# 2019 Staffing Plan Overview

**Department:** Family Birth Center 12th and 14th floors  Cost Center 3500  
**Date Updated:** December 2019  
**Author:** Tabatha Farrington, Clinical Manager and Amanda Chang RNC

<table>
<thead>
<tr>
<th>Nursing Department Overview</th>
</tr>
</thead>
</table>
| St Joseph Medical Center (SJMC) Family Birth Center is a Level 3A Birthing Center. The department is licensed to provide care for pregnant women of all gestational ages and deliver women (provide inpatient care) who have reached a gestational age of 25 weeks or greater. All pregnant women who are greater than 16 weeks presenting to this facility with a pregnancy complaint are evaluated in the Family Birth Center.  
  The department is open 24/7 and is licensed as an OB ED so that women may be triaged for all obstetrical complaints. There is always a board-certified OB/GYN physician on duty to provide immediate care for our patient population. The FBC is capable of stabilizing and caring for all types of pregnancy conditions. Patients requiring specialty care, or a higher level of service will be transferred to a facility providing that specialty in accordance with transfer policies and procedures. The Family Birth Center complies with all state, federal and regulatory agencies.  
  The Family Birth Center is located on two floors of the tower. The 14th and 12th floors are divided as follows:  
  14th Floor has 11 Birthing rooms and 1 triage room that includes 3 triage bays. All bed spaces have central monitoring capabilities. 14C quad, which has 7 patient rooms, is used for our high-risk/long term patients, procedures and as overflow rooms when needed. There are two operating rooms located on the 14th floor.  
  C/sections (scheduled and unscheduled) are routinely performed in these ORs.  
  12th Floor has 23 private postpartum rooms. The 12th floor rooms are also used to assist with hospital overflow on a case by case basis. Short stay, clean surgical patients who do not need complex care or telemetry may be cared for on the 12th floor as well as some antepartum overflow.  
  The Family Birth Center delivered 4099 babies in FY19 (MBC delivered 263 in FY19).  
  - Average number of births per day: 11.2  
  - Average length of stay:  
    - Adults: 2.09 days (24 hours post-delivery for Vaginal Deliveries and 48 hours post-delivery for C/Section patients)  
    - Newborns: 1.49 |

---
### Key Quality Indicators

The Family Birth Center collects and monitors data for the purpose of assessing department function, safe patient care, and quality clinical outcomes. These include:

- Primary C/section Rate (overall) 21.1% (TSV) 15.8%
- Lacerations - 3rd and 4th degree w/o instrument 1.8% up from 0.9%
- VBAC success rate 16.8% down from 59.8% (was 21.74%)
- Episiotomies 1.6% down from 1.9%
- PC-01 Early elective deliveries (<39 weeks) 2.2% up from 1.5%
- PC-02 NTurv C/section Rate 25.9% (goal 20%)
- PC-03 Antenatal Steroids 100%
- PC-05 Exclusive Breast milk feeding rate 82%
- Maternal Hemorrhage Safety Bundle Measures (readiness, recognition, response)
  - 18.39% of OB pts receiving blood product transfusion of any amount
  - (3.3% are MTP)
- A/M Bundle Severe HTN in Pregnancy
- Timely treatment of severe HTN 82.07%
- Overtime: YTD 1.11%
- Agency/Traveler Usage was 998.7 hours from 6/30-present
- RN turnover: FY19 9.55% (12vol/1invol/2 per diem) FY18 18.55% (32 vol/2 invol)
- RN Residencies provided: FY19 (19) FY18 (21)
- Orientation provided for experienced RNs: FY19 (11) FY18 (9)
- Current open positions: RN: 8 (L&D) 3 (MB) CA: (2)
- Safe Deliveries Roadmap WSHA (standardizing induction, labor management guidelines)
- AVHONN Data (Association of Women’s Health, Obstetric and Neonatal)
- Vermont Oxford Network NiCQ (National collaborative on quality)
- A/I (National quality initiative to pool all data from contributing hospitals nationwide)

### Family Birth Center achievements:

- MEWT Triggers tool in EPIC
- Upgraded to Zolls (3)
- Improved our EMTALA documentation
- Recognized by Common Spirit as Leaders in Quality Obstetric Care
- Voca’s for all staff to improve safety, response and communication
- Actim Prom was implemented (superior product to improve ROM detection)
- Implemented glucose gel for treatment of neonatal hypoglycemia
- Book club and Happiness Hour created to facilitate team building and retention of staff
- Classes covering Drills and workflow for MBC created for staff who float there
- Created new format for L&D residency to include high risk OB care
- Daisy Award Nominees

### Target Hours per Patient Day 16.09
St Joseph Family Birth Center is staffed by:
- RNs specializing in Obstetrical Care and Newborn Care
- Surgical Technologist
- Nurse Techs
- Care Assistants
- Perinatal Social Workers
- Lactation Consultants and Educators
- Receptionist/Schedulers
- Clinical support coordinator

Additional Care Providers on site:
- Board Certified OB/GYN Physicians

Additional Care Providers on site (continued):
- Family Practice Physicians
- Family Practice MD Residents- 1st, 2nd, 3rd year
- Certified Nurse Midwives

RN Shifts Include:
0700-1830
0900-1730 (Break RN)
1100-2330 Monday through Friday
1100-1930 (1RN)
1900-0730
2100-0530 (Break RN)
* 07-11, 7-1330, 7-1530, 1330-1930, 1530-1930, 19-0130, and 23-0730 as extra shift opportunities

Care Assistant Shifts Include:
0600-1430
0700-1930
1900-0730

Social Workers:
0800-1630

Lactation Consultant:
0800-1630

Surgical Technologists:
0700-1930
1900-0730
09-1730
* have been adding 09-1300 as extra shifts for break coverage/throughput
The basic staffing plan for the Family Birth Center is as follows:

**Staffing for the 14th floor includes:**
**Day Shift (12 hours)**
1 Charge Nurse  
13 RNs  
1 Break RN (8 hours)  
1 Receptionist/Scheduler 07-1530  
1 Surgical Tech (.7 Variable of 09-1730 shifts per pay period)  
2 Care Assistants

**Evening shift**
1 Receptionist/Scheduler 15-2330  
1 RN 11-1930 (One .6 FTE)  
1-2 RNs 1100-2330 Monday through Friday

**Night Shift (12 hours)**
1 Charge Nurse  
13 RNs  
1 Break RN (8 hours)  
1 Receptionist/Scheduler 23-0730  
1 Surgical Tech  
2 Care Assistants.

**Staffing for the 12th floor includes:**
**Day Shift (12 hours)**
1 Charge Nurse  
6-7 RNs  
1 Break RN (.8)  
2-3 Care Assistants  
1 HUC/CA 06-1430

**Night Shift (12 hours)**
1 Charge Nurse  
6-7 RNs  
2 Care Assistants
Daily staffing is accomplished utilizing the nationally recognized AWHONN Recommended staffing guidelines.

**TABLE 2**

Summary of Guidelines for Professional Registered Nurse Staffing For Perinatal Units†
(See the full text for assumptions and conditions that may affect the stated ratios in each instance.)

<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>
### Nurse-to-Woman or Nurse-to-Baby Ratio

<table>
<thead>
<tr>
<th>Nurse-to-Woman or Nurse-to-Baby Ratio</th>
<th>Care Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postpartum and Newborn Care</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 couples after the 2-hour recovery period (with consideration for assignments with mixed acuity rather than all recent post-caesarean 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 couples</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 2–4</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>

*Existing Applicable Professional Standards and Guidelines*

- 1 nurse to 3–6 normal healthy mother-baby couples requiring routine care

*(Guidelines for Perinatal Care, AAP & ACOG, 2007)*
<table>
<thead>
<tr>
<th>Nurse-to-Woman or Nurse-to-Baby Ratio</th>
<th>Care Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Staffing</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>A minimum of 2 nurses as minimum staffing even when there are no perinatal patients, in order to be able to safety care for a woman who presents with an obstetric emergency that may require cesarean birth (1 nurse circulator; 1 baby nurse, one or both of whom should have obstetric triage, labor and fetal assessment skills). A scrub nurse or surgical tech should be available in-house or on call such that an emergent birth can be accomplished within 30 minutes of the decision to proceed. Another labor nurse should be called in to be available to care for any other pregnant woman who may present for care while the first 2 nurses are caring for the woman undergoing cesarean birth and during post-anesthesia recovery.</td>
</tr>
</tbody>
</table>

† It should be recognized that these staffing ratios represent minimal staffing, require further consideration based on acuity and needs of the service, and assume that there will be ancillary personnel to support the nurse.
Above Staffing Plan Contingent Upon the Following Supports/Considerations

- The Family Birth Center OBHG MD and RN respond to obstetrical emergencies and needs throughout the hospital
- The Midwifery Birth Center census affects FBC staffing
- The FBC has no alternate space to place patients
- The FBC transports their patients from the ED and main admitting as well as other areas in the hospital (diagnostic imaging, etc.).
- The FBC has closed staffing so resources to cover short notice are only utilized from NICU and the Midwifery Birth Center

Which Situations Require Staffing Variation?

- The unpredictability of the census
- Patient acuity and status changes
- Short notice occurrences (tardy, bereavement, illness, FCA, etc.)
- Sharing resources with NICU and MBC due to patient census/staffing needs

Process for Staffing Variation

- The Charge Nurses review staffing needs at least every 4 hours and make adjustments accordingly
- RNs from NICU and MBC support staffing needs and vice versa.
- Response is dictated by multiple variables: acuity, nurse/patient ratio, skills/abilities
- Adjustments may occur anytime during the shift
- Manager on call: Each of the 3 clinical managers rotate call during the week. They are available for questions, concerns and guidance 24hours/7days while on call. At minimum communication occurs between manager and charge at 05 and 17 each day.

Chain of Command/Staffing Decision Tree

Charge RN→Clinical Manager→Director

Meals and Breaks

- We use a Break Sheet for breaks to ensure accountability. The sheet has specified time slot groupings.
- We have a Break Nurse shift from 0900 to 1730 and 2100 to 0530. The day shift is staffed 7 days per week on 14th floor and 4 days per week on 12. The 14th floor Break nurse facilitates breaks for the MBC RN when necessary. The night shift is staffed 7 days a week on 14th floor and has opportunities available for the open shifts. The Charge nurse facilitates breaks on 12 when there is no Break nurse.
- The Charge nurse collaborates with the break nurse to help facilitate breaks and ensure they are being taken.
- Nurses who are on low census and are on call are to be called in to facilitate breaks if the census proves to be a barrier.
- Frequent communication with staff/charge nurses to address concerns and problem solve ways to ensure breaks. When new staff are hired, breaks are discussed and a plan for incorporating them into the workflow takes place. This is also reemphasized with staff on an ongoing basis.
Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)

2019 Staff Survey results were reviewed with employees at our Staff Meeting

Staff Participation: 99
- 87 RNs (48 Day/3 Eve/48 Night)
- 9 CNAs (6 Day/3 Night)
- 3 ORTs (2 Day/1 Night)

Percent positive (Always/Almost always)
Our identified Strengths:
- My manager is supportive when told of safety concerns regarding staffing.
- I am able to give my patients safe care.
- I feel supported by the resource staff

FBC Staffing Survey FY 2019
Percent Positive (Always/Almost Always)

As you can see the staffing survey results decreased in all areas this year.

Opportunities to improve THIS year (2019 survey):
- Staffing assignments can accommodate admission and transfers.
- I have adequate time to spend orienting/precepting new staff
- The workload is manageable

Process Improvement work:
- Increase staffing core for days and nights 13 for L&D and 6-7 for MB.
- Increased our per diem RN pool to help cover non-productive time
- Focus on 3 couplets for our MB nurses with goal of 4 couplets to be the exception
- Continued focus on making sure equipment needs are met
- Added partial shifts for ORTs and RNs to help with coverage prn
- Added 13.6 FTEs for RNs and .7 FTEs for ORTs
- RN acuity tool to help manage accurate staffing for MBU
If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made?

Vocera education was implemented and units were deployed. All staff currently utilize vocera to communicate and it has created a safer more efficient work environment. The FBC also implemented a more efficient multidisciplinary approach to responding to urgent OB needs that involve the NICU or ED.

Committee Recommendations:

Approved By

Jakk Stodola, MBA, BSN, RNC, Co-Chair
Director, Family Birth Center

Date

Linda Burbank, RN Co-Chair
2 South

Date

Syd Bersante, Market President/Pierce County President SJMC

Date
# 2019 Staffing Plan Overview

**Department & Cost Center:** 2 South 8600  
**Date Updated:** 10/1/2019 SEMI-ANNUAL REVIEW  
**Author:** Stephanie Brazil & Amy Hander

## Nursing Department Overview

Description of the types of patients served in this nursing unit,

- **120 Hour Observation/Inpatient Medical-Surgical Care Unit**

- **Capacity of 44 patients, whom must be the age of 15 or older.**

- **Short stay medical, surgical and cardiac patients from Cath Lab, PACU, Walter’s Same Day Surgery, DI and ED. In addition, accepts direct admits from physician’s offices.**

- **Patient populations include but is not limited to:**
  - Post Procedure (heart caths, stents, biopsies, device implantations, etc.)
  - Short Stay surgeries
  - Observation/trauma patients
  - Short stay medical patients
  - Other patients admitted for procedures or nursing care for 36 hours or less (blood transfusions, cardioversions, etc.)
  - Medical-Surgical Overflow
  - Designated area for medical psychiatric detained patients

- **Inclusion criteria for stent patients include:**
  - No MI this admission
  - Vital signs stable (patient must not require active/aggressive titration of vasoactive drugs)
  - No significant arrhythmias, i.e., V tach/V fib during procedure
  - Integrilin and ReyPro at standard/reduced dose. Must already be infusing. Not to be initiated on 2S

- **Patients with presence of any of the following infusions and boluses to include titration within these parameters:**
  - Diltilazem up to 15mg/hr
  - Dobutamine up to 5mcg/kg/min
  - Dopamine up to 5mcg/kg/min
  - Epitifibatide up to 15mg/hr
  - Nitroglycerin up to 30 mcg/min

- **Private rooms with beds and adjoining shared bathroom- 30 (inpatient)**
• Private observation rooms without bathroom- 12 (observation rooms)

• Average Daily census = 41

• Average number of daily admits/discharges/transfers =
  • Admits/Transfers in = 12.4; Discharges/Transfers Out = 13.1

• Average length of stay = 3.8 Days

**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:

• Patient falls prevalence
  - Total FY 19 YTD = 35

• Patient falls with injury (minor or above)
  - Total FY 19 YTD = 5; 1 Reportable YTD

• Pressure ulcer prevalence
  - Total FY 19 = 1

• Medication errors
  - Medication errors are looked at on an individual basis and as trends. Incident “D” (any incident that increases monitor or can cause harm) are all reviewed at the nursing pharmacy committee. Managers also review medication errors and follow up appropriately.
  - 2S RN participates in the nursing pharmacy committee.

• Voluntary Turnover Rate: YTD = 16.45% (w/Per Diems)
  - Report represents rolling 12 month term
  - 4.8 FTE’s of RN’s in Residency

• Open posted positions = 12.4 FTE RN vacancies posted (which includes 6.8 preemptive FTE’s)

• Overtime costs/End of Shift Overtime
  - YTD OT% of worked hours = 3.56%
  - Average End of shift OT = Avg = 20.4 (last 4 pay periods)

• Agency/ Traveler Usage
- Agency/Traveler hours: FY19 YTD = 6.7

- Infection Control Rounds
  - June 2019 96.8%
  - October 2019 96.8%
  - February 2019 94.7%

- Nursing care hours per patient day = 12.29

- Skill Mix
  - RN's, CNAs, CAs

<table>
<thead>
<tr>
<th>Staffing Grid for Patient Census</th>
<th>Target Hours per Patient Day 12.29</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days</td>
<td>Evenings</td>
</tr>
<tr>
<td>Charge RN</td>
<td>1</td>
</tr>
<tr>
<td>Resource RN</td>
<td>0.75</td>
</tr>
<tr>
<td>RN</td>
<td>11</td>
</tr>
<tr>
<td>CNA</td>
<td>5</td>
</tr>
<tr>
<td>CA</td>
<td>0.75</td>
</tr>
<tr>
<td>Transporter</td>
<td>0.75</td>
</tr>
</tbody>
</table>

Day Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge/Resource</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>44-41</td>
<td>1</td>
<td>0.75</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>40-37</td>
<td>1</td>
<td>0.75</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>36-33</td>
<td>1</td>
<td>0.75</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>32-29</td>
<td>1</td>
<td>0.75</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>28-25</td>
<td>1</td>
<td>-</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>24-21</td>
<td>1</td>
<td>-</td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>
### Project Overview Statement—Executive Summary

<table>
<thead>
<tr>
<th></th>
<th>Transporter</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-17</td>
<td>1 - 5 2</td>
</tr>
<tr>
<td>16-15</td>
<td>1 - 4 2</td>
</tr>
<tr>
<td>14-11</td>
<td>- 3 2</td>
</tr>
<tr>
<td>10-9</td>
<td>- 3 1</td>
</tr>
<tr>
<td>8-7</td>
<td>- 2 1</td>
</tr>
<tr>
<td>Less than 7</td>
<td>- 2</td>
</tr>
</tbody>
</table>

#### Evening Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge/Resource</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other (Transporter 0900-1730)</th>
</tr>
</thead>
<tbody>
<tr>
<td>44-41</td>
<td>1 0.25</td>
<td>11</td>
<td>5</td>
<td>0.25 Transporter 0.75 CA</td>
</tr>
<tr>
<td>40-37</td>
<td>1 0.25</td>
<td>10</td>
<td>5</td>
<td>0.25 Transporter 0.75 CA</td>
</tr>
<tr>
<td>36-33</td>
<td>1 0.25</td>
<td>9</td>
<td>4</td>
<td>0.25 Transporter 0.75 CA</td>
</tr>
<tr>
<td>32-29</td>
<td>1 0.25</td>
<td>8</td>
<td>3</td>
<td>0.25 Transporter 0.75 CA</td>
</tr>
<tr>
<td>28-25</td>
<td>1 0.25</td>
<td>7</td>
<td>3</td>
<td>0.25 Transporter 0.75 CA</td>
</tr>
<tr>
<td>24-21</td>
<td>1 -</td>
<td>6</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>20-17</td>
<td>1 -</td>
<td>5</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>16-15</td>
<td>1 -</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>14-11</td>
<td>-</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>10-9</td>
<td>-</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>8-7</td>
<td>-</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Less than 7</td>
<td>- 2</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

#### Night Shift

Confidential Page 4 10/15/2019
<table>
<thead>
<tr>
<th>Census</th>
<th>Charge/Resource</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>44-41</td>
<td>1 -</td>
<td>11</td>
<td>3</td>
<td>0.5 CA</td>
</tr>
<tr>
<td>40-37</td>
<td>1 -</td>
<td>10</td>
<td>3</td>
<td>0.5 CA</td>
</tr>
<tr>
<td>36-33</td>
<td>1 -</td>
<td>9</td>
<td>3</td>
<td>0.5 CA</td>
</tr>
<tr>
<td>32-29</td>
<td>1 -</td>
<td>8</td>
<td>2</td>
<td>0.5 CA</td>
</tr>
<tr>
<td>28-25</td>
<td>1 -</td>
<td>7</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>24-21</td>
<td>1 -</td>
<td>6</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>20-17</td>
<td>1 -</td>
<td>5</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>16-15</td>
<td>1 -</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>14-11</td>
<td>-</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>10-9</td>
<td>-</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>8-7</td>
<td>-</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Less than 7</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td></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.

