St. Anthony Hospital Attestation Form
Nurse Staffing Coalition
December 1st, 2019

I, the undersigned with responsibility for St. Anthony Hospital, 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:

- 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;
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This staffing plan was adopted by the hospital on September 26th, 2019.

Signature

Sunny Lay, Director of Nursing Operations
(Printed Name)

Date

11/25/19
# 2019 Staffing Plan Overview

**Department:** Recovery Services  
**Date Updated:** August 14, 2019  
**Author:** Marcie Doyle

## Nursing Department Overview


- Average Daily Patient Census: 25
- Hours of operation for the department: 0500-2130 with staff available on call after hours and on weekends for urgent/emergent cases.
- Daily staffing support
  - 5 admit RNs
  - 5 discharge RNs
  - 5 Recovery Room RNs
  - 1 Charge RN
  - 2 Prescreen RN's
  - 2 Health Unit Coordinators
  - 2 CNAs
- Acuity of patients range from very healthy to critically ill
- Age: 6 years and older.
  - Pediatric cases are scheduled as early morning and cases are screened according to the pediatric matrix. Exclusion criteria are:
    - No one younger than 6 years of age that requires airway instrumentation
    - No children with known respiratory and cardiac disease
    - Children with genetic disorders
    - No inpatients younger than 15 years old.
    - History of RSV within 8 weeks prior to surgery

## Key Quality Indicators

Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the approved state indicators (which are designated with an asterisk *):

- Patient falls prevalence
- *Patient falls with injury
- *Pressure ulcer rate/prevalence
- *Medication errors
- Staff turnover/orientation costs
- *Overtime costs / end of shift overtime / missed breaks incidental overtime

Updated 12.20.2015
Project Overview Statement—Executive Summary

- Agency/Traveler Usage
- Patient Satisfaction Data
- Data from professional organizations
- NDNQI Data (Relevant reporting units):
  - Surgical Never Events
  - Surgical Infection Rates
  - Surgical Complication Rates
  - Surgical Care Improvement Project (SCIP) data
  - Unlabeled/Mislabeled Specimen data
  - Safety culture assessment data

Staffing is determined using ASPAN standards according to the following criteria:
- Patient safety
- Number and acuity of patients
- Complexity and required nursing interventions

Phase 1:
1 RN to 2 patients, 1 RN to 1 patient, 2 RNs to 1 patient, depending on acuity

Phase 2:
1 RN to 1, 2, or 3 patients, depending on acuity

Extended Stay:
1 RN to 3, 4, or 5 patients, depending on acuity

<table>
<thead>
<tr>
<th>Staffing Grid for Patient Census</th>
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<tr>
<td>Surgical Admit/Recovery/Discharge Unit: 0500-2130</td>
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<td>Census</td>
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Recovery Room call team (after hours, holidays and weekends): 2 RNs
Preadmit Clinic: 2 RNs and 1 HUC Monday through Friday 0800-1730

Above Staffing Plan Contingent Upon the Following Supports/Considerations

Use this area to list other supports that your unit either receives from other units/departments or provides to other units and departments that impact staffing.

- The unit depends on Registration, Materials Management, Dietary, Radiology, SWAT, Pharmacy, Laboratory, and Environmental Services.
### Which Situations Require Staffing Variation?

Use this section to describe legitimate situations where additional staff are required to provide safe patient care:

- Patient acuity i.e. children, critical care
- Patient census in the PACU bed availability
- Surgical Admit Discharge Unit room availability
- Hospital census and inpatient bed availability
- Increased/Decreased Surgical Volumes
- Add-On of emergent/urgent cases
- Last minute schedule changes
- Local only cases (requiring two RN’s)
- Two surgeons per case requiring two RN’s and two CST’s teams
- Lack of surgical assistants for complicated cases
- Uterine Manipulators in GYN Robotics requiring an additional CST/RN
- Patients requiring translation services
- Lack of transportation help
- Patients/cases with difficult positioning
- Cases that require line placement/nerve blocks prior to the case
- Adjusting staffing to sick calls, or staff who are absent because they were called in the night before.

### Chain of Command/ Staffing Decision Tree

#### Process for Staffing Variation

- Daily review of surgery schedule to determine staffing needs
- Flexing shifts up or down depending on surgery schedule
- Request assistance from charge nurse/manager when staffing shortage exists.

### Meals and Breaks

- Use this section to describe what the meal and break strategies are for your area and how you measure if they are working.

Meal breaks are covered RN to RN. The same strategy is used for CNA and HUC lunches. We ensure breaks and lunches by staggering our staffing and assigning break/lunch relief in a timely manner. Department manager reviews missed lunches and breaks regularly and addresses concerns as needed.
**Annual Nurse Staff Survey**

- Survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail) Daily safety huddles, electronic communication, staff meetings
- Process improvement work completed on issues identified? Yes
- What was the results/plan of action? Added additional FTEs for coverage later in the afternoon and early evening. Continue to recognize staff through kudos and golden tic.

