The following is the nurse staffing plan for Snoqualmie Valley Hospital, submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420.
Snoqualmie Valley Hospital Attestation Form

Nurse Staffing Coalition

December 31, 2019

I, the undersigned with responsibility for Snoqualmie Valley Hospital attest that the attached staffing plan and matrix were developed in accordance with RCW 70.41.420 for 2020 and includes all units covered under our hospital license under RCW 70.41. These were developed with consideration given to the following:

✓ 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 Snoqualmie Valley Hospital Nurse Staffing Committee on 11/1/2019.

Approved by ____________________________
Kim Witkop, MD, Interim CEO

Date 12/31/2019
Scope:

This is a shared nursing policy of Snoqualmie Valley Hospital. This policy applies to all hospital nursing departments, including the hospital based clinic, and Administrative staff.

Purpose: This policy is to address the staffing plan for each nursing department per the RCW 70.41.420. This policy will also define the Charter of the Nurse Staffing Committee.

Statement: This policy complies with the Revised Code of Washington 70.41.420, HB 1714 and WSHA best practice guidelines for Washington State Hospital Nurse Staffing Committees.

Policy:

A. SVH will provide for the development and oversight of an annual patient care unit and shift-based nurse staffing plan, based on the needs of patients, to be used as the primary component of the staffing budget. The components of the unit and shift based staffing plans are listed below and comply with HB 1714.

B. Staffing plans will be presented to the Nurse Staffing Committee semi-annually for input and approval.

C. Staffing plans will be reviewed by the Chief Executive Officer, CEO, who has the authority to accept, reject or modify the plans. Should the CEO not approve a proposed staffing plan, then he/she will modify or develop an alternate plan for approval by the Nurse Staffing Committee.

D. SVH will submit unit based staffing plans to the Department of Health annually, if there is an update or change, and at DOH request.

E. A nurse or CNA can report, via Safety Zone, any unacceptable staffing variance from a department staffing plan. All staffing complaints will be reviewed by Managers and will be presented to the Nurse Staffing Committee for tracking, response, and resolution.
F. SVH does not mandate overtime hours worked. Standby shifts open for nursing staff are on a voluntary basis and approved only after considering the number of shifts worked and fatigue factors.

Nurse Staffing Committee Charter:

A. Purpose/Strategic Objective:

1. The purpose of the Nurse Staffing Committee is: a.) patient safety, b.) support nursing, encourage greater retention of registered nurses, and certified nursing assistants, and c.) 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.

2. The Committee will also evaluate each unit-staffing plan at least twice a year, with guidance from data presented from Nurse Sensitive Quality Indicators and other measures collected such as time and acuity studies.

3. The staffing committee has access to and may be presented data such as the following:
   1. Patient census and census variance trends, length of stay (LOS)
   2. Quality metrics or adverse events that may have been staffing related
   3. Patient Satisfaction data, staff engagement and experience data
   4. Overtime, on-call, missed breaks, agency utilization, retention and turnover data

B. Committee Membership and Leadership:

1. The Nurse Staffing Committee will consist of at least 50% Registered Nurses currently providing direct patient care. There will be a minimum of 10 positions, at least 6 staff and 4 administrative so that there is not more than 50% hospital administrative staff on the committee. Med-Surg department nurse and CNA staff will hold at least 4 of the 6 positions representing the needs of day shift, night shift, CNA and health unit clerks, HUC. There are two ED positions to represent the staffing needs of day shift, night shift, registered nurses, and ED technicians. The outpatient department of Endoscopy/Infusion and Wound Care will have one representative.

2. Administrative representatives will be appointed by the CEO or his/her designee.

3. The Committee members will be elected by their colleagues by a formal process where nominations are given to managers. Nominated staff may accept or decline the nomination. A secure confidential ballot will be implemented for the staff to vote on the Committee members. They will hold their voluntary positions for a
suggested two year minimum. New members are elected to the Committee when there is staff turnover creating a vacancy.

4. Each hospital department where nursing care is provided will have the opportunity for representation to the Nurse Staffing Committee. Committee meetings are open and any staff employed by SVH may attend the meetings and have input, but only Committee members will have a vote. Voting on any issue will need a quorum of 60% of the members, with administrators making up no more than 50% of voting members. Other guests invited to attend the meetings include management representatives from: a.) Human Resources, b.) Quality, c.) Infection Prevention, d.) Wound Care. The Staffing Coordinator may also attend.