- SW/Care management (M-F)
- Critical Care supports Rapid Response/Code Blue/Code Nurse throughout the hospital
- Respiratory Care supports CPAP, BiPAP and some respiratory assessment on changing patient conditions.
- IV Therapy department to place, monitor PICC lines and start peripheral IV lines.
- Break RN to assist with RN break

**Which Situations Require Staffing Variation?**

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

- Significantly increased acuity; i.e. critical care patients unable to move
- Increased number of 1:1’s (suicidal/detained/four point restraints) needing break coverage
Chain of Command/ Staffing Decision Tree

<table>
<thead>
<tr>
<th>Process for Staffing Variation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Use this section to describe what process is used to determine if extra staff is needed.</strong></td>
</tr>
<tr>
<td>- Charge nurse will round on the unit every 2-4 hours to assess acuity of the floor and facilitate problem-solving and patient flow of the unit. The charge nurse will also communicate the unit’s status to the rest of the 2S team and the House Supervisor.</td>
</tr>
<tr>
<td>- The Charge nurse in collaboration with Clinical manager (when applicable) determines the need for staffing variation – which may include but is not limited to, RN &amp; CNA. The charge nurse will notify staffing to request for additional staff. The need for staffing up is assessed before the beginning of the next shift and every 4 hours during the shift.</td>
</tr>
<tr>
<td>- If the patient is assessed to require more acute nursing care and/or treatment than can safely be provided in the 2S, the RN assigned to the patient will notify the attending physician/practitioner, and obtain orders to transfer the patient to a higher level of care.</td>
</tr>
<tr>
<td>- Still awaiting work to be utilizing acuity-based staffing software available in CVS in combination with EPIC.</td>
</tr>
</tbody>
</table>
Meals and Breaks

- All Break Relief RN positions filled
- RN’s who are assigned a break time by break RN complete a brief report sheet to be handed off prior to leaving for break.
- Charge RN to assign RN’s to the break nurse assignments based on acuity/flow of unit.
- Charge and Resource Nurse round every to ensure breaks/meal breaks have occurred.
- Regular Touch bases with residency RNs
  Charge RN provided with report indicating those most frequently missing meal/rest breaks per kronos edit log
- If nursing staff are unable to take a break, they are to notify the charge nurse who will cover or delegate a designee to relieve them.

---

**RN Break Time Assignments - Days**

*You must take a meal or rest break unless there are extenuating patient circumstances*

<table>
<thead>
<tr>
<th>RN RUNS</th>
<th>Name:</th>
<th>15 min</th>
<th>30 min</th>
<th>15 min</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Break RN 1</td>
<td></td>
<td>1315</td>
<td>1530</td>
<td>1700</td>
<td></td>
</tr>
<tr>
<td>Break RN 2</td>
<td></td>
<td>1315</td>
<td>1530</td>
<td>1700</td>
<td></td>
</tr>
<tr>
<td>BRN 1</td>
<td></td>
<td>1100</td>
<td>1335</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRN 1</td>
<td></td>
<td>1135</td>
<td>1355</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRN 1</td>
<td></td>
<td>1210</td>
<td>1415</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRN 1</td>
<td></td>
<td>1245</td>
<td>1435</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRN 2</td>
<td></td>
<td>1100</td>
<td>1335</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRN 2</td>
<td></td>
<td>1135</td>
<td>1355</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRN 2</td>
<td></td>
<td>1210</td>
<td>1415</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRN 2</td>
<td></td>
<td>1245</td>
<td>1435</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Instructions:**
* Assign breaks based on acuity, nurse, and shift
* Do not assign the break RN to break 2 RNs at once
Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)

- Survey results will be emailed out to all staff
- 42% staff participation in survey 47 RN's/14 CNA; 2 CAs, increased from 21% last year!

If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made? No recommendations made on last review, April 6th, 2019.

Committee Recommendations October 14th, 2019:

Approved By

Jakki Stodola, Co-Chair
Director Family Birth Center

Linda Burbank, RN Co-Chair
2 South

Syd Bersante, Market President/Pierce County President SJMC

Date: 11-19-19
Date: 11-19-19
Date: 11-21-19
2019 Staffing Plan Overview

Department: 3 South Neurology, General Medical & Telemetry Dept # 511013004
Date Updated: December 3, 2019 (Annual report)
Author: Kate Maul and Tara Tohovaka

Nursing Department Overview

Description of the types of patients served in this nursing unit:
- Average Daily census = 30
- Average number of admits = 5
- Average number of discharges = 6
- Average number of transfers = 5
- Average length of stay = 3.53

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 *:
- *Patient falls prevalence
  FY 19 (March 2019-June 2019) = 24 total falls
  FY 20 (July 1st-December 3) = 31 total falls
- *Patient falls with injury
  FY 19 = 1 minor
  FY 20 = 2 minor
- Pressure ulcer rate/prevalence
  FY 19 = 0
  FY 20 = 1 (Deep Tissue Injury caused by the patient kicking the side of the bed)
- *Nursing care hours per patient day = 11.15
- *Skill Mix = RN/CNA
- Medication errors
  FY 19 (March 2019-June 2019) = 9
  FY 20 (July 1st-December 3) = 14
- Staff turnover/orientation costs
  FY 20 quarter 1 = 12.90% FY 19 quarter 4 = 15.8%
- Open posted positions:
  Registered Nurses = 5 open positions on days and 3 open positions on nights
  Certified Nursing Assistants = 3 open positions on evenings and 1 open position on nights
- Overtime costs / end of shift overtime
  3 South had an average of 33.25 hours of incremental overtime per pay period for FY 19 (March 2019-June 2019)
  3 South has an average of 29.50 hours of incremental overtime per pay period for FY 20 (July 1st-December 3)
Patient Satisfaction Data
- Nursing communication = 78.3%
- Nurses listening carefully to you = 74.4%
- Response to call light = 65.2%

FY 19 Comprehensive Stroke Center SJMC (stroke honor roll-elite plus and gold plus award)

### Staffing Grid for Patient Census | Target Hours per Patient Day 11.01

Insert developed staffing grid for varying levels of patient census or attach to this document

#### Day Shift & Evening Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge RN</th>
<th>RN</th>
<th>CNA days/evenings</th>
</tr>
</thead>
<tbody>
<tr>
<td>33-29</td>
<td>1</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>28-25</td>
<td>1</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>24-22</td>
<td>1</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>21-18</td>
<td>1</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>17-14</td>
<td>1</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>13-9</td>
<td>0</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>8-4</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Night Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge RN</th>
<th>RN</th>
<th>CNAs Nights</th>
</tr>
</thead>
<tbody>
<tr>
<td>33-29</td>
<td>1</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>28-25</td>
<td>1</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>24-22</td>
<td>1</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>21-18</td>
<td>1</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>17-14</td>
<td>1</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>13-9</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>8-4</td>
<td>0</td>
<td>2</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.
- Neuroscience trained RN's to complete stroke education and NIHSS evaluation for stroke patients throughout the hospital.
- IV therapy department to place, monitor PICC lines and start peripheral IV lines
- Critical Care supports rapid responses/code blue throughout the hospital
- Respiratory care supports CPAP, BIPAP and some respiratory assessment on changing conditions
- Centralized transporters assist with transport needs throughout the hospital
Which Situations Require Staffing Variation?

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

- Increased number of confused patients or patients on restraints requiring frequent checks.
- Increased number of mental health patients on unit that may or may not require restraints.
- Increased number of isolation patients
- Increased number of admissions and discharges during the shift
- Full capacity including usage of temporary bed locations
- Increased number of 1:1’s needing break coverage.
- Increased number of heavy care patients (2 or more person to assist/ambulate, skin protocol turn every 2 hours, total feeders, incontinent, multiple bed changes, comatose patient care)
- Increased number of patients on complex treatments (tube feedings, dressing changes, multiple drains, multiple central lines, chest tubes, pain management, multiple blood draws, trach care, frequent suctioning, accucheks every 2 hours for insulin drip management, CBI, multiple patients needing blood transfusions)
- Increased number of bedside procedures needing assist by Charge RN (bronchoscopy, TEE, chest tube placement, colonoscopy, endoscopy, lumbar puncture)
- Cerebral Angiograms on 3S to be overseen by charge RN. Trained RN’s or the charge RN will do groin checks (q15X4), (q30x2) and (q1x4).
- Increased number of Code Blue/RRT during the shift

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

- Staffing should be sufficient at all times to assure safe, effective patient care delivery. Staffing may be adjusted according to acuity, type and skill of caregivers and availability of staff.
- Charge nurse will round each unit every 2 hours to assess acuity of the quad and facilitate problem-solving and patient flow in the unit. They will also communicate the unit’s status to the rest of the unit and the House Supervisor to help assess the unit’s ability to accept new patients.
- If the charge nurse determines that extra staff is needed, Charge Nurse will notify staffing to request for additional staff. The need for staffing up is assessed before the beginning of the next shift and every 4 hours during the shift.
- The 3 South manager is on-call 24/7. The charge RN can call or text manager regarding unit needs or issues.
- Staffing changes are based on staff input to the Charge Nurses/Manager, patient acuity, procedures, skill mix and census needs.
- If the patient is assessed to require more acute nursing care and/or treatment than can safely be provided in the unit, the RN assigned to the patient will notify the attending physician/practitioner, and obtain orders to transfer the patient to a higher level of care.
Meals and Breaks

3 South has a break RN from 1100-1930 Sunday-Saturday. On Wednesday and Thursdays 3 South does have additional break RN from 1000-2230.

Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)

- **Survey results reviewed with staff?** There has not been a Safe Staffing Survey specific to the NEW 3S neurology unit. All results were shared with the original 8BC staff prior to moving to 3 south. The method used was open forums before and after work.

- **What was the theme of the results?** 8BC was concerned about staff being pulled due to its small size. This continued to be a factor on 3 south because we did have a shortage of staff related to the neuro unit doubling in size from 17 beds to 33 beds but this shortage has now resolved.

- **Department work planned to address themes**- Once all NEW positions were provided for 3 South, managers went and focused on hiring RN’s and CNA’s. Our team did even involve other med/surg managers in helping our unit hire NEW staff.

If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made? N/A

Committee Recommendations:

Approved By

[Signature]

Jekki Stodola, Co-Chair
Director Family Birth Center

[Signature]

Linda Burbank, RN 2 South Co-Chair

Date

12-20-19

12-25-19
2019 Staffing Plan Overview

Department: SJMC 4South - 3005

Date Updated: 8/9/2019 – (6 Month Review)

Author: Marcia Weis

Nursing Department Overview

Description of the types of patients served in this nursing unit:
- Average Daily census: 19.5
- Average number of admits/discharges/transfers: Admits-3.4; DCs-3.8; Transfers-0.8
- Average length of stay: 3.65 days

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 (*):
- Patient falls prevalence 1-2/month
- *Patient falls with injury 0-reportable
- *Pressure ulcer rate/prevalence FY18-1, FY19-0
- *Nursing care hours per patient day 11.30
- *Skill Mix RN’s and CNA’s
- Medication errors: All medication errors are looked at on an individual basis and for possible trends. Incident “D” (any incident that increases monitor or can cause harm) are all reviewed at the nursing pharmacy committee
- Staff turnover/orientation costs Total 22.03%
- Overtime costs / end of shift overtime: 4.61% [$66,472]
- Agency/ Traveler Usage: 19.47 hours FYTD
- Patient Satisfaction Data: Overall patient satisfaction 53.3 percentile rank
- Data from professional organizations: N/A
- NDNQI Data (Relevant reporting units): Review with individual staff as needed.

Staffing Grid for Patient Census | Target Hours per Patient Day 11.3

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-21</td>
<td>1</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>16-18</td>
<td>1</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>13-15</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>11-12</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9-10</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
### Evening Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 - 21</td>
<td>1</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>16-18</td>
<td>1</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>13-15</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>11-12</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>9-10</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

### Night Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 - 21</td>
<td>1</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>17-18</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>15-16</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>11-14</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9-10</td>
<td>1</td>
<td>2</td>
<td>0</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.

- No changes
- IV Therapy department to place, monitor PICC lines and start peripheral IV lines.
- Critical Care supports Rapid Response/Code Blue throughout hospital.
- PT/OT spends time throughout the day shift with all joint patient, ortho trauma, and medical patients as ordered.
- Centralized transporters assist with transport needs throughout the hospital.
- Lab Technicians draw labs on our patients what need blood work done.
- Monitor Tech. that monitor our tele patients.

### Which Situations Require Staffing Variation?

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

- No changes
- Heavy surgery schedule/high numbers of fresh post op patients
- High patient acuity
- Increased number of confused patients or patients on restraints requiring frequent assessments
- SADU opens with joint patients
- Increased number of 1:1s needing break coverage
- Increased number of bedside procedures needing assist by charge or primary RN (cardio versions, bronchoscopy, trans-esophageal echocardiogram, chest tube placement, GI studies, etc.)
Chain of Command/ Staffing Decision Tree

**Process for Staffing Variation**

- Staffing will be sufficient to assure safe, effective patient care delivery. Staffing may be adjusted according to acuity, type and skill of caregivers and availability of staff.
- If the manager or charge RN determines that extra staff is needed then the staffing office will be contacted for extra staff. The need for staffing up or down, is assessed before the beginning of the next shift and every four hours during the shift.
- Patient assignments are made to provide quality care to every patient. Staffing changes are based on acuity, procedures, skill mix, and census needs.
- Based on assessment if the patient needs more acute nursing care or treatment the patient will be transferred to a higher level of care by receiving a physician order.
- The charge RN rounds to assess the acuity of the patient census and facilitate problem-solving and patient flow on the unit. They will also communicate the unit's status to the rest of the staff on the unit and the hospital supervisor to help assess the unit's ability to accept new patients.

**Meals and Breaks**

- No changes

We have a break relief nurse that works daily from 1100-1930. CN assigns break time so RNs so they know when to expect their breaks to be covered. In addition, we ask RNs to relieve each other if and when possible. The charge RN is to check with staff and help facilitate breaks

**Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)**

- Survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail)
- Staff Participation: 76% RN’s, CNA’s,
- What was the theme of the results - need more night shift staffing, overall staffing shortages
• Department work planned to address themes – added 5th core nurse to noc shift, continuing to work with charge RNs on assignments based on acuity, preemptive hires (9 additional positions)

If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made?
• 5th RN to noc shift core staffing
• 9 preemptive RN positions
• Staffing assignments based on acuity

Committee Recommendations:

Approved By

Jaki Stodola, Co-Chair
Director Family Birth Center

Linda Burbank, RN Co-Chair
2 South

Syd Bersante, Market President/Pierce County
President SJMC

8/31/19
Date

8/72/19
Date

8/12/19
Date

8/9/2019
# 2019 Staffing Plan Overview

**Department:** 7th floor Med-Surg SJMC  
**Date Updated:** August 2019 - 6 Month Review  
**Author:** Lori Pelland and Cathy Smith

## Nursing Department Overview

Description of the types of patients served in this nursing unit,
- Average Daily census: 34  
- Average number of admits/discharges/transfers: 10  
- Average length of stay: 4.35

## 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*: 

- Patient falls with injury prevalence minor to major:  
  - FY19 7 total falls with 1 reportable hip fracture  
  - FY18 6 total falls with 1 reportable death (window)  
  - Gap: use bed alarms, signage and discuss with family members fall safety

- *Pressure ulcer rate/prevalence  
  - FY19 9-stage 2  
  - FY18 2-stage 2  
  - Gap: FY18 we were focused on stage 3, 4 and unstageable, in FY19 we were focused on stage 2 as well in preventing the 3, 4, unstables

- CLABSI incidence  
  - FY19 Zero  
  - FY18 – 1  
  We will continue to be diligent in our CLABSI prevention

- CAUTI incidence:  
  - of FY 19 2  
  - FY18 Zero  
  Gap: catheters were insertion related (not on the 7th floor, however, the 7th floor was attributed to them as patient was transferred) We complete cauti audits weekly for complete maintenance care and during the prevalence study last year, the insertion departments were given extra education

- *Nursing care hours per patient day 10.83  
- *Skill Mix: RN/CNA/CA break nurse 1100-1930  
- Medication errors FY19: 26, highest related to glucommander, omission, which are
much better now FY18 46 common themes: delay, left at bed side,
• Staff turnover 14% (12 staff)
• Overtime costs / end of shift overtime 3.0-3.5% overtime use.
• Agency/ Traveler Usage: minimal
• Patient Satisfaction Data Top box July-January 53.2 October 2018 67.9
• Data from professional organizations: n/a
• NDNQI Data (Relevant reporting units): n/a

<table>
<thead>
<tr>
<th>Staffing Grid for Patient Census</th>
<th>Target Hours per Patient Day</th>
<th>10.83</th>
</tr>
</thead>
</table>

Insert developed staffing grid for varying levels of patient census or attach to this document

### Day Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge/Resource</th>
<th>RNs</th>
<th>CNAs</th>
<th>CA</th>
<th>Break RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>32-36</td>
<td>1</td>
<td>8</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>27-31</td>
<td>1 .5</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>23-26</td>
<td>1 0</td>
<td>6</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>20-22</td>
<td>1 0</td>
<td>5</td>
<td>2.5</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

### Evening Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>CA</th>
<th>Break RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>32-36</td>
<td>1</td>
<td>8</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>27-31</td>
<td>1</td>
<td>7</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>23-26</td>
<td>1</td>
<td>6</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>20-22</td>
<td>1</td>
<td>5</td>
<td>2.5</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

### Night Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>32-36</td>
<td>1</td>
<td>9</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>27-31</td>
<td>1</td>
<td>7</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>23-26</td>
<td>1</td>
<td>6</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>20-22</td>
<td>1</td>
<td>5</td>
<td>2.5</td>
<td></td>
</tr>
</tbody>
</table>

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

- IV Therapy department to place, monitor PICC lines and start peripheral IV lines
- 9th Floor nurses do Peritoneal Dialysis throughout hospital
- Critical Care supports Rapid Response/ Code Blue throughout hospital
- Respiratory care supports CPAP, BIPAP and some respiratory assessment on changing conditions.
- Centralized transporters assist with transportation to and from tests, with discharges, obtain blood, takes labs down.
- 1:1 sitters plus rovers
- Discharge Hospitality Center
- PT, OT, Speech
- Enterostomal Therapy Nurses
- Dieticians

**Which Situations Require Staffing Variation?**
Use this section to describe legitimate situations where additional staff are required to provide safe patient care.

- Heavy surgery schedule/ high numbers of fresh post op patients
- Increased number of isolation patients
- Full capacity/critical capacity
- High Churn
- High number of 1:1’s needing break coverage
- High number of heavy care patients (skin protocol turn every 2 hours, total feeders, incontinent, multiple bed changes, comatose patient care and staff can’t keep up)
- High number of patients on complex treatments (tube feedings, dressing changes, multiple drains, multiple central lines, chest tubes, pain management, multiple blood draws, trach care, frequent suctioning, accuchecks every 2 hours for insulin drip management, CBI, multiple patients needing blood transfusions, Epidural infusions,)
- High number of bedside procedures needing assist by quad RN or resource (bronchoscopy, TEE, chest tube placement, colonoscopy, endoscopy, lumbar puncture)
- High number of Bariatric patients

**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.

- CN as they round, CN to manager/staffing/house supervisor
- When in the shift should this occur?
  - Rounding is ongoing
  - If the charge nurse determines that extra staff is needed, charge nurse will notify staffing to request additional staff. The need for staffing up is assessed 2 hours before the beginning of the next shift and every 4 hours during the shift.
  - Patient assignments are made to provide appropriate and quality care for each patient.
  - Staffing changes are based on staff input to the Charge Nurses, patient acuity, procedures.
- When is extra staff for the entire shift scheduled, versus pulling staff from other areas to help nurses “catch up”
  - During go live situations such as glucommander,
  - we always try to plan ahead and ask prior to the shift start
- Managers make calls to staff to ask them to come in to help support staffing needs.
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.