Mary A. Rapidale, CCO/CNO 9/20/19

Michele Wood, RN
Staffing Committee Chair 9/26/19

Marcie Doyle, MSN, RN
Manager Recovery Services 11/15/19
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Sunny Lay,
Director of Nursing Operations
(Printed Name)

Date

11/25/19
St. Anthony Hospital
4th Medical Staffing Plan Overview

Author: Monica Starkweather, RN Clinical Manager
Date Updated: 9/26/19

Department Overview

The 4th Floor is a General Medical Telemetry unit. Patient populations include but is not limited to: Nephrology, Diabetes, Infectious Disease, GI, GU, Pain, Pulmonary, CHF, COPD, Dementia, Substance Abuse, Mental Health, Surgical and Observation overflow.

Floor Layout

This is a 32 bed – all private room unit. The layout of the unit is divided into a North and South end of 16 beds that operate independently of one another. Each end has a Nursing Station that includes a medication dispensing area. Supply rooms throughout the unit accommodate forms, nutrition, dirty utility, linen, supplies and equipment. Adjacent to the elevator lobby waiting area are two public restrooms, an employee lactation room and a Discharge Planning office. In the center of the unit is the HUC station, Manager, Clinical Coordinator, House Supervisor offices, a staff lounge and two staff restrooms.

Support Services

- Phlebotomy services 24/7
- Respiratory Therapy 24/7 for nebulizer treatments and emergent care
- Medication Reconciliation Technicians and Admission RNs 10 hrs/day
- Environmental services 24/7
- IV therapy/SWAT RNs 16 hrs/day
- Pharmacist 24/7
- Care Managers/Social Workers- business hours 7 days per week
- Pastoral Care
- Palliative Services
- Virtual Services: Telemetry, Virtual Companion Sitters, Virtual FIT, Virtual ICU
- PT/OT- business hours 7 days per week
- Speech Language Pathologist – on call Mon to Sat.
- Enterostomal Therapy Services- on call business hours 7 days per week

Specialized Equipment Utilization

- Telemetry units/telemetry screens (off-site telemetry monitoring)
- Bed alarms
- Virtual Companion cameras
- EMR- EPIC
- 4 dialysis plumbed rooms
- Pyxis Medication Stations x 2-one per side
- MARTTI translator system cart
- WOW computer stations x 3
- Pumps (IVs, feeding, PCA)
- SCD machines
- Vocera
- Charge Nurse cell phones
- Hillrom call light/Staff tracking system
- Telemedicine Consultation WOW computer station (Psych, Neuro, Rehab, DM edu)
- 2 negative airflow capable patient room
- Lift equipment
- 4 patient rooms with 600# capacity ceiling lift
**Census**

- Average number of admits/discharges/transfers = 12
- Average length of stay = 4.1
- Average Daily Census = 24

**Level of Care**

4th Medical provides 24/7 nursing care to acute and chronic patients according to provider orders. Day shift and night shift are 12 hours each. RNs assess and chart on assigned patients each shift according to standards and regulatory requirements. Additionally, RNs observe, reassess and respond to new or emergent issues. RNs also administer routine and as needed medications and treatments. RNs process admits, transfers and discharges according to provider orders. Care also includes three meals per day, activities of daily living and HS care provided by CNAs. Patient centered care is aimed at developing and implementing individual plans-of-care in collaboration with the patient, provider and ancillary staff.

**Skill Mix**

- RNs
- CNAs
- HUC
- Manager
- Clinical Coordinator

**Level of Experience**

- Levels of experience range from new graduate nurses to nurses with 30+ years
- Nursing Assistants are certified and MAR licensing is provided
- We currently have 16 Med/Surg Certified RNs (CMSRN)
- Nursing Degrees range from ADN-BSN-MSN/MN

**Staffing Assignments**

- Charge Nurses collaborate with the House Supervisor and Central Staffing Office to staff the unit.
- A Staffing Guide is utilized to flex staffing according to the unit census and level of acuity.
- The Low Census Policy is utilized to flex staffing when census is down
- The Additional Staffing Request is utilized to flex staffing up for higher acuity days.
- Resources may be reallocated during times of high census by following the SAH Full Capacity process.
- The Critical Staffing Intervention (CSI) may be activated by any unit to provide immediate resources when additional assistance is needed.
Rest and Meal Breaks

- Break RNs provide two 30 meal breaks and one 15 minute rest breaks for RNs with the assistance of the Charge RN(s). The Break RN works 6 to 9 hours each shift according to census, 7 days per week.
- The traditional buddy system ensues in the absence of the break nurse.
- CNAs use the traditional buddy system with assistance as needed from Charge Nurse(s) and RN team.

