Attestation Form
Nurse Staffing Coalition
June 1, 2018

I, the undersigned with responsibility for Three Rivers Hospital, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for the 2019 and includes all units covered under our hospital license under RCW 70.41. This plan was developed with consideration given to the following elements (please check):

☐ Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
☐ Level of intensity of all patients and nature of the care to be delivered on each shift;
☐ Skill mix;
☐ Level of experience and specialty certification or training of nursing personnel providing care;
☐ The need for specialized or intensive equipment;
☐ The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;
☐ Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
☐ Availability of other personnel supporting nursing services on the unit; and
☐ Strategies to enable registered nurses to take meal and rest breaks as required by law or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff.

________________________
Signature

________________________
Printed Name

________________________
Date
# Nurse Staffing Committee Charter

<table>
<thead>
<tr>
<th>Committee Name</th>
<th>Three Rivers Hospital Nurse Staffing Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Committee Membership and Leadership</strong></td>
<td></td>
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<tr>
<td>Co-Chair: TBD</td>
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<td>Co-Chair: TBD</td>
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<td>Committee Membership:</td>
<td></td>
</tr>
<tr>
<td>- Samantha Morrison, RN -- Med-Surg/OB Nights</td>
<td></td>
</tr>
<tr>
<td>- Lindsay Boesel, RN -- Med-Surg/Per Diem</td>
<td></td>
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<tr>
<td>- Shelly Simpson, RN -- Med-Surg/ER Days</td>
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<tr>
<td>- Gretchen Aguilar, RN -- CNO</td>
<td></td>
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<tr>
<td>- Christine Smith, RN – Assistant CNO/ER RN Manager</td>
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<tr>
<td>- Anita Fisk – Human Resources Director</td>
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</tbody>
</table>

The Nurse Staffing Committee will consist of six members:
Three Registered Nurses currently providing direct patient care, (one half of the total committee membership) and three hospital administrative staff, (up to one half of the total membership).

Each department where nursing care is provided will have the opportunity to provide input to the Nurse Staffing Committee. Department representatives will be called to meetings when their attendance is required. Committee meetings are open, and any interested Registered Nurse employed by Three Rivers Hospital may attend, but only committee members will have a vote.

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

Registered Nurse participants will be selected according to the collective bargaining agreement or by their peers if staff are not represented by a union.*

| Overall Purpose/ Strategic Objective | The purpose of this Committee is to: protect patients, support greater retention of Registered Nurses, and promote evidence-based nurse staffing by establishing a mechanism whereby direct care nurses and hospital management can participate in a joint process regarding decisions about nurse staffing. The staffing committee has ready access to organizational data pertinent to the analysis of nurse staffing which may include but is not limited to:

- Patient census and census variance trends
- Patient LOS
- Nurse Sensitive Outcome indicator data |

* Under Section 9(a) of Taft-Hartley Act, a union which has been certified or recognized as the representative of the workers in a bargaining unit has the right of exclusive representation for all workers in that unit and has the right to choose the individuals who bargain on its behalf.
- Quality metrics and adverse event data where staffing may have been a factor
- Patient experience data
- Staff engagement/experience data
- Nursing overtime and on-call utilization
- Breaks taken, breaks missed
- Nursing agency utilization and expense
- "Assignment by objection" or other staffing complaint/concern data
- Patient utilization trends in those areas where on-call is used
- Recruitment, retention, and turn-over data
- Education, vacation, and sick time (including leaves of absence, scheduled or unscheduled)

The committee conducts routine surveys to assess the satisfaction of both nurse staffing committee members, and bedside nursing staff, with nurse staffing and with the effectiveness of the staffing committee.

| Tasks/Functions | Develop / produce and oversee the establishment of an annual patient care unit and shift-based nurse staffing plan and staffing plan modifications based on the needs of patients and use this plan as the primary component of the staffing budget.

Provide semi-annual review of the staffing plan against patient need and known evidence-based staffing information, including nurse sensitive quality indicators collected by the hospital.

Typical timeline for annual review and validation of staffing plans:
- Bi-Annual -- Committee review every 6 months
- Every 6 Months -- Staff input
- Every 6 months -- Finalize communication to the CEO

Review, assess, and respond to staffing variations or concerns presented to the committee.

Assure that patient care unit annual staffing plans, shift-based staffing, and total clinical staffing are posted on each unit in a public area.