- We have hired nurses specifically for meal and rest breaks
- Charge nurse to check in with RN to see if they are getting their breaks and if not how they can help ensure a break.
- We encourage and talk about strategies to get their breaks

Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)

- **Survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail)**
  - Emailed entire survey and posted a summary of the overall results

- **Staff Participation:** 39 RN's and 7 CNA's

- **What was the theme of the results:** We continue to have the same themes with staffing. 47% of the staff stated that they usually feel their work load is manageable. 69% of the staff stated that they usually feel they are able to give safe care. Staffing overall has been hard for many months due open positions, lack of travelers, sick days.

- **Department work planned to address themes:** Our Shared Governance unit based council is up and running again and we will ask for their input. When we can, we are staffing evening shift with 10 nurses. (based on acuity and volume at the discretion of the day shift RN.) We were also allotted 7.2 fte which equals 8 12 hours shifts positions. 4 for days, 4 for nights. We will fill these positions with the best candidates as quickly as we can. Our floor typically is staffed well and many times they are pulled to work elsewhere in the hospital.
If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made? We have incorporated two years' worth of data in our Key Quality Indicators as well as our gaps. We analyze this on a weekly/monthly basis for continuous quality improvement. We continue to work with committees such as LOM and Falls, Safe patient Handling and implement new process.

Committee Recommendations:

Approved By

Jakki Stodola, Co-Chair
Director Family Birth Center

Date

Linda Burbank
2S floor

Date

Syd Bersante, Market President/Pierce County
President SJMC

Date
# 2019 Staffing Plan Overview

**Department:** 9th Floor Medical Telemetry - 3002  
**Date Updated:** August 6, 2019 (6 month review-no changes)  
**Author:** Cyril Elep and Jennifer Schmidt

## Nursing Department Overview

Description of the types of patients served in this nursing unit.

- Medical Telemetry services consists of a 38-bed unit providing care to patients who are acute and chronically ill with one or multiple systems involvement.
- Accepts patients from ED, and med surg transition areas. Also accepts direct admits and transfers coordinated by FPPC and transfers from Critical Care and other Med-Surg Units.
- Patient populations include:
  - Rapid Rule-Out MI patients
  - Diabetes Mellitus
  - Congestive Heart Failure
  - Acute and Chronic Respiratory Disease
  - Acute and Chronic Renal Disease
  - Gastrointestinal Disorders
  - Infectious Disease
  - Circulatory Impairments
  - Seizure Disorders
  - Surgical overflow
  - Peritoneal Dialysis
  - Any medical or surgical patients requiring telemetry monitoring
- Patients with the following infusions and boluses to include titration within these parameters:
  - Dobutamine up to 5 mcg/kg/min
  - Dopamine up to 5 mcg/kg/min
  - Nitroglycerin up to 30 mcg/min
  - Diltiazem drip up to 15 mg/hr for patients already on chronic oral Diltiazem who are not able to ingest oral medications. Diltiazem may not be used for new onset heart arrhythmias on the unit.

- Average Daily census = 36
- Average number of admits = 4.3 per day
- Average number of Discharges = 5.3 per day
- Average number of Transfers In = 4.8 per day
- Average Length of Stay = 5 days
### Key Quality Indicators

<table>
<thead>
<tr>
<th></th>
<th>FY17</th>
<th>FY18</th>
<th>FY19 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Patient falls prevalence</em></td>
<td>71</td>
<td>55</td>
<td>39</td>
</tr>
<tr>
<td><em>Patient falls with injury</em></td>
<td>13</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td><em>Reportable Pressure Ulcer</em></td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Last reportable pressure ulcer on 9th floor was on 9/20/17 – 509 days since our last reportable HAPU

*Nursing care hours per patient day*
We provide 10.72 hours of nursing care per patient day

*Skill Mix*
RN/CNA (see below for the breakdown of staffing)

<table>
<thead>
<tr>
<th></th>
<th>FY17</th>
<th>FY18</th>
<th>FY19 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication errors</td>
<td>28</td>
<td>32</td>
<td>20</td>
</tr>
</tbody>
</table>

**RN turnover**
Voluntary turnover rolling 12 months Jan 2018-Dec 2018 = 12%
Total turnover less per diem = 8.19%

<table>
<thead>
<tr>
<th></th>
<th>FY17</th>
<th>FY18</th>
<th>FY19 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overtime</td>
<td>3%</td>
<td>3.7%</td>
<td>1.43%</td>
</tr>
</tbody>
</table>

### Agency/ Traveler Usage

<table>
<thead>
<tr>
<th></th>
<th>FY17</th>
<th>FY18</th>
<th>FY19 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20 hours</td>
<td>320 hours</td>
<td>18 hours</td>
</tr>
</tbody>
</table>

### Staffing Grid for Patient Census  **Target Hours per Patient Day 10.72**

<table>
<thead>
<tr>
<th>Peritoneal Dialysis Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD Patient</td>
</tr>
<tr>
<td>1 PD patient on the 9th floor or off unit,</td>
</tr>
</tbody>
</table>
### Project Overview Statement—Executive Summary

<table>
<thead>
<tr>
<th>Uncomplicated Case</th>
<th>9th Floor Charge RN to do PD; may staff up 1 extra PD RN for 4 hours if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 PD patients on the 9th floor or off unit, uncomplicated case</td>
<td>1 extra RN dedicated for PD</td>
</tr>
<tr>
<td>1-2 PD patients off unit, complicated</td>
<td>1 extra RN dedicated for PD with the support of 9th floor charge RN</td>
</tr>
</tbody>
</table>

#### Day and Evening Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>CA</th>
</tr>
</thead>
<tbody>
<tr>
<td>38-35</td>
<td>1</td>
<td>9</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>34-33</td>
<td>1</td>
<td>8</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

*Care Assistant: 8 hours/day (0900-1730 during weekdays only)*

#### Night Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>38-35</td>
<td>1</td>
<td>9</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>34-33</td>
<td>1</td>
<td>8</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

#### Alternative Staffing Plan During Surge Capacity

During surge capacity and staffing shortage, the unit is staffed with 8 RNs each taking 4-5 patients. Charge RN also takes 1-2 patients. If staffing shortage is beyond what’s described above, Charge RN takes full load of 4 patients and all other RNs take up to 5 patients.

Charge RN taking full patient load carries the pager and manages bed control. They also help answer questions and address concerns as needed. Staff utilize each other for support when no freed up Charge is available on the unit.

#### 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.

- 9th floor PD-trained nurses do peritoneal dialysis treatments throughout the whole hospital
- Neuro trained RN’s complete NIHSS evaluation for stroke patients throughout the hospital
- IV therapy department place/monitor PICC lines and start peripheral IV lines
- Code RNs round on units and support rapid responses/code blue throughout the hospital
- Respiratory care supports CPAP, BIPAP and some respiratory assessment on changing conditions
- Centralized transporters assist with transport needs throughout the hospital
- Break relief nurses provide breaks to staff nurses for 8 hours daily
- Monitor techs provide 24/7 telemetry monitoring to all telemetry patients in med surg
- Virtual Services (FIT, RNs and Companion) provide additional support and monitoring to patients as needed
Rover CNAs provides hourly rounding to patients requiring safety monitoring as needed.

**Which Situations Require Staffing Variation?**

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

- Increased number of confused patients or patients on restraints requiring frequent checks
- Increased number of mental health patients on unit that may or may not require restraints or frequent monitoring
- Increased number of isolation patients
- Increased number of admissions and discharges during the shift
- Surge capacity including usage of temporary bed locations
- Increased number of 1:1’s needing break coverage
- Increased number of heavy care patients (2 or more person to assist/ambulate, turn every 2 hours, total feeders, incontinent, multiple bed changes, comfort care, bariatric patients)
- Increased number of patients on complex treatments (tube feedings, dressing changes, multiple drains, multiple central lines, chest tubes, pain management, multiple blood draws, trach care, frequent suctioning, accucheks every 2 hours for insulin drip management, CBI, multiple patients needing blood transfusions, patients on disruptive protocol)
- Increased number of bedside procedures needing assist by Charge RN (bronchoscopy, TEE, chest tube placement, colonoscopy, endoscopy, lumbar puncture)
- Increased number of Code Blue/ RRT during the shift
- Increased number of peritoneal dialysis patients on active treatment

**Chain of Command/ Staffing Decision Tree**

**Process for Staffing Variation**

- Staffing will always be sufficient to assure safe, effective patient care delivery. Staffing may be adjusted according to acuity, type and skill of caregivers and availability of staff.
- Charge nurse will round each unit every 2 hours to assess acuity of the quad and facilitate problem-solving and patient flow in the unit. They will also communicate the unit’s status to the rest of the unit and the House Supervisor to help assess the unit’s ability to accept new patients.
- If the charge nurse determines that extra staff is needed, Charge Nurse will notify management and staffing to request for additional staff. The need for staffing up is assessed before the beginning of the next shift and every 4 hours during the shift.
- 9th floor management share a 24/7 on-call schedule which is available to the charge team if they need additional unit support.
- Staffing changes are based on staff input to the Charge Nurses, patient acuity, procedures, skill mix and census needs.
- If the patient requires more acute nursing care than what can be safely provided in the unit, the RN assigned to the patient will notify the attending physician/practitioner, and obtain...
orders to transfer the patient to a higher level of care

Meals and Breaks

- 9th Floor has one break relief RNs providing meal and rest break coverage for 8 hours 24/7 (1100-1930), and another one that covers 8BC and 9th.
- The staff on 9th floor uses a break sign-up tool to schedule lunch breaks and rest breaks. The charge RN rounds frequently and checks with staff to ensure staff are getting their breaks. Staff are encouraged to let the charge RN know if they are running behind to help aid in preventing missed lunch breaks or rest breaks.

Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)

- Annual Nurse Staff Survey results were reviewed with staff during shift huddles. Employees were encouraged to share feedback and concerns regarding the survey results.
- Positive responses were related to: manager support when safety concerns regarding staffing are brought up, unit has necessary supplies and equipment to allow safe patient care, staff able to complete shift/documentation on time, and staffing assignments are safe and appropriate.
- Issues identified were related to: workload and heavy acuity of patients on the units, charge nurses being pulled especially during surge capacity, long term patients with placement issues, and patients with behavioral or psychiatric issues.
Survey also showed that 9th floor has a structured process to facilitate breaks and that 93% of our staff can take breaks and lunch at a reasonable and appropriate time.

If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made? The 9th floor we are striving to fill all core positions and have been granted pre-emptive hiring which we are actively filling with applicants. As we continue to hire and fill all of these positions it will protect our charge nurses from getting pulled and help the entire Med-Surg division as a whole.

Committee Recommendations:

Approved By

Jacki Stodola, Co-Chair
Director Family Birth Center

Linda Burbank, RN Co-Chair
2 South

Syd Bersante, Market President/Pierce County President SJMC

Date 8/12/19
Date 8/13/19
Date 8/31/19
2019 Staffing Plan Overview

Department & Cost Center: Cardiac Rehab 4930
Date Updated: 10/2/19  Annual Review
Author: Kevin Bill, MS

Nursing Department Overview

Description of the types of patients served in this nursing unit,
- Average Daily census 36
- Average number of admits/discharges/transfers N/A
- Average length of stay 1 hour

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*:
- *Patient falls prevalence Rare. Participants are screened for fall risk prior to beginning program.
- *Patient falls with injury Rare.
- *Pressure ulcer rate/prevalence N/A
- *Nursing care hours per patient day 8
- *Skill Mix 1 RN (charge), 2-3 Exercise Physiologists and/or Respiratory Therapists
- Medication errors N/A: participants take medications at home before attending session.
- Staff turnover/orientation costs Minimal, staffing is very consistent.
- Open posted positions PRN Exercise Physiologist
- Overtime costs / end of shift overtime Minimal, generally < 2% of total hours worked/PP
- Agency/ Traveler Usage N/A
- Patient Satisfaction Data Inter-department survey only, >95%
- Data from professional organizations Staff:PT ratio of 1:4
- NDNQI Data (Relevant reporting units): N/A

Staffing Grid for Patient Census  Target Hours per Patient Day

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>35.8</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2-3</td>
</tr>
</tbody>
</table>

Insert developed staffing grid for varying levels of patient census or attach to this document Day Shift.
### Evening Shift N/A

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Night Shift N/A

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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.

- For example, IV Therapy department to place, monitor PICC lines and start peripheral IV lines N/A
- 9th Floor nurses do Peritoneal Dialysis throughout hospital N/A
- Critical Care supports Rapid Response/ Code Blue throughout hospital Rapid Response and Code Blue

**Which Situations Require Staffing Variation?**

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

- Heavy surgery schedule/ high numbers of fresh post op patients N/A
- Increased number of isolation patients N/A

### 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.
- Is the red/yellow/ green system used? No. What is the response? N/A
- Who notifies whom? **Staff member notifies supervisor of illness or vacation request.**
- When in the shift should this occur? **Before end of shift**
- When is extra staff for the entire shift scheduled, versus pulling staff from other areas to help nurses "catch up" **Prior to planned vacation, coverage is secured.**
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.

Breaks are taken in a rotating fashion. Another staff member will fill in during the break. Lunch is scheduled during a defined time frame and all staff members take lunch at that time.

Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)

- Survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail): Staff meetings.

- Staff Participation: % of RN's, CNA's, ED Techs, RT's, OR Tech's etc...: 100% of RNs, 100% of Exercise Physiologists.

- What was the theme of the results: Discussing participant safe usage of equipment, falls.

- Department work planned to address themes: Making participants aware of potential fall/injury risks.

If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made? No recommendations made at last review.

ADO Committee Recommendations November 19th, 2019: Please ensure rest and meal breaks are built into shift routine.

Approved By

Jaksi Stodola, Co-Chair
Director Family Birth Center

Date

Linda Burbank, RN Co-Chair
2 South

Date

Syd Bersante, Market President/Pierce County

Date

Confidential Page 3 11/19/2019
President SJMC
2019 Staffing Plan Annual review

Department: Cath/ EP lab

Date Updated: December 9, 2019 (Annual review)

Author: Robbie Burton

Nursing Department Overview

Description of the types of patients served in this nursing unit:
- Cardiac Cath patients with or without coronary intervention
- Peripheral vascular cases with or without intervention
- EP procedures- including pacemakers, AICDs, Bi-Ventricular ICDs, arrhythmia ablations, watchman’s, loop recorder removals and leadless pacemakers
- Procedures performed in Pre/ Post recovery area: TEE/CV and loop recorder implants
- CVT staff are assisting Providers in the OR for TAVR, endovascular AAA repair, some days 2 or 3 CV staff are utilized for these OR cases, depleting staffing
  - Case volume varies 18-33
  - Case volumes vary drastically day to day. Approximately ½ of our patients will discharge from our unit. Others are inpatients, or transfers from other hospitals that will return to the original hospital or require a bed in SJMC
  - 4-8 hours (for patients who discharge from our department)

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*:
- *Patient falls prevalence- 0
- *Patient falls with injury- near fall (pt ambulated to toilet with proper foot wear and staff standing by, his knee gave out and he caught himself on the bathroom rail but scraped his knee)
- *Pressure ulcer rate/prevalence- N/A
- *Skill Mix- 23 RNs, 16 CVT/RT, 1 HUC, 2 CNA
- Medication errors- 0
- Staff turnover/orientation costs
  - Turnover included interim manager, 6 RNs, and 2 CVT/RT.
  - Manager position filled, start date 4/1/2019
  - CL Charge RN over all RNs, RN Charge is charging in CL, EP and Induction/Recovery
Overtime costs / end of shift overtime- Cath lab FYTD average 4.38%, PPP 3.75%; EP FYTD average 6.96%, PPP 8.41%

- Agency/ Traveler Usage
  - 2 Procedural RN traveler (1 EP RNs, 1 CL RNs)
  - 3 Pre/ Post Recovery RN traveler

| Staffing Grid for Patient Census | Target Hours per Patient Day: _EP:5.8, Cath Lab7.4 |

Insert developed staffing grid for varying levels of patient census or attach to this document Day Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg daily case volumes: 18-33 cases/day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Induction/Recovery (Pre/ Post Recovery)</td>
<td>RN</td>
<td>CNA &amp; HUC</td>
<td></td>
</tr>
<tr>
<td>2 @ 0600</td>
<td>1 HUC @ 0800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 @ 0700</td>
<td>1 CNA @ 0700</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 @ 0830</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 @ 0900</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posted FTEs (Late Shift 1p-9p) 1 RN, 1 CNA hired</td>
<td>2 @ 0930</td>
<td>1 CNA @ 0930</td>
<td></td>
</tr>
<tr>
<td>Procedure nurses Charge RN &amp; Tech</td>
<td></td>
<td>RCIS/RT</td>
<td></td>
</tr>
<tr>
<td>1 RN @ 0600</td>
<td>3 @ 0600</td>
<td>3 @ 0600 (1 lead tech)</td>
<td></td>
</tr>
<tr>
<td>1 Tech@ 0600</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 @ 0700</td>
<td>5 @ 0700</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CL Travelers (RN)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 @ 0700</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP Lab Supervisor Filled</td>
<td>RNs</td>
<td>RCIS/RCES/RT</td>
<td></td>
</tr>
<tr>
<td>1@0730</td>
<td>3-4 @ 0600</td>
<td>2-3 @ 0600</td>
<td></td>
</tr>
<tr>
<td>3 @ 0800</td>
<td>2-3 @ 0800</td>
<td>1-2 @ 0800</td>
<td></td>
</tr>
<tr>
<td>EP Travelers (RN)</td>
<td>1@ 0600</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP Travelers (Tech)</td>
<td></td>
<td></td>
<td></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.

- We send CV techs to support cases in OR which include TAVR, endovascular AAA repair and 27/365 on call for emergent Vascular OR cases.
- The CVT is utilized to operate only the C-Arm in the OR.
- Laser lead extractions 1 tech operates the C-Arm, 1 tech stands by the laser to hit the emergency stop button during the laser lead extraction
- We transport all of our patients throughout the hospital, except inpatient TEE/CVs which are brought to our recovery area for the procedure
- We received ample support from ED for codes or pharmacy needs, as well as great support from ICU when Impella or balloon pump patients arise

**Which Situations Require Staffing Variation?**

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

- Heavy surgery schedule; high number of emergent add-on cases; having all 5 procedure rooms running at once stretches all areas of our department; when throughput becomes an issue from Full/ Surge capacity, it impacts greatly our procedures being performed and recovered and/ or admitted. When admitted, there are times when a patient waits in our recovery for several hours before being assigned a bed and transferred. This requires recovery staff hold patients in recovery while waiting to be transferred causing a delay in procedures being able to be performed. Recovery staff incur mandatory overtime for late recoveries waiting to be transferred.
- 3 staff are on call for after hours and weekends for Cath Lab, occasionally the weekend procedures become too great and additional staff are called in to assist
- 1 Invasive Tech is on-call for Vascular Surgery after-hours 365 days/ year
- Training of 10/12 EP staff with no EP experience from the ground up. The cases take longer due to a much slower pace in the EP Lab. EP volumes are increasing with an anticipation of a 75% growth with the second EP lab being built.