Staffing Plan Approval

September 2019 Staffing Plan prepared by: Monica Starkweather, RN Clinical Manager of General Medical

Approved by:  
Mary Ragsdale, Chief Nursing Officer

9/26/19  
Date

Approved by:  
Michelle Wood, Staffing Committee Chair

9/26/19  
Date

Next Review Date: March 2020
St. Anthony Hospital Attestation Form
Nurse Staffing Coalition
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Sunny Lay, Director of Nursing Operations
(Printed Name)

Date

11/25/19

St. Anthony Hospital – Gig Harbor
St. Clare Hospital – Lakewood
St. Elizabeth Hospital – Enumclaw
St. Francis Hospital – Federal Way
St. Joseph Medical Center – Tacoma
Harrison Medical Center
Bremerton + Silverdale
Highline Medical Center – Burien
Regional Hospital – Burien
Franciscan Medical Group
Franciscan Foundation
Harrison Medical Center Foundation
Highline Medical Center Foundation
Specialized or Intensive Equipment Needs
- Currently have two RNs working on NP and one RN working on MSN
  - Degree range from ADN to MSN
  - Currently have 2 RNs with critical care RNs (CNRN, PCCN)
  - Variety of clinical experience from new graduate to 30+ years

Level of Experience
- Manager and Clinical Coordinator
- HUC / Monitor Tiers
- CNA
- RNs - including charge RNs

Skills
- Med/Imt overflow stabilized at 4:1 ratio
- Requirements: RNs required to perform some procedures
- POC Level patients with acuity requiring 3:1 nursing acuity, but some cases in POC level of care
- ICU level patients with acuity requiring 2:1 nursing predominately but some cases

Level of Intensity of All Patients (Nature of Care Delivered)
- Average length of stay for SHU ICU level of care is 1.7 days
- Average length of stay for SHU ICU level of care is 1.4 days
Available staffing levels:

- Two RNs assigned to each shift.
- One RN available at all times.
- A total of eight licensed practical nurses (LPNs) are available at all times.
- One RN is assigned to each level of care.

Medical services:

- Respiratory therapy
- Cardiac monitoring
- Intubation
- Ventilation
- Pain management
- Wound care
- Catheter insertion and management
- Urinary catheters
- Blood draws
- Venipuncture
- Medication administration
- Vital signs monitoring
- Laboratory services
- X-ray services
- Physical therapy
- Occupational therapy
- Speech therapy
- Social work
- Nutrition services
- Mental health services
- Case management
- Discharge planning
- Nurse case manager
- Social worker
- Psychologist
- Pharmacist
- Physical therapist
- Occupational therapist
- Speech therapist
- Respiratory therapist
- Dietitian
- Social worker
- Case manager
- Discharge planner
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- Psychologist
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- Occupational therapist
- Speech therapist
- Respiratory therapist
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Sunny L.
Signature

Sunny Lay, Director of Nursing Operations
(Printed Name)

11/25/19
Date
# 2019 Staffing Plan Overview

**Department:** Cath IR Lab  
**Date Updated:** 09/04/2019  
**Author:**

**Nursing Department Overview**

Description of the types of patients served in this nursing unit:
Cardiac, Pacemakers, neuro, Vascular, Drainage procedures,
Patient populations include but is not limited too:
Adults

**Census**

- Average number of admits/discharges/transfers = Average daily volume 1 to 10 procedures
- Admits = Discharges/Transfers Out = Cath IR Lab is a procedural unit, all patients discharged or transferred out of a separate recovery unit.

**Level of intensity of all patients (nature of care delivered)**

Anywhere from a walk in for a PICC line, Acuity 6 to ICU patient on 1:1 Acuity 1

**Skill Mix**

- Nature of care delivered on unit
  ACLS, BLS Telemetry monitoring. Procedures staffed by RNs ARRT CV RCIS

**Level of experience**

- Specialty certification
  RN. Critical care level of experience per job description, may hold CCRN or PCCN
  ARRT (CV) RCIS Certification required. Washington Stat CVIS Licensure

**Specialized or intensive equipment needs**
**Architecture and geography of the patient care unit**

One Cardiac Lab and one Intervention Lab on the second floor at St Anthony Hospital

**Staffing Guidelines**

- Staffing grid: 4 Techs and 3 RNs
- Manager and Supervisor
- Published by national nursing professional associations.
- RN = 1:1 for Conscious Sedation.
- Low census when rooms do not have scheduled procedures.

**Availability of other personnel supporting nursing services on the unit**

- Cath Lab hours are 0730 – 1600 Monday – Friday
- Call team of 1 Nurse and 2 Techs from 1600 hours to 0730 Monday – Friday and every weekend. 24/7 coverage for procedural emergencies.

**Meal and Rest Break Strategies**

- All staff receive (2) 15-minute breaks and 1 30 min lunch break.
- We start at 0730 by 0930 first break.
- Lunch starts around 11:00
- Second break around 1400 hrs.

