisor/Assistant Nurse Manager</td>
</tr>
<tr>
<td>12-15</td>
<td>N/A</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>Administrative Supervisor/Assistant Nurse Manager</td>
</tr>
<tr>
<td>1930-0700</td>
<td>1</td>
<td>Up to 3</td>
<td>Up to 2</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Exhibit B: Emergency Department – Staffed 24/7 – Located on the first floor of the Hospital (5 bed Level IV Trauma Center)

<table>
<thead>
<tr>
<th>Staffing Hours</th>
<th>Charge Nurse</th>
<th>RN</th>
<th>CNA</th>
<th>Health Unit Coordinator</th>
<th>Additional Support Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>0700-1930</td>
<td>N/A</td>
<td>1</td>
<td>1</td>
<td>N/A</td>
<td>Administrative Supervisor</td>
</tr>
<tr>
<td>1900-0730</td>
<td>N/A</td>
<td>1</td>
<td>1</td>
<td>N/A</td>
<td>ACU Charge Nurse</td>
</tr>
<tr>
<td>Staffing Hours/Procedure</td>
<td>Charge Nurse</td>
<td>RN</td>
<td>CNA</td>
<td>Health Unit Coordinator</td>
<td>Additional Support Staff/Other</td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------------</td>
<td>----</td>
<td>-----</td>
<td>--------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>0730-1600</td>
<td>1</td>
<td>1</td>
<td>N/A</td>
<td>N/A</td>
<td>Charge Nurse/Assistant Nurse Manager</td>
</tr>
<tr>
<td>Endoscopies</td>
<td>1</td>
<td>1</td>
<td>N/A</td>
<td>N/A</td>
<td>Charge Nurse/Assistant Nurse Manager</td>
</tr>
<tr>
<td>Urology Procedures</td>
<td>1</td>
<td>2</td>
<td>N/A</td>
<td>N/A</td>
<td>Charge Nurse/Assistant Nurse Manager</td>
</tr>
<tr>
<td>YAG Laser Procedures</td>
<td>1</td>
<td>1</td>
<td>N/A</td>
<td>N/A</td>
<td>Charge Nurse/Assistant Nurse Manager</td>
</tr>
</tbody>
</table>

**Nurse Staffing Plan Critical Elements**

The following represents critical elements about the nurse staffing plan: Each area where nursing care is provided will have the opportunity to provide advice to the Staffing Operations Council. These areas will be called to meetings when their attendance is required. Council meetings are open, and any interested nurses employed by Providence Saint Joseph’s Hospital may attend, but only council members will have a vote.

Consensus will normally be used as the decision-making model. Should a particular issue need to be voted upon by the council, the action must be approved by a majority vote of 75% of all council members, not to exceed 50% management. The chair will identify the voting members at the beginning of each meeting according to these rules.