**Chain of Command/ Staffing Decision Tree**

**Process for Staffing Variation**

- We are unable to utilize staff from other areas.
- We have staggered shifts to alleviate over-utilization of staff, helping to decrease burnout.
- We do get assistance from staffing with CNAs when they are able to.

**Meals and Breaks**

- Breaks are taken in between procedures as best as possible. If staffing is short, the charge nurse does her best to go around and relieve nurses for breaks. The lead tech also does the same for the techs.
- Staff are putting in Kronos if they did not receive their breaks and writing on the edit log
## Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)

- Results have been discussed with staff. Some staff have chosen not to participate in the results discussion.

- 11 staff participated in the survey:
  - In the Annual Culture of Safety Survey the team scored the following:
    - **STRENGTH:** Teamwork within the unit: Score-97.5% with the greatest strength being when one area in the unit gets busy, others help out.
    - **Weakness:** Teamwork across Hospital Units: Score-43.8% with the greatest weakness being there is good cooperation among hospital units that need to work together
    - **Opportunity:** Hospital Handoff & Transitions: Score-43.8% with highest opportunity score being things “fall between the cracks” when transferring patients from one unit to another
    - **Threat:** Staffing: Score 35.5% with the highest threat is staff in this unit work longer hours than is best for patient care

---

**If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made?**

With the recommendation from the committee, the overtime hours for staff were evaluated with the Prep/Recovery team had over three quarters of the department’s mandatory overtime. The mandatory overtime was due to later recoveries and later assignments on beds within the facility. With this data we submitted an SBAR and FTE requests for a late recovery team. Our request for FTEs for late recoveries was approved. We posted and have recruited for two RNs and 1 CNA. We have filled 1 RN and the CNA positions and are actively recruiting for the second late recovery RN. For break coverage, we have worked with the team to cover each other, and on busier days we have the Charge RN helping rotate for breaks and lunches. We are looking at cross-training existing RNs to assist in break coverage as well as cross training all new RNs to be able to assist with breaks and lunches. Break shifts RNs cannot cover our procedural areas.

**Semi-annual recommendations (May 2019):** Track mandatory overtime for unit and escalate to director to show improvement and progress as changes are implemented. Ask for additional staff support for break coverage from the break shift FTEs that are unfilled and not being utilized under the break shift cost code.

---

**Committee Recommendations:**

<table>
<thead>
<tr>
<th>Approved By</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jakki Stodola, Co-Chair</td>
<td>12/20/19</td>
</tr>
<tr>
<td>Director Family Birth Center</td>
<td></td>
</tr>
<tr>
<td>Linda Burbank, RN Co-Chair</td>
<td>12/20/19</td>
</tr>
<tr>
<td>2 South</td>
<td></td>
</tr>
<tr>
<td>Syd Bersante, Market President/Pierce County</td>
<td>1/7/20</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2019 Staffing Plan Overview

Department & Cost Center: Clinical Decision Unit (CDU) #3006
Date Updated: 10/08/2019 Semi Annual Review
Author: Ben Harris/Haley Wahl

Nursing Department Overview

Description of the types of patients served in this nursing unit,
- Average Daily census: 4.2 (Capacity for 8 patients)
- Average number of admits/discharges/transfers: 2/4/0
- Average length of stay: 22.3 hrs (outpatient)

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*:
- *Patient falls prevalence FY 19 YTD 0%
- *Patient falls with injury 0%
- *Pressure ulcer rate/prevalence: 0%
- *Nursing care hours per patient day: 13.9 (Pending finance FY20)
- *Skill Mix: RNs & CAs
- Medication errors: 0
- Staff turnover/orientation costs: CA2= 144hrs ($1872.00 with $14/hr pay). The number of hour is due to the cross-training on every floor they float to for 2 skills; RNs 150 hrs ($4500 based on $30).
- Open Posted Positions: 0 replacement / 9 Pre-Emptive
- Overtime costs / end of shift overtime: 1.5 %
- Agency/ Traveler Usage: 0
- Patient Satisfaction Data: rolled into Emergency Department currently, working on obtaining unit specific data.

Staffing Grid for Patient Census

<table>
<thead>
<tr>
<th>Census</th>
<th>RNs</th>
<th>CAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>2*</td>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>6-8</td>
<td>2</td>
<td>1**</td>
<td></td>
</tr>
</tbody>
</table>

*Can use primary nursing model.

Target Nursing Hours per Patient Day 13.9

Insert developed staffing grid for varying levels of patient census or attach to this document
Day Shift 0700-1930 and Night Shift 1900-0730

Updated 06.11.2013
### 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.

- CDU staff also support Temporary Bed Locations (TBL) in the hospital.

### Which Situations Require Staffing Variation?

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

- Census: staffed to patient census (variable unit, 4:1 ratios).

### Chain of Command/Staffing Decision Tree

#### Process for Staffing Variation

- We have a staffing grid we follow and the nursing has the ability to use more staff if needed. This does not usually happen in the CDU.

### Meals and Breaks

- Currently have 0.7FTE Break Nurse 1100-2330 to help ensure that people get their meal breaks when multiple TBL's are open. Working with HR to obtain additional FTE's for Break Nurse.
- CDU allows for peer break coverage.
- Frequently discuss importance of breaks during staff meetings and CN meetings.
- Signage posted in “off-stage” areas to remind people to take breaks.
- We ensure it is working by auditing KRONOS for edits for missed breaks.
- Round on staff daily.
Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)

- Survey results reviewed with staff? Yes what format was used? (staff meetings, shift huddles, e-mail) Staff meeting
- Staff Participation: 5 RN's
- What was the theme of the results – Department does not have enough break nurse coverage for 7 days a week and to account for all the clinical areas when fully open.
- Department work planned to address themes - Working with Med/Surg Managers to offer opportunities to other departments to back-fill Break Nurse shifts.

If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made? No recommendations were made at annual review on April 8, 2019.

Committee Recommendations:

Approved By

Jakki Stodola, Co-Chair
Director Family Birth Center

Linda Burbank, RN Co-Chair
Medical Surgical, 2 South

Syd Bersante, Market President/Pierce County
President SJMC

Date

11-19-19

Date

11-19-19

Date

11-21-19
# 2019 Staffing Plan Overview

**Department & Cost Center:** Critical Care

3300 PCU 8A/D, 3400 ICU/PCU Neuro/Trauma 6th, 3405 ICU/PCU Cardiac 5th

**Date Updated:** September 26, 2019

**Author:** Teresa Montoya

---

## Nursing Department Overview

Description of the types of patients served in this nursing unit, 10 units spread out over 2 ½ floors:

- 3300: 8A/8D Progressive Care (PCU) 18 beds
- 3400: 6A Neuro PCU, 6B Neuro ICU, 6C, Neuro/Onc/Surgical ICU 6D Medical /Trauma ICU 32 beds
- 3405: 5A Advanced Heart Failure Unit, 5B Cardiac PCU, 5C Cardiac/Vascular ICU, 5D Cardiothoracic Surgical ICU (Open Heart Unit) 32 beds

Total of 48 intensive care level and 34 progressive care level rooms.

### Critical Care:

<table>
<thead>
<tr>
<th>Unit</th>
<th>FY19</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADC</td>
<td>57.16</td>
<td>56.52</td>
</tr>
<tr>
<td>3300 8th Floor</td>
<td>17.13</td>
<td>17.17</td>
</tr>
<tr>
<td>3400 6th Floor</td>
<td>27.84</td>
<td>27.89</td>
</tr>
<tr>
<td>3405 5th Floor</td>
<td>22.19</td>
<td>21.46</td>
</tr>
</tbody>
</table>

### Occupancy

<table>
<thead>
<tr>
<th>Unit</th>
<th>FY19</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>3300 8th Floor</td>
<td>95.10%</td>
<td>95.40%</td>
</tr>
<tr>
<td>3400 6th Floor</td>
<td>97.00%</td>
<td>97.20%</td>
</tr>
<tr>
<td>3405 5th Floor</td>
<td>92.50%</td>
<td>89.40%</td>
</tr>
</tbody>
</table>

### Avg Daily Admits

<table>
<thead>
<tr>
<th>Unit</th>
<th>FY19</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>3300 8th Floor</td>
<td>4.21</td>
<td>4.16</td>
</tr>
<tr>
<td>3400 6th Floor</td>
<td>5.12</td>
<td>5.22</td>
</tr>
<tr>
<td>3405 5th Floor</td>
<td>3.90</td>
<td>3.81</td>
</tr>
</tbody>
</table>

### Avg Daily Discharges

<table>
<thead>
<tr>
<th>Unit</th>
<th>FY19</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>3300 8th Floor</td>
<td>2.49</td>
<td>2.37</td>
</tr>
<tr>
<td>3400 6th Floor</td>
<td>1.96</td>
<td>2.15</td>
</tr>
<tr>
<td>3405 5th Floor</td>
<td>2.81</td>
<td>2.84</td>
</tr>
<tr>
<td></td>
<td>FY18</td>
<td>FY19</td>
</tr>
<tr>
<td>----------------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td><strong>Avg Daily Transfers (In/Out)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3300 8th Floor</td>
<td>3.78</td>
<td>4.15</td>
</tr>
<tr>
<td>3400 6th Floor</td>
<td>1.63</td>
<td>1.42</td>
</tr>
<tr>
<td>3405 5th Floor</td>
<td>1.50</td>
<td>1.37</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>FY18</th>
<th>FY19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Volume (EPD)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3300 8th Floor</td>
<td>24,512</td>
<td>24,280</td>
</tr>
<tr>
<td>3400 6th Floor</td>
<td>6,351</td>
<td>6,268</td>
</tr>
<tr>
<td>3405 5th Floor</td>
<td>10,162</td>
<td>10,181</td>
</tr>
<tr>
<td>5405 5th Floor</td>
<td>8,099</td>
<td>7,931</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>FY18</th>
<th>FY19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALOS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3300 8th Floor</td>
<td>3.10</td>
<td>3.20</td>
</tr>
<tr>
<td>3400 6th Floor</td>
<td>2.52</td>
<td>2.69</td>
</tr>
<tr>
<td>3405 5th Floor</td>
<td>3.37</td>
<td>3.39</td>
</tr>
</tbody>
</table>

Specialty Care that is managed in Critical Care at SJMC that supports FHS:

- Cardiac surgery; Advanced Heart failure (Impella heart support, intra-aortic balloon pump; high risk cardiac procedures (Transfemoral aortic valve replacement)
- Neuro/Level 1 Primary Stroke Center
- Vascular
- Level 2 Trauma
- Complex GI surgeries
- Complicated Respiratory management

All patients in Critical Care receive cardiac monitoring. All ICU quads conduct daily rounds with the MD Intensivists.

The Cardiothoracic Surgical ICU (5D) admits post op patients directly from OR, so this unit functions as the recovery room for these patients. Patients in the recovery phase immediately post op receive 1:1 nursing, typically for the first 6 hours, but this can change with patient acuity / instability. 5D also cares for patient’s pre and post op with intra-aortic balloon pumps. Most patients admitted to 5D are prescheduled surgeries; however, 5D does receive emergent cases from the Cath Lab and with interfacility transfers. The most frequent diagnoses include CABG and valve replacements. The goal for uncomplicated cases is a one day LOS, with subsequent transfer to a Progressive Care Unit. Staffing needs can vary greatly depending upon the number of surgical cases scheduled that day. 5th floor charge nurses can be pulled to 5D to recover open hearts requiring 1:1 nursing.

CCU (5C) primarily admits complex medical and cardiac diagnosis including s/p cardiac arrest requiring hypothermia treatment (Alsium catheter, 1:1 staffing is maintained until hypothermia goal is achieved), vascular patients requiring ICU level of care (TEVAR) with lumbar drains. Most patients are admitted from the Emergency Department or from within the facility post event with life threatening illnesses requiring emergent life support – mechanical ventilation, vasoactive medications, and invasive hemodynamic monitoring. Diagnoses include Severe
Sepsis and Respiratory Failure. Patients and their families often present in crisis, and can require significant emotional support from staff.

Advanced Heart Failure Unit (5A): Advanced Heart Failure ICU (5A) admits patients with advanced heart failure including but not limited to complex heart failure and post MI patients requiring mechanical support using a ventricular assist device (Impella) or the intra-aortic balloon pump. These patients will be staffed 1:1 for the duration that the device remains implanted. Most patients are admitted from the Emergency Department. Within FHS or from within the facility post event with life threatening illnesses requiring emergent life support – mechanical ventilation, vasoactive medications, and invasive hemodynamic monitoring. Diagnoses include Severe Sepsis and Respiratory Failure and trauma. Patients and their families often present in crisis, and can require significant emotional support from staff.

Neuro ICU (6B) is designed to serve patients with the diagnoses of acute stroke, head trauma, neurosurgical conditions, i.e., craniotomies, and patients who have received interventions from Interventional Neuroradiologists (cerebral vascular stents, cerebral aneurysm coilings, Mercy clot retrievals). Patients may have ICP monitors, ventricular drains and may or may not be intubated. Neuro ICU may admit some general ICU overflow. Acute Stroke patients treated with intravenous tPA are managed in this unit with 1:1 staffing for 4 hours. Neurological patients in Neuro ICU require a close level of nursing observation, with frequent emergent head CT scans for deteriorating neurological status in addition to surveillance CT. Patients may convert back and forth between ICU and PCU status as vasoactive medications are used for blood pressure management.

The Med/Surg/Trauma Intensive Care units (6C/6D) serve a variety of patients, but mostly medical and surgical. Most patients are admitted from the Emergency Department with life threatening illnesses requiring emergent life support – mechanical ventilation, vasoactive medications, and invasive hemodynamic monitoring. Severe Sepsis and Respiratory Failure, Thoracic surgeries and complex GI surgeries. 6C is also designated for Surgical Oncology patients and Neurosurgical cases to support the increased volume of specialty surgical cases.

Technologies utilized in 6C/6D include induced hypothermia with the Alsius catheter, 1:1 staffing is maintained until hypothermia goal is achieved and ultrafiltration for CHF.

PCU (5B, 6A, 8A, and 8D) provides intermediate critical care monitoring and nursing care for patients with moderate or potentially severe physiological instability requiring nursing support and has the potential for rapid intervention, but not artificial life support. Vasoactive / anti-arrhythmic drips administered in PCU include Dopamine, Nitroglycerine, Amiodarone, Diltiazem, Dobutamine, Milrinone, Lidocaine, and Procainamide.

Patients are admitted to these units from ED, ICU downgrade, PACU, cath lab, intrafacility transfers as well as direct admits from outpatient areas.

5B: Cardiac PCU focusing on care of the post operative open heart patient, TAVR (4hrs post op) and other cardiac specific diagnoses.

6A: Neuro PCU focusing on acute stroke patient population and other neuro diagnoses.

8A/D: Med/Surg PCU focusing on care of complex medical, complex surgical cases including Thoracic and trauma step down patients.

Critical Care Residency:
The Critical Care Residency Program is a program that newly hired nurses without Critical Care experience attend. They are held 3 times per year. The residency program is a combination of classroom/clinical/ and web-based learning activities.
• PCU Residency consists of 9 weeks or more of training which includes 200 bedside hours.
• ICU Residency Program includes an additional 7 weeks of classroom and clinical training, which includes approximately 400+ bedside hours. One of the features of this program is the “ICU Fast Track” where highly qualified new graduates are trained directly for the Intensive Care Units, which is still an area of greatest need.

Critical Care Charge Nurse support:
There 3 Critical Care charge nurses, 1 for each of the designated floors (8A/D, 6th & 5th). The Critical Care charge nurse team is responsible not only for their designated floors but to manage a variety of issues throughout the inpatient area as described below.
Code Blue and Rapid Responses are typically managed by the dedicated Code RN team, however the 5th and 6th floor Critical Care charge nurses continue to support the Code RN when they are not available (due to multiple emergencies) as well as taking full coverage of Codes when there is not a Code RN for the shift (the Code RN program was only approved for 5 days per week coverage).
The Critical Care charge nurses also provide procedural support to the med/surg areas. Additionally, if a patient is to be transferred to PCU or ICU as a result of the emergent situation and a Critical Care bed is not immediately available, the Critical Care Charge Nurse remains with the patient until a Critical Care bed is available.

New Services Coming in 2020:
• CRRT
• ECMO

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*:

• CLABSI Rate

<table>
<thead>
<tr>
<th>Floor</th>
<th>FY19 Number of CLABSI/Rate</th>
<th>FY18 Number of CLABSI/Rate</th>
<th>%Change</th>
<th>FY 17 Number of CLABSI/Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th</td>
<td>1/0.311</td>
<td>4/1.006</td>
<td>75%</td>
<td>3/0.772</td>
</tr>
<tr>
<td>6th</td>
<td>2/0.333</td>
<td>3/0.447</td>
<td>33%</td>
<td>4/0.586</td>
</tr>
<tr>
<td>8th A&amp;D</td>
<td>0</td>
<td>3/1.126</td>
<td>100%</td>
<td>1/0.370</td>
</tr>
<tr>
<td>Total for Critical Care</td>
<td>3</td>
<td>10</td>
<td>70%</td>
<td>7</td>
</tr>
</tbody>
</table>
### *Patient falls prevalence*

<table>
<thead>
<tr>
<th>Floor</th>
<th>FY19 Number of falls/Rate</th>
<th>FY18 Number of falls/Rate</th>
<th>%Change</th>
<th>FY 17 Number of Falls/Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th</td>
<td>7/0.87</td>
<td>9/1.16</td>
<td>22%</td>
<td>13/1.67</td>
</tr>
<tr>
<td>6th</td>
<td>22/2.17</td>
<td>17/1.67</td>
<td>29%</td>
<td>30/3.18</td>
</tr>
<tr>
<td>8th A&amp;D</td>
<td>9/1.47</td>
<td>19/3.10</td>
<td>52%</td>
<td>20/3.19</td>
</tr>
<tr>
<td>Total for Critical Care</td>
<td>38</td>
<td>45</td>
<td>16%</td>
<td>69</td>
</tr>
</tbody>
</table>

### *Patient falls with injury*

<table>
<thead>
<tr>
<th>Floor</th>
<th>FY19 Number of falls with injury/Rate</th>
<th>FY18 Number of falls with injury/Rate</th>
<th>%Change</th>
<th>FY 17 Number of Falls with injury/Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th</td>
<td>1/0.13</td>
<td>0/.015</td>
<td>100%</td>
<td>2/0.26</td>
</tr>
<tr>
<td>6th</td>
<td>4/0.39</td>
<td>3/0.30</td>
<td>25%</td>
<td>7/0.67</td>
</tr>
<tr>
<td>8th A&amp;D</td>
<td>1/0.16</td>
<td>2/0.33</td>
<td>50%</td>
<td>8/1.28</td>
</tr>
<tr>
<td>Total for Critical Care</td>
<td>6</td>
<td>5</td>
<td>17%</td>
<td>17</td>
</tr>
</tbody>
</table>

### *Pressure ulcer rate/prevalence*

<table>
<thead>
<tr>
<th>Floor</th>
<th>FY19 Number of HAPUs/Rate</th>
<th>FY18 Number of HAPUs/Rate</th>
<th>%Change</th>
<th>FY 17 Number of HAPUs/Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th</td>
<td>4/0.522</td>
<td>3/0.389</td>
<td>33%</td>
<td>5/0.647</td>
</tr>
<tr>
<td>6th</td>
<td>6/0.589</td>
<td>4/0.389</td>
<td>50%</td>
<td>6/0.580</td>
</tr>
<tr>
<td>8th A&amp;D</td>
<td>0/0</td>
<td>0/0</td>
<td>0</td>
<td>2/0.324</td>
</tr>
<tr>
<td>Total for Critical Care</td>
<td>10</td>
<td>7</td>
<td>43%</td>
<td>13</td>
</tr>
</tbody>
</table>
- **CAUTI Rate**

<table>
<thead>
<tr>
<th>Floor</th>
<th>FY19 Number of CAUTIs/Rate</th>
<th>FY18 Number of CAUTIs/Rate</th>
<th>%Change</th>
<th>FY17 Number of CAUTIs/Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th</td>
<td>2/0.595</td>
<td>0/0</td>
<td>200%</td>
<td>2/0.441</td>
</tr>
<tr>
<td>6th</td>
<td>6/1.061</td>
<td>5/0.781</td>
<td>20%</td>
<td>5/0.781</td>
</tr>
<tr>
<td>8th A&amp;D</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0/0</td>
</tr>
<tr>
<td>Total for Critical Care</td>
<td>8</td>
<td>5</td>
<td>60%</td>
<td>7</td>
</tr>
</tbody>
</table>

- **Nursing care hours per patient day (current FY20):**
  - 3400 6th floor: 17.89 (FY19: 18.46)
  - 3405 5th floor: 17.48 (FY19: 17.48)

- **Skill Mix**
  - Registered Nurse-Progressive Care and Intensive Care Care Assistant
  - Medication errors: 3.8 per 1000 pt/days (FY18: 3.5)
  - Staff turnover: 53 RNs (FY18: 49)
  - Orientation costs: $20,000-$30,000 per resident

- Open posted positions: 17.05 FTEs (includes new pre-emptive)
  - 8th floor: 5.3 FTEs
  - 6th floor: 7.95 FTEs
  - 5th floor: 3.8 FTEs

- Overtime costs: FY20 YTD: 2.32% $15,474
  - 8th floor: 2.72%
  - 6th floor: 1.98%
  - 5th floor: 2.22%

- Daily overtime (early in/late out): FY19: average $1,853 per pay period

- Agency/Traveler Usage: Current: 19.8 FTEs as of 9/30 to cover staff in training.