Assure factors are considered and included, but not limited to, the following in the development of staffing plans on each shift:
- Census, including total numbers of patients on the unit and activity such as patient discharges, admissions, and transfers
- Level of intensity of all patients and nature of the care to be delivered, to include the need for specialized or intensive equipment
- Skill mix, level of experience and specialty certification or training of nursing personnel providing care
- The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
- Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations
- Availability of other personnel supporting nursing services on the unit; and strategies to enable registered nurses to take meal and rest breaks as required by law or collective bargaining agreement.

Evaluate staffing effectiveness against predetermined nurse sensitive metrics collected by Washington hospitals.

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

Develop and implement a process to examine and respond to complaints submitted by a nurse that indicates:
- That the nurse personnel assignment in a patient care unit is not in accordance with the adopted staffing plan; or
- An objection to the shift-to-shift adjustments in staffing levels required by the plan made by the appropriate hospital personnel overseeing patient care operations.

Track complaints coming in and the resolution of the complaints.

Make a determination that a complaint is resolved or dismissed based on unsubstantiated data.

Orientation to the staffing committee law is a part of routine hospital orientation.

| Timeline for Outcome Completion | By September 1, 2008, the Nurse Staffing Committee will be established in accordance with Chapter 70.14 Revised Code of Washington  
By 01/31/2019, the Nurse Staffing Committee will have approved the Charter and finalized the membership selection process  
By 03/31/2019, the Nurse Staffing Committee will have reviewed, approved, and submitted unit/area staffing plans to the Chief Executive Officer for approval  
By 06/31/2019, the Nurse Staffing Committee will have reviewed and evaluated all staffing plans using the designated nurse sensitive quality indicators |

| Meeting Management | Meeting schedule:  
The Nurse Staffing Committee will meet on a quarterly basis. Notices of meeting dates and times will be distributed at least six weeks in advance in order to better accommodate unit scheduling. Participation by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. Members shall be relieved of all other work duties during meetings. Staff Registered Nurse members of the Nurse Staffing Committee will be paid, and preferably will be scheduled to attend meetings as part of their normal full time equivalent hours for the majority of the meetings. It is understood that meeting schedules may require that a Registered Nurse member attend on his/her scheduled day off. |
Record-keeping/minutes:
Meeting agendas will be distributed to all committee members at least one week in advance of each meeting via email.
The minutes of each meeting will be distributed to all committee members with each meeting agenda, with approval of the minutes as a standing agenda item for each meeting.
A master copy of all agendas and meeting minutes from the Nurse Staffing Committee minutes will be maintained and available for review on request from HR and available on the intranet under Registered Nurse login credentials.

Attendance requirements and participation expectations:
All members are expected to attend at least 80 percent of the meetings held each year. Failure to meet attendance expectations may result in removal from the committee.
If a member needs to be excused, requests for an excused absence are communicated to Anita Fisk in HR, 2 weeks prior to the meeting. Failure to request an excused absence will result in attendance recorded as "absent" in the meeting minutes.
Replacement will be in accordance with aforementioned selection processes.
It is the expectation of the Nurse Staffing Committee that all members will participate actively, including reading required materials in advance of the meeting as assigned, coming prepared to meetings, and engaging in respectful dialogue as professional committee members.

Decision-making process:
Consensus will normally be used as the decision-making model.
Should a particular issue need to be voted upon by the committee, the action must be approved by a majority vote of the full committee (not just the majority of the members present at a particular meeting).

<table>
<thead>
<tr>
<th>New Staff Committee Requirements</th>
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<tbody>
<tr>
<td>Staffing committee members will go through formal education/orientation prior to joining the committee.</td>
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<tr>
<td>If possible, staff are encouraged to attend at least 1 meeting and review Charter prior to committing.</td>
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</table>
STAFFING PLAN FOR NURSING SERVICES

Applicable to: Three Rivers Hospital
Department: Nurse Staffing Committee
Revisions will be based on RCW 70.41.420

Purpose Statement:
The Staffing Plan for Nursing Services will reflect the specific needs of Three Rivers Hospital to meet patient care and the needs of the organization. Specific needs and staffing requirements will be evaluated by the Nurse Staffing Committee on an ongoing basis, along with being a component of the annual budget process. All nursing and supervisory staff will be provided the opportunity to provide input to the Nursing Committee relevant to providing patient care without any fear of retaliation.

