**St Joseph Medical Center
CHI Franciscan
Tacoma, WA
Staffing Plan for 2022 (Partial Update)
Prepared in 12/21 for submission to WA State
Department of Health**

St Joseph Medical Center
CHI Franciscan
Staffing Plan for 2022

Purpose:

The purpose of creating a staffing plan for nursing is to ensure consistency in scheduling and assurance of the right skill mix for the patient populations and care focus for each department.

Determination:

The staffing plans for SJMC are based on the following considerations:

- Scope of patient care for the department
- Level of patient care for the department
- Size of the department
- Average daily census and length of stay
- Key quality indicators based on the scope and level of care
- Patient experience outcomes
- Level of hospital support needed for patient care

Other factors considered in the staffing plans:

- Prevalence of staffing variation
- Specialty patient populations i.e. COVID
- Need for meal and rest breaks
- Feedback from Annual Safe Staffing Survey, MyVoice Employee Satisfaction Survey, Culture of Safety Survey & Staffing Complaint data.

Reasons that would create a need to staff differently than planned:

- Internal or external disaster
- High volume of sick calls by nurses and/or the associated support staff
- Patient acuity is higher or lower than anticipated

Review process:

- Staffing plans are reviewed annually and re-reviewed semi-annually.
- Staffing plans are submitted for review when permanent changes are made in the core staffing plan

I attest that the grids below demonstrate the staffing plan for 2022. Any permanent changes to these plans in 2021 will be reviewed and implemented as required by WA State and the Collective Bargaining Agreement.

Ruth Flint, RN MN Chief Nursing Officer: _Ruth Flint RN MN CNO 12/21/21_

Critical Care Staffing Plan

5A & 5 C CARDIAC CARE UNITS

This unit is designed to serve patients recovering from cardiac related procedures. Patients are assigned a level of nursing care based on medical or surgical need. The typical nurse ratio for patients requiring an Intensive Care level of nursing is 1 nurse per 2 patients. For Progressive Care level of nursing, it is 1 nurse per 3-4 patients. The unit is also supported by a certified nursing assistant (CA) to assist with both secretarial and patient care tasks under the supervision of the RN.

ICU Census	RN	CA
< 4	2 Consolidate quads if possible	0.5
4	2 Consolidate quads if possible	0.5
5-6	3	0.5
7-8	4	0.5

5B CARDIAC PROGRESSIVE CARE UNIT

This unit is designed to serve patients transitioning from Intensive Care level of care or meeting Progressive Care criteria with primarily cardiac related conditions. Patients are assigned a level of nursing care based on medical need. The typical nurse ratio for patients requiring a Progressive Care level of nursing is 1 nurse per 3-4 patients. The unit is also supported by a certified nursing assistant (CA) to assist with both secretarial and patient care tasks under the supervision of the RN.

PCU Census	RN	CA
< 4	1 Consolidate quads if possible	0.5
4	1-2	0.5
5-6	2	0.5
7-8	2-3	0.5-1.0

5D CARDIAC SURGERY INTENSIVE CARE UNIT

This unit is designed to serve patients recovering from cardiac surgery or related procedures. Patients are assigned a level of nursing care based on medical or surgical need. The typical nurse ratio for patients requiring an Intensive Care level of nursing is 1 nurse per 2 patients. For day of surgery cardiac patients, it is 1 nurse per patient for the first 6 hours. For Progressive Care level of nursing, it is 1 nurse per 3-4 patients. The unit is supported by a certified nursing assistant (CA) to assist with both secretarial and patient care tasks under the supervision of the RN.

ICU Census	RN	CA
< 4	2 Consolidate quads if possible	0.5
4	2 Consolidate quads if possible	0.5
5-6	3	0.5
7-8	4	0.5

6A NEURO PROGRESSIVE CARE UNIT

This unit is designed to serve patients transitioning from Intensive Care level of care or meeting Progressive Care criteria with primarily neurological diagnoses. Patients are assigned a level of nursing care based on medical need. The typical nurse ratio for patients requiring a Progressive Care level of nursing is 1 nurse per 3-4 patients. The unit is also supported by a certified nursing assistant (CA) to assist with both secretarial and patient care tasks under the supervision of the RN.