5. The Director of Nursing or a designee will chair the Nurse Staffing Committee. The duties of the chair are as follows:
   a. Prepare and communicate the meeting calendar and lead the meetings.
   b. Prepare and distribute meeting agendas and minutes.
   c. Prepare any data presentation or evidence based literature pertinent to meeting topics.
   d. Ensure communication with Committee members and ensure the staffing plan is prepared and approved.
   e. Address and fill any Committee vacancies. Stay current with State Requirements.

6. The CEO or Director of Nursing will provide a report from the Nurse Staffing Committee to the Quality Improvement Committee and the QI Steering Committee.

C. Committee Tasks/Functions:

1. 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.

2. Provide semi-annual review of the staffing plan with known evidence-based staffing information, including nurse sensitive quality indicators collected by the Hospital. Ensure the staffing plan adjusts with each shift for changes in census or intensity of patient care. Ensure the staffing plan addresses meal and break plans.

3. Assure factors are considered and included, but not limited to, the following in the development of staffing plans:
   1. Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers
   2. Level of intensity of all patients and nature of the care to be delivered on each shift
   3. Skill mix and other available staff supporting nursing services on the unit with strategies to enable nurses to take meal breaks
4. Level of experience and specialty certification or training of nursing personnel providing care
5. The need for specialized or intensive equipment
6. 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
7. Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations

4. Evaluate staffing effectiveness against predetermined nurse sensitive quality indicators collected by Washington hospitals.
5. Review, assess, track and respond to staffing variations or concerns presented to the Committee. Make a determination that a concern is resolved or dismissed.
6. Assure that patient care unit annual staffing plans and shift-based staffing are posted on each unit in a public area.

D. Hospital finances and resources as well as defined budget cycle may be considered in the development of the staffing plan.

E. Meeting Management

1. The Nurse Staffing Committee will meet at a minimum on a quarterly basis and more frequently as needed. 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. Committee members of the Nurse Staffing Committee will be scheduled to attend meetings as part of their normal full time equivalent hours for the majority of the meetings. It is understood that meeting schedules may require that a committee member attend on his/her scheduled day off.

2. Record-keeping/minutes:
   a. Meeting agendas will be distributed to all committee members at least one week in advance of each meeting.
   b. 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.
   c. A master copy of all agendas and meeting minutes from the Nurse Staffing Committee minutes will be maintained and available for review on request.

3. Attendance requirements and participation expectations:
   0. All members are expected to attend at least 75 percent of the meetings held each year. Failure to meet attendance expectations may result in removal from the committee.
1. A member may need to be excused, or request for an alternate method of attendance by contacting a chairperson. Failure to request an excused absence will result in attendance recorded as “absent” in the meeting minutes.

2. Replacement of a committee member will be in accordance with aforementioned selection processes. New members will have an orientation to the NSC which should include how to access and review the charter and minutes of previous meetings.

3. It is the expectation of the Nurse Staffing Committee that all members will participate actively, including reading required materials in advance of meetings as assigned, coming prepared for meetings, and engaging in respectful dialogue as professionals.

4. Decision-making process:
   0. Consensus will normally be used as the decision-making model.
   1. 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.

F. Staffing Plan: See submitted plan

G. Resources:


References

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<thead>
<tr>
<th>Reference Type</th>
<th>Title</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents referenced by this document</td>
<td>Sharepoint&gt;Committees&gt;Nurse Staffing Committee&gt;Shared Documents</td>
<td>staffing grid</td>
</tr>
<tr>
<td>Referenced Documents</td>
<td>SEE Staffing Plan</td>
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<td>----------------------</td>
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</table>
| Signed by           | Rachel Weber  
Rachel Weber, ED/Med-Surg Nursing Director  
(12/29/2019 07:35PM PST) |
Nurse Staffing Committee (NSC) Checklist
Revised September 6, 2018

NSC composition and participation

✓ At least 50% are staff nurses (RNs providing direct patient care).
✓ Registered nurse participants are selected according to the collective bargaining agreement or by their peers if staff are not represented by a union.*
✓ Participation on NSC shall be scheduled work time, relieved of all other work duties, and paid.
✓ No retaliation or intimidation of employees serving on NSC or reporting concerns to NSC.