Definitions

Nursing Personnel: Defined as a Registered Nurse (RN), Licensed Practical Nurse (LPN) and licensed/unlicensed assistive nursing personnel providing direct patient care.

Assistive Personnel: Defined as anyone who assists the RN or LPN while providing nursing care which includes but not limited to NAC’s, and operating room technicians.

On Call Personnel: Defined as a scheduled state of being ready to be called to work at a moment’s notice, within a 30 minute response time if working in a specialty care area. Standby allows 1 hour to arrive on Acute Care.

Patient Care Unit: Defined as any unit or area of the hospital that provides patient care by nursing staff.

Skill Mix: Defined as the number and relative percentages of Registered Nurses, Licensed Practical Nurses and licensed/unlicensed assistive personnel among the total number of nursing personnel.

Intensity: Defined as the level of patient need for nursing care as determined by the nursing assessment.

Safe Patient Care: Defined as nursing care that is provided effectively, in a timely manner and meets quality standard in providing for patient’s needs.

Census: Defined as the total number of patients on the unit on each shift and activity related to patient intensity, admissions and transfers.

Nurse Staffing Plan
The Nurse Staffing Plan has been formulated to identify the staffing needs on each shift based on the following criteria:

1) Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
2) Level of intensity of all patients and nature of the care to be delivered; to include the need to specialize or intensive equipment;

3) Skill mix; level of experience and specialty certification or training of nursing personnel providing care;

4) The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;

5) Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;

6) Availability of other personnel supporting nursing services on the unit; and

7) Strategies to enable Registered Nurses to take meal and rest breaks as required by law or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff.

The hospital will cross train personnel when needed, have flexible resources and flotation personnel to augment staffing and optimize resources. The utilization of outside agencies for staffing will be limited to episodes when all other means of staffing have been exhausted. The skill mix will be evaluated by each unit to ensure an adequate skill mix of staff will reflect patient care needs using available staff, patient census, and budget standards.

Whenever necessary, nursing staff may request additional assistance/personnel based on clinical judgment and unit activity following the chain of command through the Charge Nurse, Assistant Chief Nursing Officer (ACNO), or the Chief Nursing Officer (CNO)). These additional staffing needs; if approved, will include the direct assistance by the staffing specialist, nursing Charge Nurse, CNC or the Nursing Managers. In reassigning personnel or calling in staff off of standby status to retain patient/nurse staffing ratios at appropriate levels. If at any time, available hospital staffing becomes an emergent issue, the ACNO, CNO, and Charge Nurse will follow the current policy/procedure to initiate the closing of a particular unit or diversion to limit admissions or divert patients to another acute care facility.

Review of the staffing plans will be at least semi-annually and may be more often dependent upon evidence based staffing information, patient needs and quality assurance indicators collected by the hospital. Staffing levels will be planned in a proactive manner to ensure and promote optimal patient care.

1) Three Rivers Hospital will not require a Registered Nurse (RN), Licensed Practical Nurse (LPN) and Nursing Assistants -- Certified (NAC) to work:
   a) Further than agreed upon shift
   b) More than the agreed upon shift rotation relevant to the hospital’s defined work week (i.e. FTE)
   c) More than 12 consecutive hours in a 24 hour period

2) Exception: the hospital may require additional hours of work beyond the 12 hours if:
   a) The hospital learns of a staff vacancy -- OR --
   b) Potential harm to the patient
3) Hours Worked:
   a) Will be based on a schedule agreed upon by both nursing staff and management
   b) Will include time spent receiving education, training or attending and/or preparing for required meetings.
   c) Will include time spent on-call or on standby when the RN, LPN, or NAC is required to be on the hospital premises.
   d) Will not include time spent on-call but away from the hospital (i.e. at home).

4) The provisions listed in Section 1-a, 1-b, and Section 2 above do not apply to nurse staffing needs under the following circumstances:
   a) In an event of a national, state or local emergency
   b) In the event of a hospital disaster or implemented disaster plan
   c) If the hospital has made reasonable efforts to contact all qualified nursing staff and nurse staffing agencies

5) Hospital Staffing Plan Committee
   a) The written staffing plan is dynamic and will be developed, monitored, evaluated and modified by the Nursing Staffing Committee as per RCW 70.41.420, Bill 3123.
   b) The Staffing Plan Committee shall:
      i) Put safe patient care and adequate nursing staff as its primary focus
      ii) Include equal amounts of hospital administration and direct care
      iii) Registered Nurses as per RCW 0.41.420
      iv) Review, analyze and amend nurse staffing as needed

6) Three Rivers Hospital will post in a public area on each patient care unit (Acute Care, Obstetrics, OR/PACU, Emergency department) the Nurse Staffing Plan and the nurse staffing schedule for that shift, as well as the relevant clinical staffing for that shift. The staffing plan and current staffing levels must also be made available to patients and visitors upon request. The hospital will be accountable to the intent outlined in RCW 70.41.420.