PCU Census	RN	CA
< 4	1 Consolidate quads if possible	0.5
4	1-2	0.5

	Consolidate quads if possible	
5-6	2	0.5
7-8	2-3	0.5-1.0

6B NEURO INTENSIVE CARE UNIT

This unit is designed to serve patients recovering from acute critical conditions or procedures. Patients are assigned a level of nursing care based on medical need. The typical nurse ratio for patients requiring an Intensive Care level of nursing is 1 nurse per 2 patients. For Progressive Care level of nursing, it is 1 nurse per 3-4 patients. The unit is also supported by a certified nursing assistant (CA) to assist with both secretarial and patient care tasks under the supervision of the RN.

ICU Census	RN	CA
< 4	2 Consolidate quads if possible	0.5
4	2 Consolidate quads if possible	0.5
5-6	3	0.5
7-8	4	0.5

6C NEURO & SURGICAL TRAUMA
INTENSIVE CARE UNIT

This unit is designed to serve patients recovering from acute critical conditions or procedures. Patients are assigned a level of nursing care based on medical need. The typical nurse ratio for patients requiring an Intensive Care level of nursing is 1 nurse per 2 patients. For Progressive Care level of nursing, it is 1 nurse per 3-4 patients. The unit is also supported by a certified nursing assistant (CA) to assist with both secretarial and patient care tasks under the supervision of the RN.

ICU Census	RN	CA
< 4	2 Consolidate quads if possible	0.5
4	2 Consolidate quads if possible	0.5
5-6	3	0.5
7-8	4	0.5

6D MEDICAL-SURGICAL TRAUMA
INTENSIVE CARE UNIT

This unit is designed to serve patients recovering from acute critical conditions or procedures. Patients are assigned a level of nursing care based on medical need. The typical nurse ratio for patients requiring an Intensive Care level of nursing is 1 nurse per 2 patients. For Progressive Care level of nursing, it is 1 nurse per 3-4 patients. The unit is also supported by a certified nursing assistant (CA) to assist with both secretarial and patient care tasks under the supervision of the RN.

ICU Census	RN	CA
< 4	2 Consolidate quads if possible	0.5
4	2 Consolidate quads if possible	0.5
5-6	3	0.5
7-8	4	0.5

8A & 8D MEDICAL – SURGICAL PROGRESSIVE CARE UNIT

This unit is designed to serve patients transitioning from Intensive Care level of care or meeting Progressive Care criteria. Patients are assigned a level of nursing care based on medical need. The typical nurse ratio for patients requiring a Progressive Care level of nursing is 1 nurse per 3-4 patients. The unit is also supported by a certified nursing assistant (CA) to assist with both secretarial and patient care tasks under the supervision of the RN.

PCU Census	RN	CA
< 4	1 Consolidate quads if possible	0.5-1
4	1-2	0.5-1

	Consolidate quads if possible		
5-6	2	1 days	0.5 nights
7-8	2-3	1 days	0.5 nights
8-9	2-3	1 days	0.5 nights

Staffing for the Division includes 3 Charge RNs for both day and night shifts. 5th floor and 6th Floor Critical Care Charge RN are part of the Rapid Response and Code Blue Teams throughout the hospital. The Disaster Preparedness Team (Code Triage) is supported by the 5th and 6th Floor Critical Care Charge RN as well as the 8th floor PCU charge nurse throughout the hospital. Staffing model that varies from the staffing plan includes close collaboration with the manager.

Medical, Telemetry and non-ICU Surgical Care

2 South

Staffing Grid for Patient Census   Target Hours per Patient Day__12.2_____

Core Staffing:

	Days	Evenings	Nights	24-hr Total
Charge RN	1	1	1	3
Resource RN	0.75	0.25	-	1
RN	11	11	11	33
CNA	5	5	3	13
CA	0.75	0.75	0.5	2
Transporter	0.75	0.25	-	1

Census Driven – Dayshift 0700-1930

Census	Charge/Resource		RNs	CNAs/CA/Trans	Break RN
44-43	1	*1	11	5/*1/*1	2
42-40	1	*1	10	4/*1/*1	2
39-37	1		9	4	2
36	1		9	3	2
35-32	1		8	3	2
28-31	1		7	3	2

*depending on unit churn and acuity

Census Driven – Nocshift 0700-1930

Census	Charge/Resource		RNs	CNAs/CA	Break RN
44-43	1	*0.25	11	3/*1	1
42-40	1	*0.25	10	3/*1	1
39-36	1		9	3	1
35-32	1		8	3	1
28-31	1		7	2	1