- Patient Satisfaction Data: Overall hospital rating: FY19 current: 64.2% (FY18: 72.4%)
  - 8th floor: 62.4% (FY18 80%)
  - 6th floor: 72.1% (FY18 69%)
  - 5th floor: 61.2% (FY18 71%)

- Certifications: 24% (79/331) [FY19: 28% 64/226] CCRN, PCCN, CNRN, CMC, CSC, SCRN
### Staffing Grid for Patient Census vs. Target Hours per Patient Day

**Nursing care hours per patient day (current FY20):**
- 3400 6th floor: 17.69 (FY19: 18.46)
- 3405 5th floor: 17.48 (FY19 17.48)

#### 6C
**NEURO & SURGICAL TRAUMA INTENSIVE CARE UNIT**

<table>
<thead>
<tr>
<th>ICU Census</th>
<th>RN</th>
<th>CA</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 4</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>Consolidate quads if possible</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>Consolidate quads if possible</td>
<td></td>
</tr>
<tr>
<td>5-6</td>
<td>3</td>
<td>0.5</td>
</tr>
<tr>
<td>7-8</td>
<td>4</td>
<td>0.5</td>
</tr>
</tbody>
</table>

**Staffing for the Division includes 3 Charge RNs for both day and night shifts.** 6th floor Critical Care Charge RN is part of the Rapid Response, Code Blue, and Disaster Preparedness Teams (Code Triage) throughout the hospital. Staffing model that varies from the staffing plan includes close collaboration with the manager.

#### 6D
**MEDICA-SURGICAL TRAUMA INTENSIVE CARE UNIT**

<table>
<thead>
<tr>
<th>ICU Census</th>
<th>RN</th>
<th>CA</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 4</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>Consolidate quads if possible</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>Consolidate quads if possible</td>
<td></td>
</tr>
<tr>
<td>5-6</td>
<td>3</td>
<td>0.5</td>
</tr>
<tr>
<td>7-8</td>
<td>4</td>
<td>0.5</td>
</tr>
</tbody>
</table>

**Staffing for the Division includes 3 Charge RNs for both day and night shifts.** 6th floor Critical Care Charge RN is part of the Rapid Response, Code Blue, and Disaster Preparedness Teams (Code Triage) throughout the hospital. Staffing model that varies from the staffing plan includes close collaboration with the manager.

#### 8A
**MEDICAL – SURGICAL PROGRESSIVE CARE UNIT**

<table>
<thead>
<tr>
<th>PCU Census</th>
<th>RN</th>
<th>CA</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 4</td>
<td>1</td>
<td>0.5-1</td>
</tr>
<tr>
<td></td>
<td>Consolidate quads if possible</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1-2</td>
<td>0.5-1</td>
</tr>
<tr>
<td></td>
<td>Consolidate quads if possible</td>
<td></td>
</tr>
<tr>
<td>5-6</td>
<td>2</td>
<td>1 days 0.5 nights</td>
</tr>
<tr>
<td>7-8</td>
<td>2-3</td>
<td>1 days 0.5 nights</td>
</tr>
<tr>
<td>8-9</td>
<td>2-3</td>
<td>1 days 0.5 nights</td>
</tr>
</tbody>
</table>

**Staffing for the Division includes 3 Charge RNs for both day and night shifts.** The 8th floor PCU charge nurse supports Disaster Preparedness Teams (Code Triage) throughout the hospital. Staffing model that varies from the staffing plan includes close collaboration with the manager.
Above Staffing Plan Contingent Upon the Following Supports/Considerations

- Code RN and ED RNs for Rapid Response and Code Blue response and support.
- Virtual ICU team: All ICU level patients are reviewed by an ICU RN at the FESC an Epic program that trends patients status and alerts the virtual RN when a patient is getting sicker and alerts the bedside staff of the trend. vICU staff are available 24x7 via phone two way cameras in all of the ICU rooms.
- PCU quads are supported by Remote Telemetry 24x7
- Intensivist program: Pulmonary Critical Care providers are staff on site Monday-Friday for 8-10hrs daily and the on call MD is supports the ICUs at all 5 hospitals via the Virtual ICU with immediate access to the MD.
- Virtual FIT program: FIT is available onsite 24/7 and virtually between 2000-0700.
- Virtual FIT and VICU co-management of ICU patients.
- IV Therapy places PICC lines in the majority of ICU patients. Most ICU level patients are on multiple IV infusions which require central access.
- Respiratory Therapy works closely with Critical Care managing ventilators and drawing arterial blood gases. Respiratory Therapy manages the airway and ventilation of respirator dependent patients going off the unit for procedures.
- Critical Care receives extensive support from the satellite Pharmacy on the 6th floor which is open all day until midnight daily. Pharmacists respond to all Code Blues and have helped with Rapid Response.
- Social Work and Care Management for discharge planning.

Which Situations Require Staffing Variation?
Anticipated variations:
The number of Open Heart surgical cases (will require 1:1 nursing post-op) and the number of scheduled Neurological Interventional Radiology patients (direct admit to ICU, no PACU stay)
Stroke patients that have received tPA require 1:1 nursing care.
Post cardiac arrest, proning patients; patients with IABP, and patients being actively titrated on multiple drips may require 1:1 nursing care.
Patients with ventricular assist devices (Impella) require 1:1 nursing care.
Patient receiving CRRT require 1:1 nursing care.
Life Center patients may require 1:1 nursing care.
Unplanned variations:
Code Blue, Rapid Response transfers from outside Critical Care; emergency admissions and transfers (Code Neuro), and emergency procedures (Open Heart, Cath lab etc).
Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

- Manager On Call: Each of the 4 clinical managers and Director rotates this cell each week. They are at point to communicate with the 3 Charge nurses regarding staffing and patient placement issues 24hrs/day while on call. There is a minimum of 1 charge-manager huddle each shift in person or on the phone.
- Staffing levels are assessed every 4 hours or more frequently as needed.
- The Charge Nurse uses rounds to assess patient care needs, assess for possible transfers/discharges out of the units, plan for any scheduled upcoming procedures, and to assess if any patients require continued 1:1 staffing. The Charge Nurse makes final rounds on the quads before setting the final staffing levels for the oncoming shift.
- Any staff member can contact the charge nurse via Vocera or cell phone at any time to discuss changing patient care needs or staffing needs.
- When staff notify the Charge Nurse that extra help is needed, the Charge nurse will assess the situation and temporarily reassign staff if able. Charge Nurses also attempt to balance admissions to the quads to equalize the workload. If staffing issues cannot be resolved at the Charge Nurse level, the Charge Nurse will notify the Manager on call and/or Unit Manager.

Meals and Breaks

- Meal and rest breaks are discussed with all new hires and it is reviewed during residency specifically regarding time management-building in meal and rest breaks into the shift routine.
- Break RNs are utilized in Critical Care as follows: 2 Break RNs each of the following shifts 0800-1630/2000-0430.
- Extra Break RN shifts are posted in CVS weekly to fill Break RN role until all Break RN positions are filled.
- Staff are encouraged to sign up for their break times at the beginning of the shift, if not they are assigned. They are coached to be prepared to handoff to a peer or the Break RN at their designated time to stay on schedule.
- Charge RNs, UBEs and managers can and have assisted with breaks if needed.

Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)

- Survey results reviewed with staff? Yes
- What format was used?
- Huddle, Daily management boards, rounding, 1:1 discussions
- Staff Participation:
- 8th floor: 4 RNs, 0 CNAs
- 6th floor: 16 RNs, 1 CNA, 1 RT
- 5th floor: 8 RNs, 0 CNAs

- What was the theme of the results:
  - 8th: 8D surge room, lack of care assistant support
  - 6th: Breaks, CA workflow
  - 5th: Breaks, CA staffing
  - Department work planned to address themes: Recruit for break positions, open position, focus on CA workflow gaps.
  - Healthy Work Environment team

April 8th 2019 Committee Recommendations: Alternative staffing plan and tracking. Healthy Work Environment workgroup: biweekly meeting facilitated with Organization Development specialist. Focus on Collaboration, Communication, Recognition and Staffing

If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made? Process in place for tracking alternative staffing. The Healthy Work Environment team did focus groups on alternative staffing and care assistant workflow/support with frontline stakeholders. Impact: Increased transparency, more proactive communication and identifying specific workflow standardization so a consistent training plan can be implemented.

October 14th, 2019 Committee Recommendations:

Approved By

Jaggi Stodola, Co-Chair
Director Family Birth Center

Linda Burbank, RN Co-Chair
2 South

Syd Bersanté, Market President/Pierce County
President SJMC

Date

11-19-19

Date

11-19-19

Date

11-21-19
# 2019 Staffing Plan Overview

**Department:** Emergency Department - 3800  
**Date Updated:** 07/2019 (updated version)  
**Author:** Ben Harris / Haley Wahl

### Nursing Department Overview

Description of the types of patients served in this nursing unit,
- Average Daily census: 127 (previously 137)
- Average number of admits/discharges/transfers: 30 admits; 97 discharges; transfers are variable (goal of 6/day).
- Average length of stay: Discharged- 194 (209) minutes; admitted 300 minutes (366)

### 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:
- *Patient falls prevalence: FY19 current rate 0.70 (15 falls) FY18 0.67 (26 falls)
- *Patient falls with injury: 1 Reportable
- *Pressure ulcer rate/prevalence: 0.0%
- *Nursing care hours per patient day: 2.90 HPPV (previous 2.98)
- *Skill Mix: RNs, ERTs, HUCs
- Left Without Being Seen (LWBS) – 6 Month Avg 4.8% (goal is < 2.0%)
- Staff turnover/orientation costs: 480 hrs per Resident RN; 110 hrs/ ERT & HUC
- Overtime costs / end of shift overtime: 6 pay period trend—3.1% (previous 3.3%)
- Agency/ Traveler Usage: Utilized 2 RN 13 week contracts – ended summer of 2018
- Patient Satisfaction Data: Press Ganey Overall TopBox Score FY19 YTD Mean 55.5%

### Staffing Plan for Anticipated Patient Census - 140 ppd.
**Target Nursing Hours per Patient Visit 2.90**

The Emergency Department is an outpatient department that has a staffing model based on a variable daily patient census. The Emergency Department utilizes a daily staffing grid to indicate staff assignments and roles for their shift. The daily staffing grid is based on historical arrival rates of patients and can change based on new arrival data throughout the year. The Charge Nurse prepares a new staffing grid each day and makes staff assignments according to patient volumes and acuity for each day. The Emergency Department Charge Nurse is available to assist with patient care.

Updated 06.11.2013
The Emergency Department utilizes the following shift start/stop times for personnel:

**Registered Nurse:**
- 0600-1830 Registered Nurse
- 0900-1730 Registered Nurse
- 1000-2230 Registered Nurse
- 1300-0130 Registered Nurse
- 1700-0130 Registered Nurse
- 1800-0630 Registered Nurse

**Emergency Technician:**
- 0600-1830 ED Technician
- 0900-2130 ED Technician
- 1300-0130 ED Technician
- 1800-0630 ED Technician

**HUC:**
- 0800-1830 HUC
- 1800-0430 HUC

**The Emergency Department is a closed unit for staffing. When needed, the Emergency Department Registered Nurse staff can fulfill support roles (ERT/HUC). When needed the ERT can support the HUC role.**

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>ERT</th>
<th>HUC</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-7</td>
<td>1</td>
<td>2</td>
<td>2 **</td>
<td>1 HUC (0800 - 0430) **</td>
</tr>
<tr>
<td>8-14</td>
<td>1</td>
<td>4</td>
<td>2 **</td>
<td>1 **</td>
</tr>
<tr>
<td>15-23</td>
<td>1</td>
<td>6</td>
<td>3 **</td>
<td>1 **</td>
</tr>
<tr>
<td>24-30</td>
<td>1</td>
<td>8</td>
<td>4 **</td>
<td>1 **</td>
</tr>
<tr>
<td>31-39</td>
<td>1</td>
<td>10</td>
<td>4 **</td>
<td>1 **</td>
</tr>
<tr>
<td>40-46</td>
<td>1</td>
<td>12</td>
<td>5 **</td>
<td>1 **</td>
</tr>
<tr>
<td>47-56</td>
<td>1</td>
<td>14</td>
<td>5 **</td>
<td>1 **</td>
</tr>
</tbody>
</table>
### 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.

- ED staff supports Code Blue
- ED staff supports Trauma patients
- ED staff ICU/PCU Patient Boarding
- Clinical Decision Unit (CDU) staff support ED Med/Tele boarding patients

### Which Situations Require Staffing Variation?

Use this section to describe legitimate situations where additional staff are required:

- Multiple 1:1 patient,
- Holding Critical Care patients (boarders)
- Holding transition patients in the department (not staffed by CDU or Med/Surg float staff)
- Increase/Decrease in patient volumes (variable staffing model)

### Chain of Command/ Staffing Decision Tree

#### Process for Staffing Variation

- The CN makes the decision about daily staffing assignments. We ask not to go above the “grid”. If it is a very busy day or high acuity (160 patients/24 hours) and extra staff are available, the CN can have them work if they discuss with management.
- The Emergency Department can cut/low census on a low volume day follow established cut rotation.

#### Meals and Breaks

- We have been approved 3.5 FTE’s for Break Relief Nurses (hired 1.75 FTE, 2 open 1.75 FTE on night shift)
- We have RN’s that are non-assigned patient care roles (Float Nurse, Charge Nurse) to cover peers to get their meal breaks.
- Frequently discuss importance of breaks during staff meetings and CN meetings.
- Implemented block break program.
- Signage posted in “off-stage” areas to remind people to take breaks.
- We ensure it is working by auditing KRONOS for edits for missed breaks.

#### Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)
• Survey results reviewed with staff? Yes What format was used? (staff meetings, shift huddles, e-mail) - Staff Meetings (May/2019)

• Staff Participation: 23 participants

• What was the theme of the results -

• Equipment Missing/Broken – Clinical Support rounds to ensure IV pumps, poles, special items are stocked. Shared Governance team worked on stocking guidelines for specialty carts.

• Staffing Resources – Changed staffing grid to support Nurse Initiated Orders (NIO) role 1000-2200, support Evaluation/Intake rooms during Surge Capacity. Recently expanded the daily staffing grid by12 hours (0900-0330) of RN coverage.

• Break Nurse Coverage– Staff are regularly utilizing Break RN, voluntarily picking up this role when needed.

If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made?

Committee Recommendations:

Approved By

[Signatures and dates]

Yeski Stodola, Co-Chair
Director Family Birth Center

Linda Burbank; RN Co-Chair
Medical Surgical, 2 South

Syd Bersante, Market President/Pierce County
President SJMC

Date

8/12/19

8/13/19

8/31/19
# 2019 Staffing Plan Overview

**Department:** St Joseph Medical Center – Regional GI Lab 4600  
**Date Updated:** 12/9/2019 Semi Annual  
**Author:** Darcey Michaels, Clinical Manager – Regional Digestive Services

## Nursing Department Overview

St Joseph Hospital GI Lab is a 4-procedure room endoscopy suite that provides Gastroenterology (GI) procedures for both outpatients and inpatients in the Tacoma/Pierce County area.
- Average Daily census: Monday – Friday: 15; Saturday, Sunday: 3  
- Average number of admits/discharges: Same as daily census. There is no overnight boarding in this department.  
- Procedures are scheduled for 30-120 minutes depending on the type of procedure.  
- This department has a mix of both inpatient and outpatient procedures.  
- Both moderate sedation and general anesthesia are provided.  
- Average length of stay: 2-4 hours  
- Hours of operation: Monday-Friday, 0600-1800. Staff are on call weekday evenings from 1800-0700 and weekends from 0700-0700.

## 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 (*):
- *Patient falls prevalence – 1 YTD  
- *Patient falls with injury – 0 YTD  
- *Pressure ulcer rate/prevalence (N/A)  
- *Target nursing hours per procedure – 4.77  
- *Skill Mix – RNs, LPN and Endo Techs  
- Medication errors – 0 YTD  
- Staff turnover/orientation costs – 4 voluntary, 1 involuntary; 16.25%  
- Overtime costs – past 4 pay periods = 1.32%  
- Agency/Traveler Usage  
  - 2 current travelers (both contracts ending Jan, 2020; 1 hired for 13 week contract beginning Jan, 2020. No plan to hire a traveler subsequently  
- Open positions:  
  - 1.0 RN  
  - 0.75 RN (contingent hire in place)  
  - 0.75 Endoscopy Tech

## Staffing Grid for Patient Census

### Target Nursing Hours per Procedure = 4.77

Staffing is determined on the number of procedures rooms in operation.
- The GI Lab requires a charge nurse (RN), admit/recovery nurse (RN), sedation nurse (RN), and procedure assistant (RN/Endo Tech).  
- One additional Endo Tech is scheduled to perform cleaning and high-level disinfection of endoscopes.
There is one manager that oversees the GI Lab and a surgery scheduler at SJMC who is responsible for scheduling and charge entry.

**Day Shift – 10-hour shifts**

<table>
<thead>
<tr>
<th>Number of procedure rooms</th>
<th>RNs</th>
<th>Endo Techs</th>
<th>Charge RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>+3</td>
<td>+1</td>
<td></td>
</tr>
</tbody>
</table>

Evening Shift – N/A

Night Shift – N/A

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

Support received from other units/departments or provides to other units and departments that impact staffing.
- The OR provides anesthesia tech support for General Anesthesia turn-around. The GI Lab pays for the anesthesia tech hours.
- Radiology tech support is provided for ERCPs and other procedures requiring fluoroscopy.
- Walters Same Day Surgery PACU provides Phase I recovery for General Anesthesia patients.

