Safe Staffing and Safe Staffing Committee

Goal:

To protect patients, support greater retention of nurses and promote evidence based nurse staffing by establishing a mechanism where direct care nurses and hospital management participate in a joint process regarding decisions about nurse staffing.

Committees:

- At least one-half of membership must be made up of direct care RN’s.
- Up to one-half of membership will be hospital management representatives.
- Staff nurses participating in the nurse staffing committee shall be on scheduled work time and compensated at the appropriate rate of pay.
- Nurse staffing committee members shall be relieved of all other work duties during meetings of the committee.
- Meetings are to be scheduled and no longer than one hour in duration.

Committee Functions:

- Develop and oversee implementation of an annual unit staffing plan.
- Semi-annual review of plan
- Semi-annual review of nurse sensitive outcome indicators:
  - Fall prevalence
  - Falls with injuries
  - Skill mix: based on experience and certifications

Plan development:

Certain factors, including but not limited to the following, shall be considered and included in the development of the staffing plan:

- Census, including total number of patients on the unit on each shift and activity such as discharges, admissions and transfers
- Level of intensity of all patients and nature of care to be delivered on each shift.
- Skill mix
- Level of experience and specialty certification/training or nursing staff providing care
- The need for specialized or intensive equipment
- Architecture and geography of the patient care unit, including placement of patient rooms, nurses station, medication area and equipment rooms.
- National standards on nurse staffing.

Posting Requirements:

- The nurse staffing plan must be posted in a public area in each patient care area and the nurse staffing schedule for that shift on that unit and well as the relevant clinical staffing for that shift (see current acuity/staffing sheet). Daily
posting will be on the window to the report room and in the triage room in the ER with daily acuity reported on that sheet. Available to public upon request.

Responsibilities:

• Quality assurance:
  Include nurse staffing information on adverse events root cause analysis in order to examine the impact of nurse staffing on the adverse event. Report the number of: patients, RN's, Agency RN's, staff working beyond normal hours, the consecutive hours a nurse has worked and other clinical staff.
  ***Information/statistics regarding the nurse-sensitive indicators.

• Fiscal:
  Provide a detailed budget for each nursing department for available FTE’s and Skill mix variability (CNA and RN, LPN FTE).

• Nursing Supervisor:
  Scheduling appropriate skill mix based on statistics from nurse sensitive indicators and budget.

Staffing concerns:

• Complaints/concerns regarding staffing should be sent to nursing supervisor in writing and reviewed with the CNO.
  Concerns will be addressed at the time of concern or brought to the attention of the safe staffing committee at the next scheduled meeting.

Staffing Procedure:

**Staffing Ratios for Skyline Hospital:**

**Acute Care:** According to ratios, based on acuity for patient need. (Example: reduced ratio for certain medication drips or patient populations (combative, agitated, etc.).

**Shift 07-1930**

0-3 patients: 1 RN, 1 Unit Clerk
4-5 patients: 1 RN, 1 Unit Clerk, 1 CNA
6 patients: 2 RN, 1 Unit Clerk
7-8 patients: 2 RN, 1 Unit Clerk, 1 CNA
9-12 2 RN, 1 Unit Clerk, 2 CNA

Managers, Supervisors, float RN or OC RN to assist during times of surge or increased acuity of patients.

**Noc Shift 19-0730**

0-3 patients: 1 RN, 1 Unit Clerk
4-6 patients: 1 RN, 1 Unit Clerk, 1 CNA
7-10 patients: 2 RN, 1 Unit Clerk, 1 CNA
11-12 patients: 2 RN, 1 Unit Clerk, 2 CNA

Managers, Supervisors, float RN or OC RN to assist during times of surge or increased acuity of patients.

ED staffing:

24hr X 7d/week X 365 d/year staffed with 1 RN and 1CNA/UC
Managers, Supervisors, float RN or OC RN to assist during times of surge or increased acuity of patients.

**Surgery**

**Staffing:**

Circulator-1, Pre-op/Pacu-2, Surgical Tech-1, UC/CNA-1

Surgeries/Procedures are performed

Tuesday, Wednesday and Thursday. Referrals and paperwork are done on Monday and Friday. Manager OC RN, OC Surgery Tech to assist during times of complex surgeries or increased number of patients.

Low Census is done in accordance with the contract for WSNA. Low Census on call can be done by first to request or
staff will be placed on call according to rotation by length of time since last call shift. Longest time since last on call equals the first person placed on call.