*depending on unit churn and acuity

3 South

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

Day Shift & Evening Shift

Census	Charge RN	RN	CNA days/evenings	Break RN
33-32	1	8	4	1
31-28	1	7	3	1
27-25	1	6	3	1
24-19	1	5	2	1
18-16	1	4	2	1
15-13	1	3	2	1
12-11	1	3	1	1

Night Shift

Census	Charge RN	RN	CNAs Nights	**Break RN**
33-32	1	8	3	1
31-28	1	7	3	1
27-25	1	6	2	1
24-19	1	5	2	1
18-16	1	4	2	1
15-13	0	3	1	1
12-11	0	3	1	1

4 South

Staffing Grid for Patient Census   Target Hours per Patient Day_11.3_____

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

Day Shift

Census	Charge	RNs	CNAs	Break RN
21-19	1	5	2	1
17-18	1	4	2	1
13-16	1	3	2	1
9-12	1	2	1	1

Night Shift

Census	Charge	RNs	CNAs	Break RN
21-19	1	5	2	1
17-18	1	4	2	1
13-16	1	3	2	1
9-12	1	2	1	1

7th Floor

Staffing Grid for Patient Census   Target Hours per Patient Day10 72

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

Day Shift

Census	Charge/Resource	RNs	CNAs	CA	Break RN
35-33	1/1	8	4	1	1*
32-31	1	8	4	1	1
30-29	1	7	3	1	1
28-26	1	6	3	0	1

*plus evening shift break nurse 3 days on weekdays

Night Shift

Census	Charge	RNs	CNAs	Break Reliever
35-33	1	9	3	1
32-31	1	8	3	1
30-29	1	7	2	1
28-26	1	6	2	1

8 B&C

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

Day Shift **Note CN works 1100-2330

Census	Charge	RNs	CNAs	Break RN
16-17	1	4	2	1
14-15	1	4	2	1
12-13	1	4	0-1	1
9-11	0-1	3	0-1	1

Night Shift

Census	Charge	RNs	CNAs	Break RN
16-17	1	4	2	1
14-15	1	4	1-2	1
12-13	1	4	0-1	1
9-11	0-1	3	0-1	1

9th Floor

Peritoneal Dialysis Staffing

PD Patient	RN
1 PD patient on the 9th floor or off unit, uncomplicated case	9th floor charge RN to do PD
2 PD patients on the 9th floor or off unit, uncomplicated case	9th floor charge RN to do PD; may staff up 1 extra PD RN for 4 hours if needed
1-2 PD patients off unit, complicated	1 extra RN dedicated for PD
3 PD patients on the 9th floor or off unit, complicated or uncomplicated	1 extra RN dedicated for PD with the support of 9th floor charge RN

Day Shift

Census	Charge	RNs	CNAs/CA	Break RN
38-35	1	9	4/1	1
34-33	1	8	4/1	1

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

Night Shift

Census	Charge	RNs	CNAs	Break RN
38-35	1	9	3	1
34-33	1	8	3	1

10th Floor Inpatient Oncology

Staffing Grid for Patient Census	Target Hours per Patient Day	12.61

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

Day Shift

Census	Charge	RN	CNA/CA	CA	Break RN
28	1	7-8	4	1	1
23	1	7	4	0-1	1
21	1	6	3		1
17	1	4-5	2-3		1

Evening Shift

Census	Charge	RN	CNA
28			4
24			3
21			3
17			2

Night Shift

Census	Charge	RN	CNA/CA
28	1	7	2
24	1	6	2
21	1	5	1
17	1	4	1

Emergency Department and Clinical Decision Unit

Emergency Department

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

Census	Charge	RNs	ERT	HUC
0-7	1	2	2 **	1 HUC (0800 - 0430) **
8-14	1	4	2**	1**
15-23	1	6	3**	1**
24-30	1	8	4**	1**
31-39	1	10	4**	1**
40-46	1	12	5**	1**
47-56	1	14	5**	1**

**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

Clinical Decision Unit

Staffing Grid for Patient Census

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

Applies to day and night shifts 0700-1930, 1900-0730

Census	RNs	CAs	Other
1-5	2*	(1)	*Can use primary nursing model.
6-8	2	1**	

Peri Anesthesia and Perioperative Departments

Main OR

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

Day Shift

Census	Charge	RNs	Techs	Other
25-30	1	21	17	10

Evening Shift

Census	Charge	RNs	Techs	Other
7-9	1	3	3	3

Night Shift

Census	Charge	RNs	Techs	Other
1		4+1 on call	4+1 on call	0

See below for position control.