**Which Situations Require Staffing Variation?**
- This is a regional department that provides procedure staff for SJMC, SFH, SCH and SAH.

**Chain of Command/Staffing Decision Tree**

**Process for Staffing Variation**

Charge nurse will:
- Review procedure schedule daily to determine staffing needs for the next day
- Flex shift times up or down depending on procedure schedule

Manager will:
- Provide additional assistance by obtaining additional resources when staffing shortage exists.

**Meals and Breaks**
• Procedure schedules are designed to allow for meal breaks between the AM and PM procedure sessions. (AM session = 0700-1130, PM session = 1230-1700)
• Charge nurse is available to provide breaks for staff who are unable to break themselves.
• If charge nurse is not available to break staff for their meal or break, they are to record this on the edit log.

### Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)

• **Survey results reviewed with staff?** Yes, verbally in a staff meeting

• **Staff Participation:** 3 respondents total

• **What was the theme of the results?**
  - Universally improved from a year ago
  - Two respondents rated all answers as "Almost Always"; one respondent rated all answers as "Usually"
  - All 3 respondents answered "yes" to having a structured process to facilitate breaks
  - Two comments listed; both positive

• **Department work planned to address themes**
  - Difficult to address "themes" when 3 out of about 20 staff respond
  - Continue hiring to core staffing plan and filling replacements as soon as possible

If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made? No recommendations made on annual review.

### Committee Recommendations 12-9-19:

**Approved By**

[Signature]

Jakki Stodola, Co-Chair
Director Family Birth Center

[Signature]

Linda Burbank, RN 2 South Co-Chair

[Signature]

Syd Bersante, Market President/Pierce County President SJ/MC

**Date**

12/20/19

12/20/19

1/3/20

Confidential

Page 3

12/5/2019
# 2019 Staffing Plan Overview

**Department & Cost Center:** Interventional Radiology #4812  
**Date Updated:** 10/14/2019  
**Author:** Andre House

## Nursing Department Overview

Description of the types of patients served in this nursing unit.  
- Average daily census: 22 patients per day  
- Average number of admits/discharges/transfers: OP scheduled, IP and ED procedural volume.  
- Average length of stay: **Variable dependent upon procedure type**

## 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*:

- **Patient falls prevalence:** Low: 1 assisted patient fall without injury  
- **Patient falls with injury:** No reported patient falls with injury YTD.  
- **Pressure ulcer rate/prevalence:** N/A - Procedural area  
- **Nursing care hours per patient day:** 50 working hours per patient day plus 2 RN on-call coverage beginning at 1730 Monday-Friday and 24 hours - Sat/Sunday.  
- **Skill Mix:** 2 RN's to 1 IR Radiologic Technologist or 2 IR Tech's to 1 RN dependent upon procedure type.  
- **Medication errors:** No reported medication errors YTD.  
- **Staff turnover/orientation costs/open positions:** One current RN vacancy- interviews in process.  
- **Overtime costs / end of shift overtime:** 4.5%  
- **Agency/ Traveler Usage:** None  
- **Patient Satisfaction Data:** Overall Satisfaction 75th Percentile. Test and Treatments: 75th Percentile!  
- **Data from professional organizations:**  
- **NDNQI Data (Relevant reporting units):**

## Staffing Grid for Patient Census vs Target Hours per Patient Day

Insert developed staffing grid for varying levels of patient census or attach to this document  
**Day Shift**

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>22-25</td>
<td>1</td>
<td>5</td>
<td>0</td>
<td>Interventional Radiologic Tech's</td>
</tr>
</tbody>
</table>


### Evening Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>After hour call</td>
<td></td>
<td>2</td>
<td></td>
<td>2 IR Tech's</td>
</tr>
<tr>
<td>1730-0700</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Night Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>After hour call</td>
<td></td>
<td>2</td>
<td></td>
<td>2 IR Tech's</td>
</tr>
<tr>
<td>1730-0700</td>
<td></td>
<td></td>
<td></td>
<td></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.

- IR RN provide admit/recovery for all IR scheduled exams except for patients to undergo general anesthesia
- IR RN's provide conscious sedation and nursing support for CT, MRI, Gamma Knife and Ultrasound.

### Which Situations Require Staffing Variation?

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

- NIR procedures and high acuity patients (trauma) require 2 IR RN's.

### 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 RN is responsible for staffing IR in consultation with the Director.
- Is the red/yellow/green system used? What is the response? No
- Who notifies whom? Charge RN communicates with staff, providers and Director
- When in the shift should this occur? Communication prior day (schedule review) and in real time if we need to add staff or low census. Planning of PTO coverage is to established P&P.
- When is extra staff for the entire shift scheduled, versus pulling staff from other areas to
help nurses “catch up”
Prior day or same day communications
PTO pre-approval process per established P&P.

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.

Staff work together and schedule breaks and meal periods daily. This is sometimes flexed due to increase volume demands. Missed breaks and meal periods is monitored daily, on Kronos log sheet and rounding. Blocking times within the schedule tends to fail as there are multiple add-on patients on any given day in IR. Frequent communications to providers stating the importance of rest for our staff does assist as they do tend to push hard to complete each day’s schedule by the end of business day.

Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)

- Survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail) Staff meeting, rounding.

- Staff Participation: % of RN’s, CNA’s, ED Techs, RT’s, OR Tech’s etc... 100%

- What was the theme of the results: The main theme was the feeling of constant multi-tasking due to fluctuations in procedural volumes and interest in more support staff (answer phones, transport, etc.). **Working on carving out procedural scheduling with on-site support.

- Department work planned to address themes

Mini RPIW’s focused around teamwork and trust in one another to take over related tasks and responsibilities. Discussion on changing the staffing model to 2 RN’s being stationed in the admit/recovery area with 1 of the RN’s assigned as
a "float" to assist with DI related exams in lieu of pulling from the main IR RN procedural pool.

If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made?

Evaluating better hand-off reporting and Epic Radiant tools for pre-intra and post procedural (phased hand-off/documentation).

**Committee Recommendations:** Create a standardized break shift handoff report.

Approved By

Jakki Stodola, Co-Chair
Director Family Birth Center

Linda Burbank, RN Co-Chair
2 South

Syd Bersante, Market President/Pierce County President SJMC

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/19/17</td>
</tr>
<tr>
<td>11/19/19</td>
</tr>
<tr>
<td>11/21/19</td>
</tr>
</tbody>
</table>
# 2019 Staffing Plan Overview

**Department & Cost Center:** IV Therapy 3240  
**Date Updated:** 11/25/2019  
**6 Month Review**  
**Author:** Jessica Sericolo Manager Patient Care Services

## Nursing Department Overview

IV Therapy is a specialty procedural department that provides 24/7 consultant services to all areas of the hospital to include inpatient, outpatient and procedural settings. The IV therapy team preforms a variety of skills related to vascular access from placing peripheral IV sites to placing Midlines, PICC Lines, and Central Lines as well as Port access. In addition to line placement and maintenance they also preform line de-clotting, trouble shooting and central line dressing changes.

## Key Quality Indicators

- IV Therapy is an all RN staff
- Small department OT used to cover LOA/Sick calls/Vacations
- No agency or travelers used
- Intravenous Nurse Society/ Association for Vascular Access are the professional organizations used for access guidelines
- Six nurses with VABC certification

## Staffing Grid for Patient Census  
**Target Hours per Patient Day**

Insert developed staffing grid for varying levels of patient census or attach to this document

### Day Shift

<table>
<thead>
<tr>
<th></th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>0700-1900</td>
<td>3 days a week</td>
<td>2</td>
<td>0</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Evening Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1100-2300</td>
<td>3 days a week</td>
<td>2</td>
<td>0</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Night Shift

##
### Project Overview Statement—Executive Summary

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1900-0700</td>
<td></td>
<td>2</td>
<td>0</td>
<td>NA</td>
</tr>
</tbody>
</table>

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

IV Therapy is on call 24/7 for vascular access consultation, placement and troubleshooting. In addition the team responds to all code blues and performs daily rounding on all PICC lines and central lines placed by IV Therapy and performs associated central line dressing changes. IVT workload is dependent on hospital census, surgery volume and patient acuity.

**Which Situations Require Staffing Variation?**

IV Therapy experiences increasing call volumes when the hospital is in surge capacity. The procedural volumes often increase with hospital census. When the hospital is experiencing high census IV Therapy looks to add additional RN during peak hours, 0900-2100.

### Chain of Command/ Staffing Decision Tree

**Process for Staffing Variation**

The IVT Charge nurses and manager monitor staffing daily and will flex up as able to accommodate for high procedural volume days.

### Meals and Breaks

IV Therapy uses the cancel meal deduct feature of Kronos and is paid for their meal breaks. IVT cannot be guaranteed an uninterrupted rest break due to unpredictable hospital emergencies. IVT nurses are still encouraged to take meal and rest breaks. These breaks are not scheduled and coordinated within the team.

### Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)
Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)

- Survey results reviewed with staff? What format was used?
  Department bulletin board and shift huddle
- Staff Participation: 2/16 RN's participated

- What was the theme of the results
  Results difficult to interpret across the entire team due to low participation however
  with the limited data available the work load is manageable, nurses are able to give their
  patient safe care 100% of the time and they feel they have enough time to evaluate and
  assess their patients 100% of the time.

- Department work planned to address themes
  Focus on increased participation with future survey to provide more reliable data by
  having a large sample size.

If recommendations were made on last Staffing Plan Overview, how did you
use them and what impact has it made? None made on June 2019 Annual
Review.

Committee Recommendations:

Approved By

Jaikki Stodola, Co-Chair
Director Family Birth Center

Linda Burbank, RN Co-Chair
2 South

Syd Bersante, Market President/Pierce County
President SJMC

Date

12/20/19

Date

1/3/20

Date
2019 Staffing Plan Overview

Department: SJMC Main OR - 4400
Date Updated: 6/4/19 - Annual
Author: Shannon Layne

Nursing Department Overview

Description of the types of patients served in this nursing unit, Delivery of surgical care to inpatient and outpatient populations. All service lines

- Average Daily census: 25-30
- Average number of admits/discharges/transfers: All patients transfer to another level of care
- Average length of stay: 1-8 hours depending on case acuity/type

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*:

- Surgical Site Infections: Quality 68.7 FY19, Patient Experience 35 FY19, Safety 78.6 FY19
- Patient Satisfaction Data: Overall 79.2%, nursing at 80.9%
- *Pressure ulcer rate/prevalence: None noted
- *Skill Mix: 1:1 RN to patient ratio. Ratio of RN:ST – 59% / 41%
- Medication errors: Current med error in Cardiac Service line
- Staff turnover/orientation costs: 17% turnover and with 2 residents seating in current roles and 4 more starting Sept
- Overtime costs / end of shift overtime; Overtime avg FYTD: 114 hours. Increased use of overtime due to staffing shortages for attendance and additional cardiac surgeon. This has decreased due to ability to staff crucial night shift positions. Also increased amount of travelers to supplement gaps in schedule
- Agency/ Traveler Usage: Currently we have 10 travelers to support low staffing numbers
- Patient Satisfaction Data: No department specific data
- Data from professional organizations: NA

Staffing Grid for Patient Census Target Hours per Patient Day

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>Techs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-30</td>
<td>1</td>
<td>25</td>
<td>21</td>
<td>10</td>
</tr>
</tbody>
</table>
Project Overview Statement—Executive Summary

<table>
<thead>
<tr>
<th>Evening Shift</th>
</tr>
</thead>
<tbody>
<tr>
<td>Census</td>
</tr>
<tr>
<td>7-9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Night Shift</th>
</tr>
</thead>
<tbody>
<tr>
<td>Census</td>
</tr>
<tr>
<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.

- Floating of staff between Walter's and Main OR is significantly beneficial to both units. Staff flexibility and sharing of expertise is very positive. Staffing flexibility increased between CVOR and Main OR staff, especially when cardiac surgeons are out of town.
- IR & Cath Lab support interventional and minimally invasive procedures in hybrid room.
- Extra FTE for cardiac service line to support the addition of another surgeon.

Which Situations Require Staffing Variation?

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

- High acuity patients, trauma, vascular (hybrid, trauma, and cardiac surgeries)
- New WAC codes for trauma designation
- Critical staffing levels in the Main OR from an 8 FTE call out rate
- Increased call requirements to support a call structure every weeknight and 48 hours on weekends

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.
- Is the red/yellow/green system used? What is the response? NA
- Who notifies whom? Charge RN collaborates with Anesthesiologist (AC) to determine surgery schedule order and prioritization of acuity.
Project Overview Statement—Executive Summary

- When in the shift should this occur? Ongoing, 24 Hour Handoff tool support next shift surgery schedule, safety concerns, collaboration and staffing plan.
- Innovative recruiting techniques to support the shortages and continued residency program to bring novice nurses into the unit.

When is extra staff for the entire shift scheduled, versus pulling staff from other areas to help nurses “catch up”? High patient acuity or excessive absences. Certain types of cases require additional staff; thoracic, vascular and cardiac cases have 2nd circulator

### 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.

- The OR has shifts staggered through the day to meet the needs of the team for meal and rest periods. Support staff are part of staffing matrix and are assigned daily. Staff cannot leave an OR case in progress, thus must be relieved to accommodate this.
- Printed assignment and schedule is used to plan meals and break periods with check off process.
- Periodic audit demonstrates that staff receive breaks/rest periods in a timely manner 93% of the time

### Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)

- Survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail) Current PCA results will be given in a Wednesday huddle and action plans created

- Staff Participation: % of RN’s, CNA’s, ED Techs, RT’s, OR Tech’s etc...51% for the Main

- What was the theme of the results: Staffing shortages

- Department work planned to address themes
  Leadership is looking at innovative scheduling and ways to provide a higher level of care safely and consistently
If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made? N/A

Committee Recommendations:

Approved By

Jakk Stodola, Co-Chair
Director Family Birth Center

Linda Burbank, RN Co-Chair
2 South

Syd Bersante, Market President/Pierce County
President SJMC

8/12/19
Date

8/12/19
Date

8/31/19
Date
### St Joseph Main OR

#### Volume Breakdown - April 2019

<table>
<thead>
<tr>
<th>Data</th>
<th>Case Start Month</th>
<th>FY18</th>
<th>FY19</th>
<th>Variance From Prior Year</th>
<th>% Variance From Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Cases</td>
<td>Jul</td>
<td>610</td>
<td>603</td>
<td>-7</td>
<td>-1%</td>
</tr>
<tr>
<td></td>
<td>Aug</td>
<td>669</td>
<td>630</td>
<td>-39</td>
<td>-6%</td>
</tr>
<tr>
<td></td>
<td>Sep</td>
<td>583</td>
<td>587</td>
<td>4</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>Oct</td>
<td>611</td>
<td>695</td>
<td>84</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td>Nov</td>
<td>643</td>
<td>633</td>
<td>-10</td>
<td>-2%</td>
</tr>
<tr>
<td></td>
<td>Dec</td>
<td>621</td>
<td>579</td>
<td>-42</td>
<td>-7%</td>
</tr>
<tr>
<td></td>
<td>Jan</td>
<td>626</td>
<td>629</td>
<td>3</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Feb</td>
<td>554</td>
<td>496</td>
<td>-58</td>
<td>-10%</td>
</tr>
<tr>
<td></td>
<td>Mar</td>
<td>639</td>
<td>586</td>
<td>-53</td>
<td>-8%</td>
</tr>
<tr>
<td></td>
<td>Apr</td>
<td>549</td>
<td>593</td>
<td>44</td>
<td>8%</td>
</tr>
<tr>
<td>Sum of In Room Minutes</td>
<td>Jul</td>
<td>89880</td>
<td>85881</td>
<td>-999</td>
<td>-1%</td>
</tr>
<tr>
<td></td>
<td>Aug</td>
<td>99650</td>
<td>93625</td>
<td>-6024</td>
<td>-6%</td>
</tr>
<tr>
<td></td>
<td>Sep</td>
<td>81523</td>
<td>79435</td>
<td>-5088</td>
<td>-6%</td>
</tr>
<tr>
<td></td>
<td>Oct</td>
<td>87823</td>
<td>95467</td>
<td>8644</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Nov</td>
<td>92396</td>
<td>87562</td>
<td>-4804</td>
<td>-5%</td>
</tr>
<tr>
<td></td>
<td>Dec</td>
<td>86994</td>
<td>85321</td>
<td>-1673</td>
<td>-2%</td>
</tr>
<tr>
<td></td>
<td>Jan</td>
<td>87254</td>
<td>92817</td>
<td>5563</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>Feb</td>
<td>78480</td>
<td>74782</td>
<td>-3698</td>
<td>-5%</td>
</tr>
<tr>
<td></td>
<td>Mar</td>
<td>94789</td>
<td>90807</td>
<td>-3982</td>
<td>-4%</td>
</tr>
<tr>
<td></td>
<td>Apr</td>
<td>84264</td>
<td>85306</td>
<td>1042</td>
<td>1%</td>
</tr>
<tr>
<td>Total Number of Cases</td>
<td>6105</td>
<td>6031</td>
<td>-74</td>
<td>-1.2%</td>
<td></td>
</tr>
<tr>
<td>Total Sum of In Room Minutes</td>
<td>880023</td>
<td>869004</td>
<td>-11019</td>
<td>-1.3%</td>
<td></td>
</tr>
</tbody>
</table>
WAC 246-976-700 Trauma Service Standards

A facility with a designated trauma service must have:

24) Operating room services with:
   (a) Hospital staff responsible for opening and preparing the operating room available within five minutes of notification;  
   (b) Operating room staff on-call and available within fifteen minutes of notification;  
   (c) Operating room staff on-call and available within thirty minutes of notification;  
   (d) A written plan to mobilize additional surgical team members for trauma patient surgery;  
   (e) Delays in operating room availability routinely monitored. Any case that is associated with a significant delay or adverse outcome must be reviewed for reasons for delay and opportunity for improvement;  
   (f) Standard surgery instruments and equipment needed to perform operations on adult and pediatric patients, including:
      (i) Blood recovery and transfusion;  
      (ii) Bronchoscopy equipment;  
      (iii) Cardiopulmonary bypass;  
      (iv) Craniotomy set;  
      (v) Endoscopy equipment;  
      (vi) Rapid infusion capability;  
      (vii) Thermal control equipment;  
      (A) Blood and fluid warming;  
      (B) Patient warming and cooling.  
   (g) Operating room services that meet all level III operating room service standards if the facility's trauma scope of care includes surgery services twenty-four hours every day or transfer trauma patients who need surgery services to a designated trauma service with surgery services available.
2019 Staffing Plan Overview

Department: Main SADU - 4405
Date Updated: August 7, 2019
Author: Samantha Fentress, Clinical Manager

Nursing Department Overview

Description of the types of patients served in this nursing unit:
- The Surgery Admit/Discharge Unit prepares inpatients and outpatients for surgery and any invasive/non-invasive procedures for IR and DI who are receiving a general anesthetic. Outpatients are prepared for discharge in this area also.
- Main SADU serves the Main OR, Interventional Radiology, and Diagnostic Imaging patients that require general anesthesia.
- Hours are Monday, Tuesday, Thursday, and Friday: 5:00-19:30, Wed 0600-1930
- Average Admission Pre-op: 39.4 minutes
- Admissions: 25-35 patients daily; discharge 5-15 outpatients daily.
- There are 13 available rooms.