7) Measurable Outcomes of Nursing Care; Staffing effectiveness as measured by quality assurance, patient surveys, and nursing staff satisfaction surveys. Refer to department specific staffing plans attached.

8) Evaluating complaints; Please refer to assessing and evaluating complaints.

Scott Graham, CEO
Three Rivers Hospital

Date

This Nurse Staffing Plan needs to be reviewed semi-annually by the Nurse Staffing Committee.
# Acute Care Staffing Plan

<table>
<thead>
<tr>
<th>PATIENT POPULATION &amp; NURSING CARE PROVISION</th>
<th>ESSENTIAL STAFFING &amp; EVALUATION PROCESS</th>
<th>STAFFING FOR ACUITY</th>
<th>STANDARDS &amp; QUALITY</th>
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<tbody>
<tr>
<td><strong>DEFINITION</strong></td>
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<tr>
<td>Three Rivers Hospital is a full service, 25 bed Critical Access acute care facility, with an additional licensure for 5 swing beds. The hospital operates 24 hours per day and has provision for diagnostic, surgical and treatment modalities. Three Rivers Hospital does not have the capability for providing continuing care beyond emergency medical stabilization for the following patient populations:</td>
<td>STAFFING &lt;br&gt; RN, LPN, CNA and unlicensed assistive personnel are staffed twenty-four hours a day. Staffing is adjusted for census changes, increased or decreased level of care required for the patients on the unit and the competencies of the staff.</td>
<td>Whenever necessary, nursing staff may request additional assistance/personnel based on clinical judgment and unit activity following the chain of command through the Charge Nurse, Nursing Department Managers, Assistant CNO or the CNO. These additional staffing needs; if approved, will include the direct assistance by the nursing supervisors, assistant CNO or the CNO. In reassigning personnel or calling in staff off of standby status to retain patient/nurse staffing ratios at appropriate levels. If at any time, available hospital staffing becomes an emergent issue, the Assistant CNO or CNO, Nursing Managers, and Charge Nurse will follow the current policy/procedure to initiate the closing of a particular unit or diversion to limit admissions or divert patients to another acute care facility.</td>
<td>RN: BLS, ACLS, PALS, EKG and Medication competency, and complete the hospital required annual review training as assigned.</td>
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<tr>
<td>1. Neonatal Intensive Care</td>
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<tr>
<td>2. Psychiatric Patients</td>
<td></td>
<td></td>
<td>Quality Measures:</td>
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<tr>
<td>3. Burn Victims</td>
<td></td>
<td></td>
<td>• CAUDI</td>
</tr>
<tr>
<td>4. Patients Requiring Organ Transplant</td>
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<td>• CLABSI</td>
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<tr>
<td>5. Dialysis Patients Requiring In-Patient Admission</td>
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<td>• Pressure Injuries</td>
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<tr>
<td>6. Cardiovascular Surgical Patients</td>
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<td>• Restraint Use</td>
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<tr>
<td>7. Cancer Chemotherapy</td>
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<td>• HCAHPS</td>
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**SCOPE OF SERVICES**<br>Acute Care floor is a medical/surgical and progressive care unit within the Department of Patient Care Services.

The goal is to provide quality patient care and medical management using a collaborative multidisciplinary approach, minimizing the negative physical and psychological effects of disease processes through education, ultimately restoring each patient to self-care across the lifespan.

The department participates in hospital performance improvement programs in conjunction with the hospital Quality Management Program.

Acute Care has ready access to emergency and routine services from laboratory diagnostics, blood bank, radiology, respiratory therapy, physical therapy, occupational therapy, speech therapy, pharmacy, and nutritional consultations. All available resources will be utilized to facilitate a timely discharge.