**Nursing Sensitive Quality Indicators**

- QC Accucheck & AVOX
- We hold our own quality standards for risk of bleed, Acute kidney, etc.
Committee Recommendations:

APPROVALS

Prepared By  George Maddow  9/25/19
Clinical Manager or Designee

Approved By  Mary L.  9/25/19
Chief Nursing Officer

Maxwell Wood, RN  9/24/19
Safe Staffing Chair

Next Review Date____________________________________
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Date

11/25/19
2019 Staffing Plan Overview

Department: 5th Surgical
Date Updated: 9/26/19
Author: Jeri Aikins, Clinical Manager

Nursing Department Overview

Description of the types of patients served in this nursing unit: Medical/Surgical with an emphasis on Orthopedic Surgery.

Patient populations include but is not limited to: Total Joint Replacement, general surgery, gynecological surgery, urological surgery, and a variety of infectious processes such as pneumonia, UTI, cellulitis. Dialysis, CHF, COPD, dementia, etc.

Census

- Average number of admits/discharges/transfers = 10
- Average length of stay = 2.5 days
- Average Daily Census = 24

Level of intensity of all patients (nature of care delivered)

Level of care: Medical, Surgical and Telemetry

Day/Night shift: 3 meals per day, ADLs and HS care. Ongoing monitoring, assessing and managing patient care. Medication administration. Develop and implementation of individual patient plans-of-care in collaboration with Provider staff. Implement Provider orders. 24/7 Nursing care.

Skill Mix

- RNs
- CNAs
- HUC
- Manager
- Clinical Coordinator

Level of experience

- Varying levels of experience on each unit from new graduate nurses to nurses practicing 30+ years
- We currently have 24 Med/Surg Certified RNs (CMSRN)
- Nursing Degrees range from ADN-BSN-MSN/MN
Specialized or intensive equipment needs

- Telemetry
- EMR- EPIC
- 6 dialysis plumbed rooms
- Pyxis Medication Stations x 2-one per side
- MARTTI translator system cart
- WOW computer stations x 3
- Vocera
- Hillrom call light/Staff tracking system
- Telemedicine Consultation WOW computer station (Psych, Neuro, Rehab, DM edu)
- 1 negative airflow capable patient room
- 1 Bariatric patient room with 1000# capacity ceiling lift
- 4 patient rooms with 600# capacity ceiling lift

Availability of other personnel supporting nursing services on the unit

- Phlebotomy services 24/7
- Respiratory Therapy coverage 24/7 to assist with routine breathing treatments and emergencies
- Medication Reconciliation Technicians and Admission RNs 10 hours per 24 hours
- Environmental Services 24/7
- IV therapy/SWAT RNs 16 hours per 24 hours
- Pharmacist 24/7
- Care Managers/Social Workers- business hours 7 days per week
- Pastoral Care
- Palliative Services
- Virtual Services: Telemetry, Virtual Companion Sitters, Virtual FIT, Virtual ICU
- PT/OT- business hours 7 days per week
- Speech Language Pathologist – on call Mon to Sat.
- Enterostomal Therapy Services- on call business hours 7 days per week

Architecture and geography of the patient care unit -5th Surgical

This is a 32 bed – all private room unit. The layout of the unit is such that it is split into 16 bed halves. For every 16 beds there is a Nursing Station with 1 Medication dispensing area that is separated from the team station.
In the center of the unit is the HUC station, Manager Office, Clinical Coordinator Office, Staff Office, Conference Room, and two staff restrooms.
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**Break Nurse (both shifts)**

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**Teal and Rest Break Strategies**

- Two 30 meal breaks and one 15 minute rest break are covered by a Break RN with the assistance of the Charge RN on shift. The Break RN works 6 to 9 hours both Day and Night shift, 7 days per week. The Break RN hours are dependent on the unit census as outlined on the attached staffing guideline and staff availability.
- In-the-event that staffing does not allow for the Break RN role, staff are to use the buddy system and the Charge RN as available to obtain meal and rest breaks. (it should be noted that it is rare that the Break RN role is not filled as SNO call outs still happen in this role).
- CNAs use the traditional buddy system with the assistance as needed from Charge Nurse and RN team.
### Nursing Sensitive Quality Indicators

- Culture of Always Quality Metrics
- Patient Experience Metrics
- Pathways to Excellence Nursing Designation
- Surgical Review Corporation (SRC) Center of Excellence (COE) in Orthopedic Surgery project - current

### Committee Recommendations:

---

### APPROVALS:

- Prepared By: Jeri Aikins, BSN, RN, CMSRN, ONC

- Approved By: Mary Ragsdale, Chief Nursing Officer

- Michelle Wood, Staffing Committee Chair

- Ext Review Date: September 2020
St. Anthony Hospital Attestation Form
Nurse Staffing Coalition
December 1st, 2019

I, the undersigned with responsibility for St. Anthony Hospital, 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:

- 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.

This staffing plan was adopted by the hospital on September 26th, 2019.