**Attachments:**

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<tr>
<th>Approval Signatures</th>
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<tbody>
<tr>
<td>Approver</td>
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<tr>
<td>Diane Matthews: CNO</td>
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Staffing Matrix-word.docx
### Med/Surg

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Signed:

ABOVE GRAPHS DO NOT REFLECT FLOAT STAFF
Fri 1600-01, Sat & Sun 1330-2400

### Emergency

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Signed:

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Fri 1600-01, Sat & Sun 1330-2400
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<th>Role</th>
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<td>Pre-op PACU RN</td>
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1 procedure is performed at a time due to having 1 CRNA, 1 OR suite, and 1 Endo suit. Surgeries/procedures are on Tuesday, Wednesday and Thursday.
<table>
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<tr>
<th>Committee Name</th>
<th>Skyline Hospital Nurse Staffing Committee</th>
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</table>
| **Committee Membership and Leadership** | Co-Chair: Association, RN  
Co-Chair: Acute Care Manager  
Committee Membership: 1. CNO  
2. Association, RN  
3. Association, RN |

The Nurse Staffing Committee will consist of 5 members: 3 Registered Nurses currently providing direct patient care (at least one half of the total committee membership) and 2 hospital administrative staff (up to one half of the total membership).

Each area where nursing care is provided will have the opportunity to provide advice to the Nurse Staffing Committee. These areas will be called to meetings when their attendance is required. Committee meetings are open and any interested Registered Nurse employed by Skyline Hospital may attend, but only committee members will have a vote.

The Nurse Staffing Committee will be co-chaired by one staff Registered Nurse and one management representative. Co-chairs will be selected every two years by the Nurse Staffing Committee.

<table>
<thead>
<tr>
<th>Overall Purpose/Strategic Objective</th>
<th>The purpose of this Committee 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.</th>
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</table>
| **Tasks/Functions** | • Develop / produce and oversee the establishment of an annual patient care unit and shift-based nurse staffing plan based on the needs of patients and use this plan as the primary component of the staffing budget.  
• Provide semi-annual review of the staffing plan against patient need and known evidence-based staffing information, including nurse sensitive quality indicators collected by the hospital.  
• Review, assess, and respond to staffing concerns presented to the committee  
• 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  
  ✓ The need for specialized or intensive equipment |
<table>
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<tr>
<th>Timeline for Outcome Completion</th>
<th>By September 1, 2008, the Nurse Staffing Committee will be established in accordance with Chapter 70.14 Revised Code of Washington</th>
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<td>By 6/2018, the Nurse Staffing Committee will have approved the Charter and finalized the membership selection process</td>
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<td>By 6/2018 the Nurse Staffing Committee will have reviewed, approved, and submitted unit/area staffing plans to the Chief Executive Officer for approval</td>
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<td>By 6/2018, the Nurse Staffing Committee will have reviewed and evaluated all staffing plans using the designated nurse sensitive quality indicators</td>
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### Meeting Management

**Meeting schedule:**
The Nurse Staffing Committee will meet on a quarterly basis. Notices of meeting dates and times will be distributed at least 30 days in advance in order to better accommodate unit scheduling. Participation by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. Members shall be relieved of all other work duties during meetings. Staff Registered Nurse members of the Nurse Staffing Committee will be paid, and preferably will be scheduled to attend meetings as part of their normal full time equivalent hours for the majority of the meetings.

**Record-keeping/minutes:**
- Meeting agendas will be distributed to all committee members at least one week in advance of each meeting.
- The minutes of each meeting will be distributed to all committee members with each meeting agenda, with approval of the minutes as a standing agenda item for each meeting.
- A master copy of all agendas and meeting minutes from the Nurse Staffing Committee minutes will be maintained and available for review on request.

**Attendance requirements and participation expectations:**
- All members are expected to attend at least 80 percent of the meetings held each year. Failure to meet attendance expectations may result in removal from the committee.
- If a member needs to be excused, requests for an excused absence are communicated to Committee Chair Association, RN. Failure to request an excused absence will result in attendance recorded as “absent” in the meeting minutes.
- Replacement will be in accordance with aforementioned selection processes.
- It is the expectation of the Nurse Staffing Committee that all members will participate actively, including reading required materials in advance of the meeting as assigned, coming prepared to meetings, and engaging in respectful dialogue as professional committee members.
<table>
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<th><strong>Decision-making process:</strong></th>
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<td>• Consensus will normally be used as the decision-making model.</td>
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<tr>
<td>• Should a particular issue need to be voted upon by the committee, the action must be approved by a majority vote of the full committee.</td>
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Attestation Form
Nurse Staffing Coalition
Nov 21, 2018

I, the undersigned with responsibility for Skyline Hospital (hospital/health system name), attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for the ___2019________ (year) 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.

Signature
Robert Kimm

Printed Name

11/21/18

Date