RN SHIFT/# per shift		ST SHIFT/# per shift	
0530-1800	2	0630-1500	10
0530-1800	2	0630-1500	10
0630-1500	8	0630-1500	10
0630-1500	8	0630-1500	10
0630-1500	8	0630-1500	10
0630-1500	8	0630-1500	10
0630-1500	8	0630-1500	10
0630-1900	3	0630-1500	10
0630-1500	8	0630-1500	10
0630-1500	8	0630-1500	10
0630-1500	8	0630-1700	2
0630-1700	4	0630-1700	2
0630-1900	3	0630-1900	3
0630-1700	2	0630-1900	3
0630-1700	2	0630-1900	3
0630-1900	3	0830-1700	1
0630-1900	3	0900-2130	2
0830-2100	4	0900-2130	2

0830-2100	4	1030-2100	1
0830-2100	4	1430-2300	3
0830-2100	4	1430-2300	3
0830-1700	1	1430-2300	3
1330-2200	1	2030-0700	2
1430-2300	3	1930-0700	2
1430-2300	3	1930-0700	2
1430-2300	3	2030-0700	2
2030-0700	2		
1930-0700	2		
1930-0700	2		
2030-0700	2		

Main PACU

Staffing Grid for Patient Census

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

Day Shift

Census	Charge	RNs	CNAs	Other
35-40	1	7-9 staggered start times 5 days a week	2 CNA daily 3 x week, 1 CNA 2 x week	

Evening Shift – Covered with staggered start times on Day Shift

Night Shift

Census	Charge	RNs	CNAs	Other
2-5		1 scheduled RN with 1 on-call RN to support		

Main SADU

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

Day Shift

Census	Charge	RNs	CNAs	Other
20-25	1	3-4	2	

Evening Shift

Census	Charge	RNs	CNAs	Other
15-20	1	2-3	1-2	

Night Shift – N/A

Pre-Surgical Screening

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

Census	Charge	RNs	CNAs	Other
45 - 70	1	5-7 RNs	2	

Evening Shift - Closed

Night Shift - Closed

Walters OR

Staffing Grid for Patient Census   Target Hours per Patient Day   6.59

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.

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.

RN CHG 0630-1500	OR TECH CC 0600-1430		AST II 0600 - 1430
1.0	.9		1.0 1.0

	OR TECH	Scrub Tech	AST/PST/Support
			1.0
	OR TECH 0600-1430		AST II 0800 - 1630
RN 0630-1500	.8		
.9			AST II 1030 - 1930
.6			1.0
	OR TECH 0630-1500		
.9	.8	1.0	PST I 0600 - 1430
.6	1.0		1.0
.9	1.0		1.0
. 1.0	.8		PST I 1030 - 2000
.9 Open position	1.0		1.0
	.8		
RN 0630-1700	.9		
1.0			SUPPORT STAFF
1.0 open position	OR TECH 0630-1700		.5
1.0	1.0		.5
1.0	1.0	1.0	1.0
Open position 1.0			
RN 0830-1700	OR TECH 830-1700		Stats
1.0			RN
.8	OR TECH 0630-1900		Techs
RN 0830-1900	.87		Support Staff
1.0 Open Position	.87		Hours
1.0			
RN 0630-1900	OR TECH 1030-1900		
	1.0		
.87	.6		

Number of ORs running. 7 day shift 6:30-15:00 5 Mid shift 15:00-17:00 2 eves shift 17:00-19:00	RN circulators	Scrub Tech	Other staff desk, charge RN, Core tech, PST, AT
7	8-9	9-11	4
5	6-7	8-10	4
2	3-4	4-6	3

Walters PACU/SADU/Extended Care Unit

SADU

Census	Charge/Resource	RNs	CNAs	Other
0-15	2	3/3	1/2	
16-20	2	4/4	1/2	
21-25	2	5/5	2/3	
26+	2	6/6	2/3	

PACU

Census	Charge	RNs	CNAs	Other
0-8	1	2	1	
9-12	1	3	1	
13-16	1	4	1	
17-20	1	5	1	
21-24	1	6	1	
25-28+	1	7-8	1	

ECU 0700-1900

Census	Charge	RNs	CNAs	Other
0-4	Shared with SADU till 2030	1	1	
5-8	Shared with SADU till 2030	2	2	
9-10 (maximum	Shared with SADU till 2030	3 (Staffing to provider RN)	2	

ECU 1900-0700

Census	Charge	RNs	CNAs	Other
0-3	included	2	1	
4-8	included	2	1	
9-10 (Maximum)	included	3 (Staffing to provide RN)	2	