____________________
Signature

Sunny Lay, Director of Nursing Operations
(Printed Name)

11/25/19
Date
# 2019 Staffing Plan Overview

**Department:** 3S-MSO  
**Date Updated:** 9/25/19  
**Author:** Lindsay Bussoli

## Nursing Department Overview

Description of the types of patients served in this nursing unit: Medical/Surgical/Telemetry

Patient populations include but is not limited to: GI, Pain, Pulmonary, Infectious Disease, Dementia/Geriatric placements, Psych, Alcohol and IVDA, Dialysis, CHF, COPD, Post Cardiac Catheter recovery, and Post Automated Implantable Cardioverter Defibrillator placement

## Census

- Average number of admits/discharges/transfers = 5 per day
- Average length of stay = 1.82
- Average Daily Census = 13.02

## Level of intensity of all patients (nature of care delivered)

**Level of care:** Medical, Surgical and Telemetry – Acute/Chronic Inpatients and Observation  
**Day shift:** RN/CNA collaborate to carry out plan of care, assist with 3 meals and all ADLs  
**Night Shift:** RN/CNA collaborate to carry out plan of care, provide HS care, ADLs as needed, Daily Weights  
**Additional care:** Respiratory treatments, Bladder scans, Phlebotomy, EKGs,

## Skill Mix

- RNs – including charge RNs  
- CNAs  
- HUCs  
- Clinical Coordinator  
- Manager
### Level of Experience

- We have varying levels of experienced RNs on our unit, from new graduates to nurses with 30+ years' experience
- We currently have 2 med-surg certified RNs
- Nursing degrees range from ADN - BSN - MSN

### Specialized or Intensive Equipment Needs

* Telemetry
* EHR - EPIC (Team stations & patient rooms)
* Lift Equipment/Ceiling Lifts
* Negative Air Flow
* Pyxis
* Dialysis Plumbed
* Glucomanader
* Call Light System
* Vocera
* Bed Alarms/Chair Alarms
* Telemedicine (Consults: Psych, Rehab, Diabetes Education)
* Martii
* WOWs
* Beaker Label/Printers
* MP5s
* Pulse Oximeters
* Crash Carts
* Virtual Companion cameras
* SCD machines
**Architecture and geography of the patient care unit - 3rd MSO**

Our unit is a 16 bed all private room unit. The nurse's station is located central to the unit with 8 rooms on each hall. The CN, hospitalists, and ancillary staff have office space within the unit.

**Staffing Grid:**

- Published by national nursing professional associations

<table>
<thead>
<tr>
<th>Dayshift</th>
<th>CN</th>
<th>RN</th>
<th>GNA</th>
<th>HUC</th>
<th>Break RN Hours</th>
<th>Break RN Hours</th>
<th>Break RN Hours</th>
<th>CN</th>
<th>RN</th>
<th>GNA</th>
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- Resources may be reallotted during times of high census by following the Full Capacity process.

Availability of other personnel supporting nursing services on the unit
- Phlebotomy 24/7
- RT 24/7 to assist with breathing treatments/CPAP/BIPAP
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- EVS 24/7
- IV Therapy/SWAT 16 hours per 24 hours
- Pharmacy 24/7
- Dietary
- Speech
- Pastoral Care
- Care Managers/social work
- Central monitor techs
- Virtual companions
- vFIT/Virtual Sitters/Virtual ICU
- PT/OT/ST
- Volunteer Services
- House Supervisors
- Palliative Services

Meal and Rest Break Strategies
The break RN (a dedicated RN that comes in for break coverage from 2100-0630 & 09-1830) to relieve RNs for (2) meal breaks and (1) rest break > 80% of the time. The team coordinates rest/meal breaks for the CNAs/sitters > 80% of the time. In the absence of the Break RN the traditional buddy system is utilized.

Nursing Sensitive Quality Indicators
- Quality, Safety, and Patient Experience Dashboards
- Culture of Always
Committee Recommendations:

APPROVALS:

Prepared By
Lindsay Bussoli, MSL, BSN, RN
3S-MSO Clinical Manager

Approved By
Mary Ragsdale, Chief Nursing Officer

Michelle Wood, Safe Staffing Chair

Next Review Date

Sept 2020
St. Anthony Hospital Attestation Form
Nurse Staffing Coalition
December 1st, 2019

I, the undersigned with responsibility for St. Anthony Hospital, 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:

- 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.

This staffing plan was adopted by the hospital on September 26th, 2019.

Signature

Sunny Lay, Director of Nursing Operations
(Printed Name)

Date 11/25/19
# 2019 Staffing Plan Overview

**Department:** 3N-PCU  
**Date Updated:** 9/25/19  
**Author:** Lindsay Bussoli

## Nursing Department Overview

Description of the types of patients served in this nursing unit:  
Medical/Surgical/Telemetry

**This unit will care for intermediate level patients within the next 1 year and become a combined PCU/Med/Tele unit.**

Patient populations include but is not limited to: GI, Pain, Pulmonary, Infectious Disease, Dementia/Geriatric placements, Psych, Alcohol and IVDA, Dialysis, CHF, COPD, Post Cardiac Catheter recovery, and Post Automated Implantable Cardioverter Defibrillator placement

### Census

- Average number of admits/discharges/transfers = 5 per day  
- Average length of stay = 2.18  
- Average Daily Census = 12.22

### Level of intensity of all patients (nature of care delivered)

**Level of care:** Medical, Surgical and Telemetry – Acute/Chronic Inpatients and Observation

- **Day shift:** RN/CNA collaborate to carry out plan of care, assist with 3 meals and all ADLs
- **Night Shift:** RNCNA collaborate to carry out plan of care, provide HS care, ADLs as needed, Daily Weights

**Additional care:** Respiratory treatments, Bladder scans, Phlebotomy, EKGs,

### Skill Mix

- RNs - including charge RNs  
- CNAs  
- HUCs
- Clinical Coordinator
- Manager

**Level of experience**

- We have varying levels of experienced RNs on our unit, from new graduates to nurses with 30+ years' experience
- We currently have 2 med-surg certified RNs and 1 CCRN and 1 PCCN certified
- Nursing degrees range from ADN - BSN – MSN

**Specialized or intensive equipment needs**

* Telemetry-wireless
* EHR – EPIC (Team stations & patient rooms)
* Lift Equipment/Ceiling Lifts
* Negative Air Flow
* Pyxis
* Dialysis Plumbed
* Glucommander
* Call Light System
* Vocera
* Bed Alarms/Chair Alarms
* Telemedicine (Consults: Psych, Rehab, Diabetes Education)
* Martii
* WOWs
* Beaker Label/Printers
* MP5s
* Pulse Oximeters
* Crash Carts
* Virtual Companion cameras
* SCD machines
**Architecture and geography of the patient care unit -3N PCU**

Our unit is a 16 bed, all private room, unit with patient viewing windows from the documentation stations in the hall. The nurse's station is located central to the unit with 8 rooms on each hall. The CN, hospitalist/specialist, and ancillary staff have office space within the unit. There is a medication dispensing room with view of nursing station.

**Staffing Grid:**
- Published by national nursing professional associations

<table>
<thead>
<tr>
<th>Census Division 3N PCU</th>
<th>CHG RN</th>
<th>RN</th>
<th>CNA Hours</th>
<th>CHG RN</th>
<th>RN</th>
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<td>1.0 4 hours</td>
</tr>
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- Palliative Services

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Nursing-Sensitive Quality Indicators
- Quality, Safety, and Patient Experience Dashboards
- Culture of Alway
### Committee Recommendations:

<table>
<thead>
<tr>
<th>APPROVALS:</th>
<th>9/20/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepared By</td>
<td>Lindsay Bussoli, MSL, BSN, RN 3S-MSO Clinical Manager</td>
</tr>
<tr>
<td>Approved By</td>
<td>Mary Ragsdale, Chief Nursing Officer</td>
</tr>
<tr>
<td>Michelle Wood, Safe Staffing Chair</td>
<td></td>
</tr>
<tr>
<td>Next Review Date</td>
<td>Sept 2019</td>
</tr>
</tbody>
</table>
St. Anthony Hospital Attestation Form
Nurse Staffing Coalition
December 1st, 2019

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This staffing plan was adopted by the hospital on September 26th, 2019.

[Signature]
Sunny Lay, Director of Nursing Operations
(Printed Name)

11/25/19
Date
2019 Staffing Plan Overview

Department: SAH Emergency Services
Date Updated: 9/26/19
Author: Sheila Niven

Nursing Department Overview

Description of the types of patients served in this nursing unit,
- Average Daily census: 87 patients; staffed for census of 89 patients
- Average number of admits/discharges/transfers: Average number of admissions range between 20-30% of ED patients per day. Transfers to other facilities vary greatly depending on specialty and services needed.
- Average length of stay:
  ED LOS All patients: 226 minutes (3 hours 46 minutes)
  ED LOS Admit patients: 310.0 minutes (5 hours 10 minutes)
  ED LOS Discharged patients: 205.0 minutes (3 hours 25 minutes)
- Hours of operation: 24/7
- Acuity of patients: range from minor injuries/illnesses to critically injured/ill.
- Age: all

Key Quality Indicators

Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators which are designated with an asterisk*:

Staffing ratios follow ENA 3:4:1 patient to nurse ratio.
- *Patient falls prevalence
- *Patient falls with injury
- *Pressure ulcer rate/prevalence
- *Number of patient visits
- *Skill Mix (CN, RN, ERT, HUC)
- All RNs to obtain the following within one year of hire: ACLS (with BLS), PALS/ENPC; TNCC; NRP
- Medication errors
- Staff turnover/orientation costs
- Overtime costs / end of shift overtime
- Agency/ Traveler Usage
- Patient Satisfaction Data
- Data from professional organizations
- NDNQI Data (Relevant reporting units):
  - Unlabeled/Mislabeled Specimen data
• Safety culture assessment data
• BCMA data
• Code Neuro/Stroke data
• Trauma Code data
• EMS satisfaction

**Staffing Grid for Patient Census**

Staff have staggered start times throughout the day to maximize patient ratios and high volumes.