NSC primary responsibilities

✓ Development and oversight of annual patient care unit and shift staffing plan based on patient care needs.
✓ Semiannual review of staffing plan against patient need and evidenced-based information (nursing sensitive indicators).
✓ Review, assess, and respond to staffing variations/concerns/complaints reported to the NSC.
✓ Track complaints reported to the NSC.
✓ Track resolution of each complaint by NSC (resolved, dismissed, unresolved).

Key elements in development of staffing plan

✓ Census, including total number of patients on unit/shift including discharges, admissions, and transfers.
✓ Level of intensity of all patients and nature of care delivered on each shift.
✓ Skill mix.
✓ Level of experience and specialty certification or training.
✓ Need for specialized or intensive equipment.
✓ Layout of patient care unit including placement of patient rooms, treatment areas, nursing stations, medication prep areas, and equipment.
✓ Staffing guidelines adopted by national nursing profession and specialty nursing organizations.
✓ Availability of other personnel supporting nursing services.

* Under Section 9(a) of Taft-Hartley Act, a union which has been certified or recognized as the representative of the workers in a bargaining unit has the right of exclusive representation for all workers in that unit and has the right to choose the individuals who bargain on its behalf.
 Strategies to enable nurses to take meal and rest breaks.

**Staffing plan posting, disclosure, implementation and complaint**

**Posting**

✓ Posting of nurse staffing plan and actual staffing levels (nurses and relevant clinical staff) for that shift in public area on each patient care unit.

**Plan approval and implementation**

✓ CEO provide written explanation if staffing plan from NSC is not adopted and prepare alternate staffing plan.

✓ Hospital must implement staffing plan (either original NSC plan or alternative by CEO) and assign nursing personnel to each unit according to plan beginning January 1, 2019.

**Reporting disclosure**

✓ Hospital must submit staffing plan (either original NSC plan or alternative by CEO) to Department of Health beginning January 1, 2019.

✓ Hospital must submit staffing plan annually and at any time in between when plan is updated.

**Report to NSC for violations**

✓ Variations where the staffing level is not in accordance with the adopted staffing plan

✓ Disagreement with shift-to-shift staffing adjustments made by management
Inpatient, Emergency Department, Endoscopy/Outpatient Infusion Center Staffing Plan

**STAFFING GRID INPATIENT UNIT**

<table>
<thead>
<tr>
<th>Day Shift 0700-1930</th>
<th>Night Shift 1900-0730</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Census</strong></td>
<td><strong>Patient to Nurse Ratio</strong></td>
</tr>
<tr>
<td>Up to 5</td>
<td>1-3:1 1-2:1</td>
</tr>
<tr>
<td>6 to 9</td>
<td>3-5:1 3-4:1</td>
</tr>
<tr>
<td>10</td>
<td>5:1 5:1</td>
</tr>
<tr>
<td>13</td>
<td>4:1 4:1 5:1</td>
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<td>14</td>
<td>4:1 5:1 5:1</td>
</tr>
<tr>
<td>15</td>
<td>5:1 5:1 5:1</td>
</tr>
</tbody>
</table>

Other Scheduled Staff: Charge RN, Managers, HUC, Wound RN, Rehab, Social Work, Pharmacy

Any shift the following considerations will be reviewed to assess the need to lessen the patient to nurse ratio of any RN:

- High acuity of patients
- Multiple admissions and discharges in process
- The staffing mix, i.e. new graduate vs. seasoned staff, orienting/staff in training, close observation patient care with no sitter implemented

**Additional Resources on the unit for patient care**

Assistant Manager works 3-4 nights per week from 1900-0300

Resource Nurse for help with patient volume, staffing issues, high acuity, 09-2130 weekends and holidays.

Sitters are staffed if the patient care need meets a threshold criteria, see policy

Wound Care RN M-T-W-Fr

ED RN available for procedures such as IV start, ABG’s, assistance with critical drips, RR/Code Blue Team member

**10 patients for extenuating circumstances would include staff that is summoned for a code team response, staff went home sick or a sick call occurred. This would be acceptable depending upon the acuity of the whole of patients**

Break coverage: A break log with assigned breaks is utilized

A.) RN and CNA team break one at a time and the RN can cover for the CNA if needed

B.) Charge nurse or Mgr/Ass Mgr cover for RN breaks

As often as possible, an RN and/or CNA, will be scheduled for voluntary Standby shift and could be called for patient acuity increase, census surge, or sick call

**After midnight, an RN and/or CNA may safely take up to 10 patients for partial shifts with extenuating circumstances**
EMERGENCY DEPARTMENT STAFFING PLAN

The Emergency Department is staffed 24 hours a day 7 days a week.
The ED patient to nurse ratio is 4:1 or less. This is depending upon the acuity of the patient, such that an additional RN will be deployed if there are patient(s) with 1:1 nursing needs. An additional CNA or ED Tech will be obtained for 1:1 observation needs.