Gig Harbor Same Day Surgery Center

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

Day Shift

Census	Charge	RNs	Techs	Other
5-10	1*	7	3	1

Evening Shift

Census	Charge	RNs	Techs	Other
N/A				

Night Shift

Census	Charge	RNs	Techs	Other
N/A				

Family Birth Center, Midwifery Birth Center and NICU

Family Birth Center

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
1-2 Surgical Tech (.7 Variable of 09-1730 shifts per pay period)
2 Care Assistants

Evening shift
1 Receptionist/Scheduler 15-2330
1 RN 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 11th floor includes:
Day Shift (12 hours)
1 Charge Nurse
6-7 RNs
1 Break RN (.8)
2-3 Care Assistants

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

NICU

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

Census	Charge	RNs	CNAs	RTs
1-4	1	1	0	1
5-7	1	2	0-1	1
8-10	1	3	1	1
11-15	1	4-5	1	1
16--18	1	6-7	1	1
19-21	1	7-8	1	1-2
22-26	1	9-10	1	1-2
27-30	1	13	2	2
31-33	1	14	2	2
33-35	1	15	2	2

Night Shift

Census	Charge	RNs	CNAs	Other
1-4	1	1	0	1
5-7	1	2	0-1	1
8-10	1	3	1	1
11-15	1	4-5	1	1
16--18	1	6-7	1	1
19-21	1	7-8	1	1-2
22-26	1	9-10	1	1-2
27-30	1	13	2	2
31-33	1	14	2	2
33-35	1	15	2	2

Midwifery Birth Center

Staffing Grid for Patient Census

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

Census	Charge	RNs	CNM	Doula
1 Labor/triage	0	1	1	1
2 Labor/triage	0	2	1-2	1-2
1-3 post partum	0	1-2	1-2	1-2

Newborn visit on day shift with 1-4 appointments= 1 RN dedicated to visits

Night Shift   1900-0730

Census	Charge	RNs	CNM	Doula
1 labor/triage	0	1	1	1
2 labor/triage	0	2	1-2	1-2
1-3 post partum	0	1-2	1-2	1-2

Procedural Areas

Cardiac Cath and Electrophysiology Procedure Labs

Staffing Grid for Patient Census

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

Census	Charge	RNs	CNAs	RCIS/ RTR (Techs)	HUC
18-33	1-EP Sup	19	2	10	1
	1-RN-EP				
	1-RN-CL				
	1-Lead Tech				
After hours and weekend on-call cath Lab	N/A	2	N/A	1	N/A
After hours and weekend on-call O.R.	N/A	N/A	N/A	1	N/A

Evening Shift- N/A No Evening Shift

Night Shift- N/A No Night Shift

Interventional Radiology

Staffing Grid for Patient Census

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

Day Shift

Census	Charge	RNs	CNAs	Other
18	1	4	0	Interventional Radiologic Tech's

Evening Shift

Census	Charge	RNs	CNAs	Other
After hour call 1730-0700		2		2 IR Tech's

Night Shift

Census	Charge	RNs	CNAs	Other
After hour call 1730-0700		2		2 IR Tech's

Cardiac Rehab

Staffing Grid for Patient Census

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

Day Shift

Census	Charge	RNs	CNAs	Other
20-39	1			2

Evening Shift – N/A

Night Shift – N/A

Outpatient Infusion

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

Day Shift

Census	Charge*	RNs	CNAs	PSR
26-31+	1	4	1	1
22-26	1	3	1	1
17-21	1	2 and review for possible reduction	1	1
16 or less	1	1-2 depending on census and acuity	0-1	1

Weekend

Census	Charge*	RNs	CNAs
22-26	1	3	1
17-21	1	2 and review for possible reduction	1
16 or less	1	1-2 depending on census and acuity	0-1

* Charge Nurse takes partial patient assignment, triages provider and patient calls, and reviews charts for next day

GI Lab

Staffing Grid for Patient Census   Target 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

Number of Procedure Rooms	Charge RN	RNs	Endo Techs
1	1	3	2
2		3+	2+

Evening Shift & Night Shift – N/A

IV Therapy

Variable Staffing Grid		

Day Shift

Shift	RNs
0700-1900	2

Evening Shift

Shift	RNs
1100-2300	1-2

Night Shift

Shift	RNs
1900-0700	1-2

Charge nurses are included in the core staffing and take patient assignments.