Key Quality Indicators

- Patient fall prevalence: None
- Patient falls with injury: None
- Surgical Site Infections: Quality 68.7 FY19, Patient Experience 35 FY19, Safety 78.6 FY19
- Staff Turnover: 11.59%, 2 RNs (moved out of state)
- Overtime costs / end of shift overtime: $21961
- Patient Satisfaction Data: Overall 79.2%, nursing at 80.9%
- Agency/Travelers: 0

Staffing Grid for Patient Census Target Hours per Patient Day 3.18

Insert developed staffing grid for varying levels of patient census or attach to this document.

<table>
<thead>
<tr>
<th>Day Shift</th>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25-35 Admits</td>
<td>2 working RNs</td>
<td>7-8</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5-15 discharges</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evening Shift
Above Staffing Plan Contingent Upon the Following Supports/Considerations

- OR schedule changes, add-on cases, trauma
- IR schedule, DI schedule
- Number of telemetry patients: require RN to monitor continuously

Which Situations Require Staffing Variation?
- Sick call/FMLA/unexpected staff absences
- Patient acuity
- Heavy OR schedule with high volume of outpatients
- Add-on cases

Chain of Command/Staffing Decision Tree

Process for Staffing Variation

- Day and evening charge RNs review schedules and adjust staffing as needed on a daily basis.
- Discuss staffing requirements with manager.
- Contact Walters Same Day Surgery for staffing assistance.
- Contact staffing for CA/HUC replacement.
- Daily sheet to track breaks and lunches.
- Staff document on edit logs when breaks or lunches are missed.
- Charge RNs assist with managing breaks and lunches.

**Annual Nurse Staff Survey**

- "Management does not replace PTO staff, so if there are sick calls to, we are really short staffed" Q: The work load manageable
- Full staffed, 2 Per Diem RNs, 0.6 CNA for heavier days

- "Staffing is not safe for first cases. Expectations are unrealistic."
- SADU CN and OR CN at the end of the day discuss first cases and looking to block OR first add on cases to 1 hour delay, newer peri-op huddle to discuss staffing needs of the week

If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made? N/A

**Committee Recommendations:**

Approved By

jakki stodola, co-chair
director family birth center

8-12-19

Date

linda burbank, rn co-chair
2 south

8/12/19

Date

syd bersante, market president/pierce county
president SJMC

8/31/19

Date
2019 Staffing Plan Overview

Department: 8BC General Medical & Telemetry - 3001
Date Updated: August 7, 2019, 2019 (6 month Review)
Author: Dana Turner

Nursing Department Overview

Description of the types of patients served in this nursing unit,
- Average Daily census= 16
- Average number of admits/transfers =1.2
- Average number of discharges= 1
- Average length of stay= 25
March 4th, 2019 8BC became the longer stay med-surg patients, who have placement issues.

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*:
- *Patient falls prevalence
  FY 18= total falls 54
  FY 19= (July 1st-February 5th) = 22 falls; March-July 2019 = 22 falls
- *Patient falls with injury
  FY 18= 5 minor
  FY 19= 2 minor; March-July 2019 = 1
- Pressure ulcer rate/prevalence
  FY 18= 0
  FY 19=0; March-July 2019 = 0
- *Nursing care hours per patient day= 10.75 [started July 1, 2019]
- *Skill Mix= RN/CNA
- Medication errors
  FY 18= 25
  FY 19= 13; March-July 2019 = 2
- Staff turnover/orientation costs
  FY 18 quarter 3= 8.97%, FY 17 quarter 4= 6.63%
  FY 18 quarter 1= 10.87%, FY 18 quarter 2= 10.83%
  March-July = 0 staff turnover because all new staff had to be hired starting March 4th, 2019
- Overtime costs / end of shift overtime
  8BC had an average of 21.25 hours of incremental overtime per pay period for FY 18
  8BC has an average of 20.50 hours of incremental overtime per pay period for FY 19
  Reporting period 6/2/19-7/27/19 = 6.27% OT

Patient Satisfaction Data
- N/A no data since changing populations March 2019.

### Staffing Grid for Patient Census vs Target Hours per Patient Day 10.75

Insert developed staffing grid for varying levels of patient census or attach to this document.

#### Day Shift

**Note CN works 1100-2330**

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-17</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>14-15</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>12-13</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>9-11</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

#### Night Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-17</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>14-15</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>12-13</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>9-11</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td></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.

- IV therapy department to place, monitor PICC lines and start peripheral IV lines
- Critical Care supports rapid responses/code blue throughout the hospital
- Respiratory care supports CPAP, BIPAP and some respiratory assessment on changing conditions
- Centralized transporters assist with transport needs throughout the hospital
- Centralized telemetry monitoring

### Which Situations Require Staffing Variation?

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

- Increased number of confused patients or patients on restraints requiring frequent checks.
- Increased number of mental health patients on unit that may or may not require restraints.
- Increased number of isolation patients
- Increased number of admissions and discharges during the shift
- Full capacity including usage of temporary bed locations
- Increased number of 1:1's needing break coverage.
- Increased number of heavy care patients (2 or more person to assist/ambulate, skin protocol turn every 2 hours, total feeders, incontinent, multiple bed changes, comatose patient care)
- Increased number of patients on complex treatments (tube feedings, dressing changes, multiple drains, multiple central lines, chest tubes, pain management, multiple blood draws, trach care, frequent suctioning, accucheks every 2 hours for insulin drip management, CBI, multiple patients needing blood transfusions)
- Increased number of bedside procedures needing assist by Charge RN (bronchoscopy, TEE, chest tube placement, colonoscopy, endoscopy, lumbar puncture)
- Increased number of Code Blue/ RRT during the shift

**Chain of Command/ Staffing Decision Tree**

**Process for Staffing Variation**

- Staffing should be sufficient at all times to assure safe, effective patient care delivery. Staffing may be adjusted according to acuity, type and skill of caregivers and availability of staff.
- Charge nurse will round each unit every 2 hours to assess acuity of the quad and facilitate problem-solving and patient flow in the unit. They will also communicate the unit’s status to the rest of the unit and the House Supervisor to help assess the unit’s ability to accept new patients.
- If the charge nurse determines that extra staff is needed, Charge Nurse will notify staffing and the manager to request for additional staff. The need for staffing up is assessed before the beginning of the next shift and every 4 hours during the shift.
- 8BC manager is on-call 24/7. The charge RN can call or text manager regarding unit needs or issues.
- Staffing changes are based on staff input to the Charge Nurses/Manager, patient acuity, procedures, skill mix and census needs.
- If the patient is assessed to require more acute nursing care and/or treatment than can safely be provided in the unit, the RN assigned to the patient will notify the attending physician/practitioner, and obtain orders to transfer the patient to a higher level of care

**Meals and Breaks**

8BC has a break RN from 1100-1930 Sunday-Saturday. When there is a vacancy in the schedule, opportunities are posted so the Break RN position can be filled.
Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)

- Survey results reviewed with staff? Because of the Neighborhoods of Care and having to hire all new staff for this area, there is not survey results.
- What was the theme of the results? N/A
- Department work planned to address themes- N/A

If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made? N/A

Committee Recommendations: None

Approved By

Jacci Stodola, Co-Chair
Director Family Birth Center

Linda Burbank, RN Co-Chair
Medical Surgical, 2 South

Syd Bersante, Market President/Pierce County
President SJMC

Date 8/12/19

Date 5/12/19

Date 8/31/19
2019 Staffing Plan Overview

Department & Cost Center: NICU 3485
Date Updated: 11/25/2019
Author: Kim Deynaka

Nursing Department Overview

Description of the types of patients served in this nursing unit,
- Average Daily census: 16.77
- Average number of admits/discharges/transfers: 40.3/month
- Average length of stay: 5.40

<table>
<thead>
<tr>
<th>DRG</th>
<th>MS DRG Desc</th>
<th>Cases</th>
<th>Days</th>
<th>ALOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>789</td>
<td>Neonates, Died or Transferred to Another Acute Care Facility</td>
<td>34</td>
<td>301</td>
<td>8.85</td>
</tr>
<tr>
<td>790</td>
<td>Extreme Immaturity or Respiratory Distress Syndrome, Neonate</td>
<td>49</td>
<td>1,754</td>
<td>35.80</td>
</tr>
<tr>
<td>791</td>
<td>Prematurity w Major Problems</td>
<td>85</td>
<td>1,388</td>
<td>16.33</td>
</tr>
<tr>
<td>792</td>
<td>Prematurity w/o Major Problems</td>
<td>184</td>
<td>1,127</td>
<td>6.13</td>
</tr>
<tr>
<td>794</td>
<td>Neonate w Other Significant Problems</td>
<td>731</td>
<td>1,273</td>
<td>1.74</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>1,083</td>
<td>5,843</td>
<td>5.40</td>
</tr>
</tbody>
</table>

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*:
- *Patient falls prevalence: 0
- *Patient falls with injury: 0
- *Pressure ulcer rate/prevalence: 2.4/1000 CPAP days Goal= 10/1000 BCPAP days
- *Nursing care hours per patient day: 16.147
- *Skill Mix: RN/RT
- Medication errors: CY 2019 10
- Staff turnover/orientation costs: $63, 500/ RN
- Open posted positions: 0
- Overtime costs / end of shift overtime: Overtime % = 1.42 FYTD= $2,575
- Agency/ Traveler Usage: 0
- Patient Satisfaction Data: Great Question. Wrapped into FBC data =
- Performance>Satisfaction>Inpatient> 12PstPar


Data from professional organizations:

- NDNQI Data (Relevant reporting units): N/A

### Staffing Grid for Patient Census

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>RTs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>5-7</td>
<td>1</td>
<td>2</td>
<td>0-1</td>
<td>1</td>
</tr>
<tr>
<td>8-10</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>11-15</td>
<td>1</td>
<td>4-5</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>16-18</td>
<td>1</td>
<td>6-7</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>19-21</td>
<td>1</td>
<td>7-8</td>
<td>1</td>
<td>1-2</td>
</tr>
<tr>
<td>22-25</td>
<td>1</td>
<td>9-10</td>
<td>1</td>
<td>1-2</td>
</tr>
</tbody>
</table>

### Night Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>5-7</td>
<td>1</td>
<td>2</td>
<td>0-1</td>
<td>1</td>
</tr>
<tr>
<td>8-10</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>11-15</td>
<td>1</td>
<td>4-5</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>16-18</td>
<td>1</td>
<td>6-7</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>19-21</td>
<td>1</td>
<td>7-8</td>
<td>1</td>
<td>1-2</td>
</tr>
<tr>
<td>22-25</td>
<td>1</td>
<td>9-10</td>
<td>1</td>
<td>1-2</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.

- NICU nurses do high risk newborn resuscitation in the delivery room
- NICU draws all their own labs
- RTs process all I-stat blood gases to include cord gases and Chem 8's for L&D and NICU
- NICU supports ED when IVs and labs are needed on pediatric patients
- SJMC is the only level III NICU for CHI-FH and all level III newborns are transported to SJMC
- Pharmacy supports the NICU 7 days/week
- Dietary supports the NICU 5 days/week
- Lactation support
- Pediatric Physical Therapy
- Social Workers
- Nurse educator
- Blood bank

### Which Situations Require Staffing Variation?

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

- High delivery volumes
- High C-section days
- One Respiratory Care Practitioner for every 6 or fewer ventilated neonates with additional staff for procedures.
- Increased number of isolation patients
- High acuity neonates

### Chain of Command/Staffing Decision Tree

**Process for Staffing Variation**

- Night shift staffing is reviewed with management prior to leaving for the day
- Manager on call is consulted by charge nurse if staffing questions arise
- Staffing is evaluated every 4 hours by charge nurse
- Chain of command is RN → Charge RN → Manager on call
- Overbridge page is activated to request help or extra staffing
- 9 per diem staff support the NICU
### Meals and Breaks

- The NICU has an 8 hour break RN on day shift
- The Night shift team determines breaks at the beginning of the shift and support each other in getting breaks

### Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)

- Survey results reviewed with staff? Yes
- What format was used? March Staff Meetings
- Staff Participation: % of RN’s, CNA’s, ED Techs, RT’s, OR Tech’s etc...
- See graph below
- What was the theme of the results
- Department work planned to address themes
If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made?

The NICU staff was concerned about acuity staffing vs volume staffing. NICU specific staffing committee formed and the team developed an acuity grid, educated the charge nurses and evaluated the staff via a survey monkey. The NICU staffing committee SMART GOAL is: to increase staff engagement by 10% identified via the pulse survey May 2020.
Committee Recommendations for December 9th, 2019: Ensure when cutting the break RN, the break position is still filled from remaining staff as it is paid out of a different cost center.

Approved By

Jakkii Stodola, Co-Chair
Director Family Birth Center

Linda Burbank, RN Co-Chair
2 South

Syd Bersante, Market President/Pierce County
President SJMC
2019 Staffing Plan review

Department: Med-Surg Oncology  
Date Updated: December 9, 2019 (6 month review)  
Author: Wendy Stickland

Nursing Department Overview

The Med-Surg Oncology & BMT Unit consists of 24 private acute care rooms and 4 protective environment rooms for hematopoetic stem-cell transplant. The unit serves as the designated inpatient oncology unit for the Tacoma-King Markets.

Types of specialized patient care & treatments provided include:
- New oncology/hematology diagnosis and work-up
- Chemotherapy and biotherapy administration
- End-of-life care and complex pain management
- Stem cell apheresis, erythrocytapheresis
- Stem cell transplantation
- Acute cancer-related and treatment-related symptom management
- Med-Tele overflow

Average Daily Census: 26.5
- Average length of stay: 6.82

Key Quality Indicators

Accredited through the American College of Surgeon’s Commission on Cancer.
- 2018 received 3-year accreditation
- Certified Nurses in Service Line 45%
- CLABSI (1)
- CAUTI 0.0
- HAPU 0.315
- Falls with injury: 0.00
- HOUS: 13.36 FY-19
- RN, CNA/CA care team
- Staff turnover/orientation costs: 9.13% / 18 mo. – 2 yrs. specialty training
- End of shift overtime: High acuity patients / paper chemotherapy orders
- Professional organizations:
  - 2 RNs attended ONS Congress, Philadelphia, PA
  - 5th Annual Certification Celebration Dinner
  - CEs at staff meetings and annual Oncology Skills Day
  - Active PSONS Chapter with monthly educational opportunities
### Staffing Grid for Patient Census

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RN</th>
<th>CNA/CA</th>
<th>CA</th>
<th>Break RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td>1</td>
<td>7</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>24</td>
<td>1</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>21</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>17</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

### Evening Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RN</th>
<th>CNA/CA</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

### Night Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RN</th>
<th>CNA/CA</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td>1</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>24</td>
<td>1</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>21</td>
<td>1</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>17</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

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

**Organizational support/resource for:**
- Chemotherapy administration
- Hazardous drug handling, administration, disposal and spills
- CVADs, PORTs

**Which Situations Require Staffing Variation?**
- Stem Cell Thawing & Transplant; Clinical Trial patients
- High-Risk Chemo/Bio Treatments (IL-2, Chemo Desensitization and IP Chemo)
- Acute Post-Transplant Patient, Oncologic Emergencies: DIC, TLS
- Increased number of isolation patients or 1:1s, MH or detained patients
- Complex Pain Management or Sedation Requiring Frequent Titration
- Increased Numbers of High-Risk Treatments: Chemo, Insulin or Cardiac gttS.
- Increased ADT
- Radiation transport needs

**Organizational support/resource for:**
- Chemotherapy administration
- Hazardous drug handling, administration, disposal and spills
- CVADs, PORTs

### Which Situations Require Staffing Variation?
- Stem Cell Thawing & Transplant; Clinical Trial patients
- High-Risk Chemo/Bio Treatments (IL-2, Chemo Desensitization and IP Chemo)
- Acute Post-Transplant Patient, Oncologic Emergencies: DIC, TLS
- Increased number of isolation patients or 1:1s, MH or detained patients
- Complex Pain Management or Sedation Requiring Frequent Titration
- Increased Numbers of High-Risk Treatments: Chemo, Insulin or Cardiac gtts.
- Increased ADT
- Radiation transport needs

### Chain of Command/ Staffing Decision Tree

#### Process for Staffing Variation

Charge Nurse determines need to increase or decrease staff when hand-off report is received, and then, reassesses continually throughout the shift.
- Staffs to the skill and ability of the nurse and acuity of patients
- Rounds to assess patient acuity
- Attends 0930 & 1630 Bed Huddle
- Collaborates with Clinical Manager to determine need for additional staff.

If it is determined that extra staff or skill is needed the Charge Nurse calls-in.

#### Meals and Breaks

Break RN role / day shift 0830-1700
- Charge Nurse rounds to support rest and meal breaks
- Manager follows-up with staff who frequently miss breaks
- Education and brainstorming sessions at staff meetings on the value of breaking and break requirement

#### Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)

- Reviewed at March Staff Meetings
  - Sent out to staff that missed meeting in newsletter format
- Results
  - Low participation, but overall positive trends
  - Concerns: Change in Centralized Equipment availability, dietary, supply changes
If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made?

NA

Committee Recommendations:

Approved By

Jakki Stodola, Co-Chair
Director Family Birth Center

Linda Burbank, RN Co-Chair
South

Syd Bersante, Market President/Pierce County
President SJMC

Date

12-20-19

12-20-19

1/3/20
2019 Staffing Plan Overview

Department: SJMC Oncology Infusion Clinic 5160
Date Updated: December 3, 2019 Semiannual
Author: Wendy Stickland & Bree Kilgore Clinical Managers

Nursing Department Overview

The Oncology Infusion Unit is located on the first floor in the Outpatient Medical building at St. Joseph Medical Center. It is an ambulatory outpatient clinic serving adult medical-surgical, hematology/oncology patients and other short term outpatient therapies. There are 12 treatment rooms to provide a variety of outpatient services. Other offices located and handled through the clinic include our Nurse Navigator, and our Oncology Clinical Dieticians. Dietary clients are admitted via the Outpatient Patient Services Representative.

- Average Daily census: 22
- Average number of patients seen: 18 – 30; Recent volume increase ~20%
- Average length of stay: Approximately 4 hours. Appointments can range from 30 minutes to 8 hours or longer depending on the drug prescribed.

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:

- *Patient falls with injury: 0.0
- *Nursing care hours per patient day1.0916
- *Skill Mix: RN, CA2 and PSR
- Medication errors: None C or above.
- Staff turnover/orientation costs: > 50%
- Overtime: < 5% due to recent change in workflow; Regional workgroup underway to address new workflows.
- Agency/Traveler Usage: 22% of worked hours for reporting period average
- Open Posted Positions – 1 Per Diem RN
- Patient Satisfaction Data: Overall measure 77.8%; above target of 75%
- Data from professional organizations: 50% Certified in Oncology Nursing

<table>
<thead>
<tr>
<th>Staffing Grid for Patient Census</th>
<th>Target Hours per Patient Day</th>
<th>1.128</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekdays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Census</td>
<td>Charge</td>
<td>RNs</td>
</tr>
<tr>
<td>22 – 26</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>17 – 21</td>
<td>1</td>
<td>2 then review for possible reduction</td>
</tr>
<tr>
<td>Ages</td>
<td>RNs</td>
<td>CNAs on Saturday only</td>
</tr>
<tr>
<td>---------</td>
<td>-----</td>
<td>-----------------------</td>
</tr>
<tr>
<td>15 - 21</td>
<td>2-3</td>
<td>0-1</td>
</tr>
<tr>
<td>&lt;14</td>
<td>2</td>
<td>0-1</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.