<table>
<thead>
<tr>
<th>Time of Day</th>
<th>Charge</th>
<th>RNs</th>
<th>ERTs</th>
<th>HUC</th>
<th>Provider(s)</th>
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<td>1</td>
<td>1 (starts at 0800)</td>
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<tr>
<td>0900-1200</td>
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<td>1200-1800</td>
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<td>3</td>
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<tr>
<td>1800-2400</td>
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<td>9-8</td>
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<td>2</td>
</tr>
<tr>
<td>0000-0600</td>
<td>1</td>
<td>5-3 (after 0300)</td>
<td>1</td>
<td>1 (leaves at 0430)</td>
<td>1</td>
</tr>
</tbody>
</table>

**Above Staffing Plan Contingent Upon the Following Supports/Considerations**

Use this area to list other supports that your unit either receives from other units/departments or provides to other units and departments that impact staffing.

• Provides Code Blue support by ED Provider, ERT and Nursing staff to whole facility
• Supported by all other nursing units, Materials Management, Environmental Services, Lab, Radiology and Security departments

**Which Situations Require Staffing Variation?**

Use this section to describe legitimate situations where additional staff are required to provide safe patient care

• Patient acuity eg: children, critical care, multiple traumas, disasters
• Hospital census which have increased boarding patients
• High ED patient volume
• Adjusting staffing to sick calls, or staff who are absent because they were called in the night before
• Opening "triage for large volumes of patients
• Sitting on 1:1 patients, eg: confused, dementia, suicidal, mental health, substance abuse (Ricky’s Law)
• Low ED patient census volume (late start/low census personnel)

**Chain of Command/Staffing Decision Tree**

**Process for Staffing Variation**
Use this section to describe what process is used to determine if extra staff is needed.

- Charge nurse evaluates the following information
- From bed meeting/house supervisor and mission control to determine how quickly any holding patient will move to an inpatient bed and whether inpatient staff will be available to care for holding patients.
- More than 6 patients in waiting room with no discharge movement from inside the department
- Sick calls/open shifts
- Patient acuity in department when holding inpatients
- Charge nurse will call house supervisor and request additional staff from inpatient, then a call will be made to centralized staffing for pages to request staffing
- Request Clinical Coordinator assistance when severely short staffed

---

Meals and Breaks

- Use this section to describe what the meal and break strategies are for your area and how you measure if they are working.

Break Nurse pilot began in December 2018. Currently have 2, twelve (12) hour shifts that overlap for opportunities for breaks.

---

Annual Nurse Staffing Survey (Not Hospital PCA Survey)

- Survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail) Daily shift huddles 0600 and 1800. Participation in bed meeting with charge staff from other inpatient floors at 0800 and 2000 as workload allows. Monthly FAST ER meetings with staff.

- Staff Participation: 10-22% of staff currently

- What was the theme of the results: Staffing plans; break nurse usage; triage redesign and use; BCMA results

- Department: work planned to address themes: Holding people accountable for practice and behavior; lab labeling process; response to codes process; BCMA scores displayed; staffing model
Project Overview Statement—Executive Summary

Approved By

Sunny Lay
Director, Nursing Operations

Michelle Wood, (Chair)
5th Floor, Charge Nurse

Mary Ragsdale
COO/CNO SAH

Date

11/25/19

11-26-19

11/26/19
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Signature

Sunny Lay, Director of Nursing Operations
(Printed Name)

Date

11/25/19
2019 Staffing Plan Overview

Department: Surgery
Date Updated: September, 2019
Author: MaryBeth Boyce/ Clarice Emley

Nursing Department Overview

Patients Served in the Unit: Orthopedic, General, Urology, Gynecology, ENT, Neurosurgery, Vascular, Podiatry, Plastic, and Robotic surgical procedures.

- Average Daily census: Average patient encountered ranges from 12–21 patients in 6 operating room suites
- Hours of operation for the department: 0600-1900 with staff available on call after hours and on weekends for urgent/emergent cases.
- Daily staffing support
  - 8 rooms until 1500
  - 4 rooms until 1700
  - 1 room until 1900
  - 1 room until 0630 with call team.
- Surgery cases range from 30minutes to 4 hours +
- Acuity of patients range from very healthy to critically ill
- Age: 6 years and older.
  - Pediatric cases are scheduled as early morning and cases are screened according to the pediatric matrix. Exclusion criteria are:
    - No one younger than 6 years of age that requires airway instrumentation
    - No children with known respiratory and cardiac disease
    - Children with genetic disorders
    - No inpatients younger than 15 years old.
    - History of RSV within 8 weeks prior to surgery

Key Quality Indicators

Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators which are designated with an asterisk *:

Staffing in OR is determined using AORN standards 2.5 FTE per OR

- *Patient falls prevalence
- *Patient falls with injury
- *Pressure ulcer rate/prevalence
- *Staff hours per 100 OR minutes
- Skill Mix (RNs, Surgical Techs, Perioperative Support Techs, Anesthesia Techs)
- *Medication errors
- Staff turnover/orientation costs

Updated 4.5.2018
- Overtime costs / end of shift overtime / missed breaks incidental overtime
- Agency/ Traveler Usage
- Patient Satisfaction Data
- Data from professional organizations
- NDNQI Data (Relevant reporting units):
  - Surgical Never Events
  - Surgical Infection Rates
  - Surgical Complication Rates
  - Surgical Care Improvement Project (SCIP) data
  - Unlabeled/Mislabeled Specimen data
  - Safety culture assessment data

### Staffing Grid for Patient Census

**Target Nursing Hours per Patient Day: 6.199**

Staffing in this unit is as follow:
- Each OR team consists of at least one surgeon, one anesthesiologist, one registered nurse, and one surgical technologist or one scrub registered nurse.
- Robotic GYN surgeries requires an additional one surgical technologist or one scrub registered nurse to perform the role as Manipulator
- Staffing will be adjusted for more involved cases that require more support.
- In addition to the in room staff, the OR has support staff available:
  - Charge nurses and resource nurses
  - Relief nurses and surgical technologists to retrieve supplies, turnover rooms, and provide breaks to staff and shifts are staggered starting a 0800, 0900 & 1000.
  - Anesthesia technicians (support anesthesiologist and help out with room turnover)
  - PSTs to perform room turnover, assist transport, getting beds, positioning patient, and running frozen specimens to lab
  - PACU nurses to assist during emergencies

#### Day Shift: 0630-1500

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>Surg Tech</th>
<th>PST/Anes. Tech</th>
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</tr>
<tr>
<td>3 ORs</td>
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<td>4</td>
<td>4</td>
<td>2/1</td>
</tr>
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</tr>
<tr>
<td>6 ORs</td>
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<td>9</td>
<td>8</td>
<td>2/2</td>
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#### Evening Shift: 1500 – 1900; Call only after 1900 *

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<th>Surg Tech</th>
<th>Other</th>
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<tbody>
<tr>
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<td>1.5</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>6 ORs</td>
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**Project Overview Statement—Executive Summary**

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<th>1 (weekends only)</th>
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</table>

**Night Shift/Weekend: Call only**

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<th>Charge</th>
<th>RNs</th>
<th>CAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Call Rm *</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1 (weekends only)</td>
</tr>
</tbody>
</table>

**Above Staffing Plan Contingent Upon the Following Supports/Considerations**

Use this area to list other supports that your unit either receives from other units/departments or provides to other units and departments that impact staffing.

- The unit depends on Materials Management, Sterile Processing, Radiology, Laboratory, Pathology, Environmental Services, PACU and SADU for support.

**Which Situations Require Staffing Variation?**

Use this section to describe legitimate situations where additional staff are required to provide safe patient care:

- Patient acuity e.g.: children, critical care
- Patient census in the PACU bed availability
- Surgical Admit Discharge Unit room availability
- Hospital census and inpatient bed availability
- Increased/Decreased Surgical Volumes
- Add-On of emergent/urgent cases
- Last minute schedule changes
- Local only cases (requiring two RN’s)
- Two surgeons per case requiring two RN’s and two CST’s teams
- Lack of surgical assistants for complicated cases
- Uterine Manipulators in GYN Robotics requiring an additional CST/RN
- Patients requiring translation services
- Lack of transportation help
- Patients/cases with difficult positioning
- Cases that require line placement/nerve blocks prior to the case
- Adjusting staffing to sick calls, or staff who are absent because they were called in the night before.

**Chain of Command/Staffing Decision Tree**

**Process for Staffing Variation**
Daily review of surgery schedule to determine staffing needs
- Flexing shifts up or down depending on surgery schedule
- Request assistance from charge nurse/manager when staffing shortage exists.

Meals and Breaks

- Use this section to describe what the meal and break strategies are for your area and how you measure if they are working.

Meal breaks are covered RN to RN and individually to each OR suite. The same strategy is used for CST lunches. We ensure breaks and lunches are given by staggering our staffing and assigning break/lunch relief duties as well as Resource Nurses to assist with giving breaks/lunches in a timely manner. Staffing issues arise when these staff must be pulled to perform surgical cases when we have sick calls.

Annual Nurse Staff Survey

- Survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail) Daily shift huddles daily at 0630 and weekly staff meetings on Wednesday mornings at 0630.
- Process Improvement work completed on issues identified? yes
- What was the results/plan of action? Added additional FTEs for coverage later in the afternoon and early evening and 0.9 Surgical Tech for increase GYN robotic volumes which needs a Uterine Manipulator. Continue to recognize staff through Kudos, gift cards and Surgical Spotlight.

Claudia E. Emley, RN, CNOR Staff OR Manager 9/26/19

Mary Todd 9/24/19

Marilyn Wood, RN Staffing Committee Chair 9/26/19.