On Duty is:

<table>
<thead>
<tr>
<th>Time</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>2330-0900</td>
<td>1 ED trained RN; 1 ED Tech OR ED RN Nurse Resident; 1 ED Physician; 1 ED Registration Clerk</td>
</tr>
<tr>
<td>0900-1700</td>
<td>2 ED trained RN’s (one is Nurse Manager); 1 ED Tech; 1 ED Physician; 1 ED Registration Clerk</td>
</tr>
<tr>
<td>1700-2100</td>
<td>2-3 ED trained RN’s (one is Nurse Manager); NO ED Tech; 1 ED Physician; 1 ED Registration Clerk</td>
</tr>
<tr>
<td>2100-2330</td>
<td>2 ED trained RN’s; 1 ED Tech; 1 ED trained Physician; 1 ED Registration Clerk</td>
</tr>
</tbody>
</table>

ADDITIONAL STAFFING

- The Resource Nurse, Med/Surg Assistant Manager, Med/Surg Charge Nurse or M/S cross-trained nurse may float to the ED during higher census, for Rapid Response/Code Blue events, when 2 RN’s are needed for Procedural Sedation. A M/S CNA may float to ED to assist with 1:1 patient observation
- M-Fr, during the day shift, the ED Nurse Manager and/or Director of Nursing cover breaks for ED as well as any census surge or high acuity. This staff may be called in to help at any time.
- As often as possible on a voluntary basis, an ED trained RN and/or Tech, will be scheduled for Standby shift and could be called for census surge
- Saturday, Sunday and Holidays, in lieu of Manager presence: The Resource nurse is available 09-2100 for ED patient care, break coverage, Outpatient Infusion and Wound Care, M/S admissions or other patient acuity issues or staffing issues within nursing departments.
- Night shift break coverage is done prior to 2330 when the ED RN mid shift ends. The M/S Assistant Manager may break the night shift ED RN and Tech. Breaks are also taken during down time when there are no patients in the department.

ENDOSCOPY DEPARTMENT AND OUTPATIENT INFUSION AND WOUND CARE STAFFING PLAN

The Endoscopy Department is staffed 10 hours a day, 0700-1730, 1-2 days a week.

On Duty is:

- 1 Admit RN
- 1 Procedural Sedation/Procedure RN and Procedure Tech and/or RN
- 1 Gastroenterologist
- 1 Recovery and Discharge RN
- 1 Scope Processing Tech
- Depending upon number of procedures/patients a float Endo RN usually the Manager
- Break coverage for Endo and OP Infusion are built into the scheduled patient day

<table>
<thead>
<tr>
<th>Census (number of patients)</th>
<th>Staff Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Endo RN, Scope Tech, Float RN</td>
</tr>
<tr>
<td>2</td>
<td>Endo RN, Procedure tech, Scope Tech, Float RN</td>
</tr>
<tr>
<td>3</td>
<td>Procedural Sedation RN, Admit/Recovery RN, Procedure Tech, Scope Tech</td>
</tr>
<tr>
<td>4 or more</td>
<td>Procedural Sedation RN, Admit RN, Recovery RN, Procedure Tech, Scope Tech, Float RN for breaks and outpatient infusion</td>
</tr>
</tbody>
</table>

- The Outpatient Infusion and Wound Care Department is staffed 8 hours a day, 0800-1700, 5 days a week, except holidays. Staffing adjusts with low census time when patient volume reduces.
- The Resource nurse, via the ED, cares for all outpatient infusion and wound care on weekends and holidays.
- On Duty is:
  - 1 RN with 1-3 patients at a time. A second RN is accessible, which is the department’s nurse manager
  - Additional RN certified in Wound Care as needed for patient acuity and volume.

KEY: RN= Registered Nurse   C.N.A. = Certified Nursing Assistant
MGR=Managers   HUC= Health Unit Clerk   ED=Emergency Department   OP=Outpatient