- Pharmacist and Pharmacy Technician
- Laboratory Services
- Environmental Services
- Blood Works NorthWest for cellular therapies
- Nurse Navigators and Nurse Coordinator
- Financial Account Representative

**Which Situations Require Staffing Variation?**

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

- Patients with High Alert medication requiring frequent monitoring
- New patient receiving new chemotherapy regimen
- Multiple high acuity patients

**Chain of Command/Staffing Decision Tree**

**Process for Staffing Variation**

- Charge nurse reviews the schedule the day before to determine appropriate staffing needs
- Charge nurse evaluates the volume and staffing throughout the day and will flex up or down staffing depending on volume and acuity.
- Manager is notified of staffing needs and every attempt is made to ensure staffing does not affect the care of the patients.
- Schedule is adjusted if the department is not able to accommodate the volume due to low staffing.

**Meals and Breaks**
• Staffs are provided breaks and lunches as required and are encouraged to do so after safely handling off their patients to another nurse.
• Charge nurse assigns meal and break time for nurses. Break and meal time schedule is written on the assignment sheet. Charge nurse covers for break.
• If patient assignment does not allow for breaks and/or lunches, the manager will provide back-up and the employee will have their pay adjusted to cover the missed time.

Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)

• Survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail) – Staff Meeting
• Staff Participation: ~30% -- 3 RNs
• What was the theme of the results
  Staffing concerns related to vacancies, increased volumes
• Department work planned to address themes
  Hiring replacement staff, Short-term Contract RN coverage.

If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made?

Committee Recommendations:

Approved By

Jakki Stodola, Co-Chair
Director Family Birth Center

Linda Burbank, RN Co-Chair
2 South

Syd Bersante, Market President/Pierce County
President SJMC

12-20-19
Date

12-10-19
Date

1/3/20
Date
2019 Staffing Plan Overview

Department: Recovery Services (PACU) - 4505
Date Updated: August 7, 2019
Author: Samantha Fentress

Nursing Department Overview

- The Main PACU cares for patients in the immediate post-operative period that includes inpatient/outpatient surgical patients, IR cases, DI cases and Cath Lab patients who have received general anesthesia.
- Average daily census: 25-35 cases
- Average length of stay: 3 hours. Average bed-hold hours per month: 655 hours/monthly Total bed-hold hours for FY19: 7861.5 hours
- Seventeen patient care areas (including 1 isolation room).
- Average Recovery minutes for Phase 1: 67.7
- Staffed 24/7: Monday-Friday 0730-2330 with scheduled staff. Traveler covering night shift from 2300-0730 Sunday thru Thursday with an exit plan of October 15th, 2019. Saturday 0800-2030 is staffed with one scheduled staff member and 2nd RN on call. On-call staff covers weekdays (2300-0800) and weekends (1930-0800).
- Charge nurse Monday-Friday 0730-2000.
- CNA/HUC Monday-Friday 0800-2230 (2 CNA 10 hour shifts) Wednesday 0900-1930 (1 CNA) and Friday 1200-2230 (1 CNA)

Key Quality Indicators

- Surgical Site Infections: Quality 68.7 FY19, Patient Experience 35 FY19, Safety 78.6 FY19
- Skill Mix: 8-10 RNs/2 CA/HUCs between hours of 0800-2230
- Staff Turnover/orientation costs: Rolling 12 months at 11.5%, 3 voluntary term, 2 moved out of state, 1 no longer a nurse
- Overtime cost/end of shift overtime: FY19 $49,981 paid OT
- Patient Satisfaction Data: Overall 79.2%, nursing at 80.9%
- Agency/Travelers: 1 with an exit date of 10/16/19
- Data from professional organizations: 8 out of 24 are certified.

<table>
<thead>
<tr>
<th>Staffing Grid for Patient Census</th>
<th>Target Hours per Patient Day 1.7900</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insert developed staffing grid for varying levels of patient census or attach to this document.</td>
<td></td>
</tr>
</tbody>
</table>

Day Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-35</td>
<td>1</td>
<td>8-10</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
### Evening Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-35</td>
<td>1</td>
<td>8-10</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

### Night Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3</td>
<td>0</td>
<td>1 Scheduled and 1 on-call</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

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

- OR Schedule.
- Bed availability/throughout hospital.
- Cath Lab/IR schedule.

**Which Situations Require Staffing Variation?**

- OR schedule, add-on surgeries, trauma days
- Cath Lab, IR schedules for patient recovery
- Unexpected staff absences (SNO, FMLA, LOAs etc)
- Patient acuity (pediatrics, isolation, 1:1 patient care)
- Bed holds

**Chain of Command/Staffing Decision Tree**

**Process for Staffing Variation**

- Charge RNs review schedules and adjust staffing as needed on a daily basis. Reviews with the manager on a daily basis.
Meals and Breaks

- PACU charge RN is not counted in staffing to allow them the ability to cover breaks and lunches.
- Daily sheet to track breaks and lunches.
- Staff document on edit logs when breaks or lunches are missed.

Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)

"Charge RNs do their best to accommodate but it depends on the OR output and available staff" Q: staffing assignments are able to accommodate changes in patient conditions.
"Transferring to the floor is often an issue (room is not available, not ready, RN is not available to take report)" Q: I am able to complete my shift on time

- Quarterly staff meetings to discuss what's working well and what needs improvement on.
- Increased patient rounding in Recovery by Manager.

If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made? N/A

Committee Recommendations:

Approved By

Jaliki Stodola, Co-Chair
Director Family Birth Center

Linda Burbank, RN Co-Chair
2/South

Syd Bersante, Market President/Pierce County
President SJMC

8-12-19

8/12/19

9-31-19

Date

Date

Date
2019 Staffing Plan Overview

Department: Pre-Admit Clinic -4510
Date Updated: August 7, 2019
Author: Samantha Fentress, Clinical Manager

Nursing Department Overview
- The Pre-Admit Clinic screens patients prior to their scheduled procedure. This department supports the Main OR, Walters SDSC, Gig Harbor Same Day Surgery, patients for IR/DI, Cath Lab (ablations, LACCS), and GI who are receiving a general anesthetic.
- There are 5 patient interview rooms.
- New revamped schedule: 15 visits per day and 30 phone screen in AM and 30 phone screen PM
- Hours are Mon-Friday 8:00-17:30pm

Key Quality Indicators
- Surgical Site Infections: Quality 68.7 FY19, Patient Experience 35 FY19, Safety 78.6 FY19
- Staff Turnover/orientation costs: 7.19%, 1 RN that moved to another county
- Overtime costs / end of shift overtime: $31,612 FY19 OT paid
- Patient Satisfaction Data: Overall 79.2%, nursing at 80.9%
- No Agency/Travelers: 0

<table>
<thead>
<tr>
<th>Staffing Grid for Patient Census</th>
<th>Target Hours per Patient Day 1.1821</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insert developed staffing grid for varying levels of patient census or attach to this document</td>
<td></td>
</tr>
</tbody>
</table>

Day Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CAs</th>
<th>PCR</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Visits</td>
<td>1</td>
<td>5-6</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>60 Phone Screens</td>
<td>1</td>
<td>5-6</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Evening Shift

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other</th>
</tr>
</thead>
</table>
Above Staffing Plan Contingent Upon the Following Supports/Considerations

- The work completed by this unit is unique and requires orientation. SPT nurse fills in for vacations and short notice occurrences.

Which Situations Require Staffing Variation?

- Sick calls/FMLA/unexpected staff absences
- Add-on rate for the MOR 36%, WDS 3%

Chain of Command/Staffing Decision Tree

Process for Staffing Variation

- Designated charge nurse reviews pre-admit clinic schedule and adjusts staffing as needed on a daily basis.
- Charge RN discusses with manager appropriate plan.

Meals and Breaks

- Daily sheet to track breaks and lunches.
- Staff document on edit logs when breaks or lunches are missed.
- 1200-1300 blocked out of clinic schedule to assist staff in relief for lunches.
Annual Nurse Staff Survey

- FY19 SJMC Nursing Staffing Survey only had 1 response
- Quarterly staff meeting to discuss what is working well and what needs improvement
- Culture change in Pre-Admit Clinic with Drew and Sherry help

If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made? N/A

Committee Recommendations:

Approved By

Jakki Stodola, Co-Chair
Director Family Birth Center

8-12-19
Date

Linda Burbank, RN Co-Chair
2 South

8/21/19
Date

Syd Bersante, Market President/Fierce County President SJMC

8/31/19
Date
2019 Staffing Plan Overview

Department: Walter Surgery Center - 4410
Date Updated: 8/9/19 - Annual
Author: Yvette Tawfik

Nursing Department Overview

Walters Surgery performs surgeries, but are not limited to, for the following services:
- Gynecology
- Urology
- General
- Plastics
- Ortho
Walters Day Surgery also provides robotic surgery services for Gynecology, Urology and General Cases.
Case load varies between 14 and 30 cases with an average of 20 cases.
Admissions correspond to number of cases

Key Quality Indicators

- **Patient falls prevalence**: Patients come to OR on a stretcher with side rails up. Once on the OR table we secure with a safety belt during surgery.
- **Patient falls with injury**: No falls with injury
- **Pressure ulcer rate/prevalence**: Patients are positioned with gel pads, foam pads, pressure reduction dressings for buttock, heels, and elbows to reduce pressure. Alignment is actively determined based on the patients' surgical position to assure there is not undo pressure on nerve points during the surgery.
- **Nursing care hours per patient day**: Our hours of service is 6.59 per case.
- **Skill Mix**: We have one RN and one scrub tech in each case with additional staff as needed for patient safety or room flow, holding limbs, retractors or manipulation. There is a Charge RN on each shift and scheduler/Health Coordinator at the desk.
- **Medication errors**: Anesthesia delivers most medications
- **Staff turnover/orientation costs**: Staff turnover is currently at 16.5%. Recruiting is difficult for OR RNs with experience. We are hiring for new RN for the residency with 4 starting in September.
- **Overtime costs / end of shift overtime**: Current OT is at 2.43% due to vacancy rate and inability to fill open positions. This leads to inadequate coverage for the volumes and times of cases.
- **Agency/ Traveler Usage**: Current usage of travelers has been 3.0 FTE of RN with the contract ending 11/1/19. Traveler hours averaged 78 per pay period.
- **Patient Satisfaction Data**: Currently Walters is at 87.5% (40th % tile) Threshold is 90% or top box of 75% tile.
- **Data from professional organizations**.
- **NDNQI Data** (Relevant reporting units):

### Staffing Grid for Patient Census

Day Shift. Example below of standard staffing available at each time frame to accommodate 7 OR rooms from 6:30-15:00, 5 OR rooms from 15:00-17:00 and 2 OR rooms from 17:00-19:00. Actual schedule is in Care Values.

<table>
<thead>
<tr>
<th>RN CHG 0630-1500</th>
<th>OR TECH CC 0600-1430</th>
<th>RN CENTER CORE</th>
<th>AST II 0600 - 1430</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeanette 1.0</td>
<td>Jodie .8</td>
<td></td>
<td>Kara 1.0</td>
</tr>
<tr>
<td></td>
<td>OR TECH 0600-1630</td>
<td></td>
<td>Matt 1.0</td>
</tr>
<tr>
<td>RN 0630-1500</td>
<td>Deanna .875</td>
<td></td>
<td>AST II 0800 - 1630</td>
</tr>
<tr>
<td>Diane .9</td>
<td>Jil .0</td>
<td></td>
<td>AST II 1030 - 1930</td>
</tr>
<tr>
<td>Pam .6</td>
<td></td>
<td></td>
<td>Alan</td>
</tr>
<tr>
<td>Helen 1.0</td>
<td>OR TECH 0630-1500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nina .9</td>
<td>Tama .8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shannon .6</td>
<td>Mary 1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linda .9</td>
<td>Vanessa 1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jim .8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Terrilynn .9</td>
<td>Leslie 1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shannon .8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN 0630-1700</td>
<td>Christine .8</td>
<td>OR TECH CORE</td>
<td>SUPPORT STAFF</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allie 1.0</td>
<td>OR TECH 0630-1700</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trish 1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lisa 1.0</td>
<td>Michelle 1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Samantha 1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN 0830-1700</td>
<td>OR TECH 830-1700</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rowena 1.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peggy .8</td>
<td>OR TECH 0830-1900</td>
<td></td>
<td>Marsha</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Shannon</td>
</tr>
<tr>
<td>RN 0830-1900</td>
<td>Chelsea .8</td>
<td></td>
<td>Marva</td>
</tr>
<tr>
<td>Carly .875</td>
<td>Breanna</td>
<td></td>
<td>Samantha</td>
</tr>
<tr>
<td>Haley 1.0</td>
<td>OR TECH 1030-1900</td>
<td>LATE CASES</td>
<td>Late Case Staffing</td>
</tr>
<tr>
<td></td>
<td>Becky .8</td>
<td>1)</td>
<td></td>
</tr>
<tr>
<td>RN 1030-1900</td>
<td>Francie .6</td>
<td>2)</td>
<td></td>
</tr>
</tbody>
</table>

Based on OR volumes staff may be low censuses or ask to come in early or stay late. This grid shows the scheduled rooms for each time period and correlated staffing.
<table>
<thead>
<tr>
<th>Number of ORs running.</th>
<th>RN circulators</th>
<th>Scrub Tech</th>
<th>Other staff desk, charge RN, Core tech, PST, AT</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 day shift 6:30-15:00</td>
<td>7-8</td>
<td>8-9</td>
<td>4</td>
</tr>
<tr>
<td>5 Mid shift 15:00-17:00</td>
<td>5-6</td>
<td>6-8</td>
<td>4</td>
</tr>
<tr>
<td>2 eves shift 17:00-19:00</td>
<td>2-3</td>
<td>3-4</td>
<td>3</td>
</tr>
</tbody>
</table>

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

- Walters Day Surgery provides an Anesthesia Tech support to the GI unit
- Staff float to main OR if they need help and we have extra staff
- Staff float from main OR to Walters if we need help and they have extra staff
- EVS cleans OR
- Diagnostic imaging
- Material management
- SPD
- Perianesthesia
- Lab

**Which Situations Require Staffing Variation?**

- Heavy surgery schedule or type of surgery being performed that may need additional support
- Acuity of the patient
- Cases that require additional scrub tech to manipulate or hold and RN to run the room and document.

**Chain of Command/Staffing Decision Tree**

**Process for Staffing Variation**

The Charge RN and Manager determine the need for extra staff based on acuity, needs of the unit or for known sick calls. The schedule is reviewed by the Charge RN up to a week ahead and staffing is planned and determined based on known OR case volumes. Staff are flexed down based on volumes the day before or day of to meet productivity margins. Staff maybe asked to come in early from a mid-shift as day shift staff calls in sick or we are short due to vacation or FMLA. The Main OR and Walters Charge RNs communicate needs to see if either unit can help the other with staffing.
**Meals and Breaks**

Charge RNs provide meal and breaks for staff that are part of the scheduling matrix to assure meals and breaks are accomplished. These roles are listed on the daily assignment sheets. In the core there is a white board and assigned breaks and lunches are put on the board to know who is assigned and which room they should give lunches and breaks. If an employee misses a break or meal they should notify leadership, clock in Kronos and document in the daily acceptations log.

---

**Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)**

- Staff Participation 2019
- Adequate RN staffing was a concern.
- Department work planned to address themes scheduled for 8/1/19

---

If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made? N/A

Committee Recommendations:

Approved By

Jekki Stodola, Co-Chair
Director Family Birth Center

Linda Burbank, RN Co-Chair
Medical Surgical, 2 South

Syd Bersante, Market President/Pierce County President SJMC

Date

8/12/19

Date

8/31/19
2019 Staffing Plan Overview

Department: PACU/SADU/ECU
Date Updated: August 1, 2019
Author: Denise Mills, Clinical Manager

Nursing Department Overview

WDS Perianesthesia department provides pre and post-operative care to surgical patients. We also provide post-operative care to GI patients whom require general anesthesia.

- Average daily census fluctuates between 22-30 cases per day with an additional 2-10 GI cases being recovered in PACU
- We average approx. 5 IP admissions, 20-25 outpatient discharges, 6 overnight ECU stays
- Average length of stay: 24 hours or less

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*:

- *Patient falls prevalence: 2 falls with no injury
- *Patient falls with injury: 0
- *Pressure ulcer rate/prevalence: 0
- *Nursing care hours per patient day
- Medication errors: 3, no harm to patients
- Staff turnover/orientation costs: 4 = 8.8%
- Overtime costs / end of shift overtime: <2%
- Agency/ Traveler Usage

Staffing Grid for Patient Census

<table>
<thead>
<tr>
<th>SADU</th>
<th>Target Hours per Patient Day</th>
<th>4.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Census</td>
<td>Charge/Resource</td>
<td>RNs</td>
</tr>
<tr>
<td>0-15</td>
<td>2</td>
<td>3/3</td>
</tr>
<tr>
<td>16-20</td>
<td>2</td>
<td>4/4</td>
</tr>
<tr>
<td>21-25</td>
<td>2</td>
<td>5/5</td>
</tr>
<tr>
<td>26+</td>
<td>2</td>
<td>6/6</td>
</tr>
</tbody>
</table>

<p>| PACU | | |
|------| | |
| Census | Charge | RNs | CNAs | Other |
| 0-8 | 1 | 2 | 1 |
| 9-12 | 1 | 3 | 1 |
| 13-16 | 1 | 4 | 1 |</p>
<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>Shared with SADU till 2030</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>5-8</td>
<td>Shared with SADU till 2030</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>9-10 (maximum)</td>
<td>Shared with SADU till 2030 (Staffing to provide RN)</td>
<td>3</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

**ECU 0700-1900**

<table>
<thead>
<tr>
<th>Census</th>
<th>Charge</th>
<th>RNs</th>
<th>CNAs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3</td>
<td>included</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>4-8</td>
<td>included</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>9-10 (Maximum)</td>
<td>included (Staffing to provide RN)</td>
<td>3</td>
<td></td>
<td>2</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.

- Staff PACU to recover GI patients when they are understaffed
- Only FHS unit that accepts overnight pediatric patients
- We have telemetry capabilities
- Do inpatient bed holding
- Main PACU to lend support when PACU closes at 2030

**Which Situations Require Staffing Variation?**

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

- Heavy surgery schedule/ high numbers of fresh post op patients
- Increased number of isolation patients
- Inpatient bed holds
- One to one care for pediatric and critical care patients

**Chain of Command/ Staffing Decision Tree**

**Process for Staffing Variation**
Shift start times dependent upon surgery schedule, may flex start times to accommodate patients
- Unplanned add-ons to surgery schedule
- Charge nurse determines need for additional staff and arranges for staff
- Support staff from staffing office when there are sick calls
- We do internal staffing with sick calls/call out notification

Meals and Breaks
- Charge nurse involved in break relief.
- Complete charge nurse restructure completed with focus on improved charge nurse coverage to facilitate break relief.
- Daily break schedule maintained by Charge Nurses
- Staff are to notify charge nurse if they are unable to get a break and document in Kronos exception log.

Annual Safe Nurse Staffing Survey (Not Hospital PCA Survey)
- Safe staffing results shared with all staff at March Staff Meetings
- For identified areas a process plan was put in place with included OR-ICU handoff tool, Leadership call, reinstituting bedside report in Walters periop areas, clinical grouping revamp, competency assessment for Staff, safe patient handling training, annual skills day.

If recommendations were made on last Staffing Plan Overview, how did you use them and what impact has it made?

Committee Recommendations: