SKAGIT REGIONAL HEALTH

Staffing Plan

July 2018

**Mission:** To continually improve the health of our communities serving with compassion and respect, one person at a time.

**Vision:** Working together, Skagit Regional Health will transform healthcare by improving access, service, quality and efficiency in support of our goal of a healthier communities.
COMMITTEE MEMBERSHIP

- Linda LaMay – OSC
- Cheryl Pedersen – ED
- Kelly Harvill – PCC
- Corey Haas – PCC
- Liz Rainaud – FBC
- Nadia Mitchell - MPC
- Melvin Pusateri - MPC
- Alyssa Stirpe – Stanwood/Camano - SRC
- MJ Tyler, VP/CNO
- Preet Singh, Assistant VP/CNO
- Lisa-Marie Gustafson – HR Business Partner
- Cherrayl Harrsch – DST
- Bryce Dickie – Manager OSC
- Jessica Bell – Director ED & Mental Health Center
- Karen Hiatt – Director of Clinical Practice & Education
Orthopedic and Surgical Care Unit

Days:
- RN Manager: M-F
- Charge: RN 0-1 patients
- RN: 1:5 patients
- CNA: 8-10 patients

Nocs:
- Charge RN: 0-3 patients
- RN: 1:6 patients
- CNA: 1:8 – 10

Additional Support:
- Unit Assistant:
  - 7:30a to 8:00p
- Adjusted for Chemotherapy,
  reduce assignment to
  1:3/1:4
Progressive Care Unit

Days:
- RN Manager: Progressive Care/Critical, M-F
- Charge RN: (Shared PCU and CCU 24/7)
- RN Staff Nurse: 1:4 Nurse to patient ratio
- C.N.A.: 1: 8

Nocs:
- Charge RN:(Shared PCU and CCU 24/7)
- RN Staff Nurse: 1:4
- C.N.A.: 1: 10

Additional support:
- Monitor Tech – 24/7 (on unit & hospital remote telemetry monitoring)
Critical Care Unit

Days:
- RN Manager: M-F (shared between PCU and CCU)

Days/Nocs:
- Charge Nurse – (shared between PCU and CCU)
  - RN 1:2 patients
  - 1:1 patient (for high acuity patients such as Hypothermia, IABP)
  - 1:3 for less stable Intermediate Care Unit
  *patients (may be PCU or CCU)

Additional support:
Unit Assistant II:
0645–1715 and 1700-0130
Medical and Pediatric Care

RN Manager: M-F

Days:
- Charge RN: 0-1 Pt.
- RN 1:5 Medical
- 1:3/1:4 Pediatrics
- 1:4 PCU overflow
- C.N.A: 1:8

Nocs:
- Charge RN 2-4 Pts.
- RN: 1:6 Medical
- 1:4 Pediatric patients
- 1:4 PCU overflow
- C.N.A.: 1:10

Additional Assistance:
- Unit Assistant 7:30a – 8:00p
Medical & Observation Care

Days:
- RN Manager M&O M-F
- Charge nurse 1:4
- RNs – 1:5

Nocs:
- Charge nurse 1:5
- RNs – 1:6

Additional support services:
- Unit Assistant II - 24/7
Days:
- Manager/Director M-F
- 2 RN’s up to census of 13
  at 14 patient’s add 3rd RN from
  11:00am-11:30PM
- 2 RN’s up to census of 9 and 2 MHA’s;
  at 14
  patient’s add 3rd MHA

Nocs:
- 2 RN’s
- 2 MHA’s up to census of 9 patients,
  at 14 patient’s add 3rd MHA

Additional support staff:
- Case Manager: 5/6 days a week. 8-10 hours daily
- Administration Assistant: M-F
Family Birth Center -
Antepartum & Intrapartum

<table>
<thead>
<tr>
<th>Nurse-to-Woman or Nurse-to-Baby Ratio</th>
<th>Care Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Antepartum</strong></td>
<td></td>
</tr>
<tr>
<td>1 to 2–3</td>
<td>women during nonstress testing</td>
</tr>
<tr>
<td>1 to 1</td>
<td>woman presenting for initial obstetric triage</td>
</tr>
<tr>
<td>1 to 2:3</td>
<td>women in obstetric triage after initial assessment and in stable condition</td>
</tr>
<tr>
<td>1 to 3</td>
<td>women with antepartum complications in stable condition</td>
</tr>
<tr>
<td>1 to 1</td>
<td>woman with antepartum complications who is unstable</td>
</tr>
<tr>
<td>1 to 1</td>
<td>continuous bedside attendance for woman receiving IV magnesium sulfate for the first hour of administration for preterm labor prophylaxis and no more than 1 additional couplet or woman for a nurse caring for a woman receiving IV magnesium sulfate in a maintenance dose</td>
</tr>
<tr>
<td>1 to 2</td>
<td>women receiving pharmacologic agents for cervical ripening</td>
</tr>
<tr>
<td><strong>Intrapartum</strong></td>
<td></td>
</tr>
<tr>
<td>1 to 1</td>
<td>woman with medical (such as diabetes, pulmonary or cardiac disease, or morbid obesity) or obstetric (such as preeclampsia, multiple gestation, fetal demise, indeterminate or abnormal FHR pattern, women having a trial of labor attempting vaginal birth after cesarean birth) complications during labor</td>
</tr>
<tr>
<td>1 to 1</td>
<td>woman receiving oxytocin during labor</td>
</tr>
<tr>
<td>1 to 1</td>
<td>woman laboring with minimal to no pain relief or medical interventions</td>
</tr>
<tr>
<td>1 to 1</td>
<td>woman whose fetus is being monitored via intermittent auscultation</td>
</tr>
<tr>
<td>1 to 1</td>
<td>continuous bedside nursing attendance to woman receiving IV magnesium sulfate for the first hour of administration; 1 nurse to 1 woman ratio during labor and until at least 2 hours postpartum and no more than 1 additional couplet or woman in the patient assignment for a nurse caring for a woman receiving IV magnesium sulfate during postpartum</td>
</tr>
<tr>
<td>1 to 1</td>
<td>continuous bedside nursing attendance during initiation of regional anesthesia until condition is stable (at least for the first 30 minutes after initial dose)</td>
</tr>
<tr>
<td>1 to 1</td>
<td>continuous bedside nursing attendance to woman during the active pushing phase of second-stage labor</td>
</tr>
<tr>
<td>1 to 2</td>
<td>women in labor without complications</td>
</tr>
<tr>
<td>2 to 1</td>
<td>birth; 1 nurse responsible for the mother and 1 nurse whose sole responsibility is the baby</td>
</tr>
</tbody>
</table>

Core Staff:
- **FBC Manager** = 1.0 M- F
- **Educators** = 1 at 0.6 FTE (Perinatal educator) 1 at 0.3 FTE (Special Care Nursery)
- **UA** = 4.2 total FTE (1 per shift)
- **FBC Surgical Tech** = 4.5 total FTE (1-2 per shift) No patient assignment
- **Core RN Staff daily**:
  - Days: Charge RN (2.1 FTE)
  - Core RN staff (7/12 hr. shift)
  - Nights: Charge RN (2.1 FTE)
  - Core RN staff (7 12 hr./shift)
- **Lactation** = 1.2 FTE (currently no evening, night or weekend coverage)
- (Also covering Outpatient Lactation)

*(AWHONN & NANN GUIDELINES)*
# FBC – Post Partum & Newborn

<table>
<thead>
<tr>
<th>Nurse-to-Woman or Nurse-to-Baby Ratio</th>
<th>Care Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Postpartum and Newborn Care</strong></td>
<td></td>
</tr>
<tr>
<td>1 to 1</td>
<td>continuous bedside nursing attendance to woman in the immediate postoperative recovery period (for at least 2 hours)</td>
</tr>
<tr>
<td>1 to 3</td>
<td>mother-baby couplets after the 2-hour recovery period (with consideration for assignments with mixed acuity rather than all recent post-cesarean cases)</td>
</tr>
<tr>
<td>1 to 2</td>
<td>women on the immediate postoperative day who are recovering from cesarean birth as part of the nurse to patient ratio of 1 nurse to 3 mother-baby couplets</td>
</tr>
<tr>
<td>1 to 5–6</td>
<td>women postpartum without complications (no more than 2–3 women on the immediate postoperative day who are recovering from cesarean birth as part of the nurse to patient ratio of 1 nurse to 5–6 women without complications)</td>
</tr>
<tr>
<td>1 to 3</td>
<td>women postpartum with complications who are stable</td>
</tr>
<tr>
<td>1 to 5–6</td>
<td>healthy newborns in the nursery requiring only routine care whose mothers cannot or do not desire to keep their baby in the postpartum room</td>
</tr>
<tr>
<td>1</td>
<td>at least 1 nurse physically present at all times in each occupied basic care nursery when babies are physically present in the nursery</td>
</tr>
<tr>
<td>1 to 1</td>
<td>newborn boy undergoing circumcision or other surgical procedures during the immediate preoperative, intraoperative and immediate postoperative periods</td>
</tr>
<tr>
<td>1 to 3–4</td>
<td>newborns requiring continuing care</td>
</tr>
<tr>
<td>1 to 2–3</td>
<td>newborns requiring intermediate care</td>
</tr>
<tr>
<td>1 to 1–2</td>
<td>newborns requiring intensive care</td>
</tr>
<tr>
<td>1 to 1</td>
<td>newborn requiring multisystem support</td>
</tr>
<tr>
<td>1 to 1 or greater</td>
<td>unstable newborn requiring complex critical care</td>
</tr>
<tr>
<td>1</td>
<td>at least 1 nurse available at all times with skills to care for newborns who may develop complications and/or need resuscitation</td>
</tr>
</tbody>
</table>
# Emergency Dept. Staffing 2018

## Staffing Grid

<table>
<thead>
<tr>
<th>Role</th>
<th>Hours</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge RN</td>
<td>7a-7p</td>
<td>7/8/9/10/11/12/13/14/15/16/17/18/19/20/21/22/23/24/1/2/3/4/5/6</td>
</tr>
<tr>
<td>RN (12) 7a-7p</td>
<td></td>
<td></td>
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<tr>
<td>RN (12) 7a-7p</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ED Tech (12) 7a-7p</td>
<td></td>
<td></td>
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<tr>
<td>RN (8) 7a-3p</td>
<td></td>
<td></td>
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<tr>
<td>RN (8) 8a-4p</td>
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<td></td>
</tr>
<tr>
<td>RN (8) 9a-5p</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN (12) 10a-10p</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ED Tech (12) 11a-11p</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN V (12) 11a-11p</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN (12) 1p-1a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN (10) 3p-1a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN (10) 4p-2a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN (12) 5p-5a</td>
<td></td>
<td></td>
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<tr>
<td>RN (12) 7p-7a</td>
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<td>RN (12) 7p-7a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ED Tech (12) 7p-7a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MHA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>152 RN hours (164 with charge)</td>
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</tr>
</tbody>
</table>

### RN FTE
- RN 26.6
- Charge 4.2

### Allied health FTE
- ED Tech 6.3
- ED MHA 2.1

### Support Staff FTE
- Director 1.0
- Trauma Coordinator .8
- Clinical coordinator .8
- Scheduler .6
- Trauma registrar .3
- Unit Assistant 4.2

### # RNs per hour (no charge)

| Hours | 3 | 4 | 5 | 6 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 8 | 7 | 7 | 5 | 4 | 4 | 4 | 3 | 3 |

Additional Support Services
IV Therapy

Days:
• 1 charge nurse 0530-1400 M-F
• 1 RNs 0800-1830 M-F

Evening:
• 1 RN 1300-2230 M -F

Weekends
• Day Shift 1 – 0800-1830
• Evening shift 1 – 1030-2100
Highlights
Highlights

Quality / Safety

• Continued monitoring of Nurse Sensitive Indicators (Cal Noc): A focus on falls, meds, and pressure injuries showed no correlation to staffing levels.
• Nursing leadership continued to monitor use of overtime and staffing requests
• Daily safety huddle has been instrumental in identifying patient care issues with EPIC, treatment delays, transfer of care or handoffs, infection control, security needs, pharmacy and lab issues as well as environmental challenges.
Highlights cont....

Improved Environment of Care:

- Addition of Clinical Pharmacists in ED
- In coordination with hospitalists and case management colleagues implemented regional, interdisciplinary rounding to improve Provider/RN Communications.
- Increased Administrative Supervisor rounding
- Staffing matrixes now correlated with department budgets and 50th percentile Premier data.
- Sitter data now collected and exploring how to integrate into labor budget process.
PATIENT SAFETY

CORRELATION DATA
MOC FALLS VS RN HOURS PER 1000 PATIENT DAYS

FALL PER 1000 PATIENT DAYS
RN HOURS PER 1000 PATIENT DAYS
MPC MEDICATION ERRORS VS RN HOURS PER 1000 PATIENT DAYS

MPC MED ERRORS PER 1000 PATIENT DAYS
MPC RN HOURS PER 1000 PATIENT DAYS
Hospital Acquired Pressure Injuries vs RN Staffing

- OSC HAPU
- MPC HAPU
- PCC HAPU
- CCU HAPU
- MOC HAPU
- OSC RN HOURS
- MPC RN HOURS
- PCC RN HOURS
- CCU RN HOURS
- MOC RN HOURS
Nurse Voluntary Turnover Rate

2017 Total Nurse Headcount: 531
2017 Total Voluntary Terminations: 72

Annual Turnover: 14%