<table>
<thead>
<tr>
<th>7a-7p</th>
<th>7p-7a</th>
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<tbody>
<tr>
<td>1 Charge Nurse</td>
<td>1 Charge Nurse</td>
</tr>
<tr>
<td>RNs Sunday - Saturday</td>
<td>RNs Sunday - Saturday</td>
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<tr>
<td>CNA Sunday - Saturday</td>
<td>CNA Sunday - Saturday</td>
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</table>
coordinated with the case manager to promote the continuum of care for all patients.

**HOURS OF OPERATION**
Acute Care provides daily twenty-four hour care.

<table>
<thead>
<tr>
<th>Acute Care Staffing Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitters will be used for 1:1 or 2:1 depending on patient room placement. The Charge Nurse will first look at the available staff in house who could be a sitter, then call staff to see if they are available to come in.</td>
</tr>
</tbody>
</table>

**Strategies to Enable Nurses to Take Meal and Rest Breaks:**

- The Charge Nurse is responsible for providing the sitter breaks/lunch to the sitter on duty.
- Should the non-breaking nurse be unavailable per census standards noted in specific departments, the nurse requiring relief is responsible for contacting the Charge Nurse.
- Charge Nurses are responsible for breaking at 0915, (L) 1200, 1500, and 1700. M-F 0700-1700, the Charge Nurse should reach out to the Assistant CNO, other nursing department managers or CNO for coverage when necessary.

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<tbody>
<tr>
<td>Dementia/delirium</td>
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<tr>
<td>Complicated wound care</td>
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<tr>
<td>Complicated family situation</td>
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<tr>
<td>Unstable patient</td>
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<tr>
<td>Bariatric Patient</td>
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<tr>
<td>Pediatric patient</td>
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<tr>
<td>High fall risk</td>
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<tr>
<td>Suicide Risk</td>
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</table>
## Obstetrical Staffing Plan

<table>
<thead>
<tr>
<th>DEFINITION</th>
<th>STAFFING FOR ACUITY</th>
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<tbody>
<tr>
<td>The Obstetrics Department at Three Rivers Hospital is a 2-room department equipped with necessary equipment to monitor the obstetric patient and assist with delivery of the newborn. Three Rivers Hospital has achieved Baby Friendly designation, where the newborn rooms in with the mother. Care for a sick infant is provided on a limited basis with those having significant complications being transferred to a tertiary center. The patients with severe complications or anticipated problems are transferred to a tertiary center if condition is stable. Some patients may be assessed on an outpatient basis. Non-stress tests are scheduled on an outpatient basis.</td>
<td>AWOHNN Guidelines will be followed. Patients that may have a higher acuity: Abnormal FHT Tracing Preterm Labor Vaginal bleeding PIH Amnioinfusion Psycho-social issues Advanced labor Induction of labor C/S Precipitous Delivery Second Stage of labor</td>
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<thead>
<tr>
<th>SCOPE OF SERVICES</th>
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<tbody>
<tr>
<td>The goal of the Obstetrics Department is:</td>
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</table>

- To monitor the progress of labor and monitor the fetus during labor.
- To teach and offer support to the patient in labor and others significant to the patient.
- To assist with safe and supportive deliveries and provide newborn care upon delivery.
- To assist and support the patient and her significant other during a cesarean section and provide immediate care of the newborn following a cesarean section procedure.
- To provide proper identification of newborn infants.
- To provide assessment of the newborn including health status and family interaction with the newborn.
- To offer teaching and support to family members toward the care, nurturing and safety of the newborn.
- To provide direct care of the newborn including bathing, feeding, and assisting with procedures, blood glucose, newborn hearing screen, and Bill Checks.

Monitoring and support is provided for low risk obstetrical conditions. As census allows, transition of the postpartum patient, as well as, teaching is provided in the Obstetrics Department to ease the psychological and physical transition to parenthood for patient and her significant other. | |

### Staffing

- OB RN's are staffed twenty-four hours/day.
- Staffing is adjusted for census changes, increased or decreased level of care required and the competencies of the staff. Charge nurses in the facility twenty-four hours/day.

There is an OB Nurse scheduled every shift. If the OB nurse is not needed in the OB department, they will float to another department as needed. A plan will be made by the Charge Nurse at the beginning of the shift if the OB nurse needs to return to the OB department as to who will be taking their patients.

7a-7p
1 RN Sunday - Saturday
7p-7a
1 RN Sunday-Saturday

### Strategies to Enable Nurses to Take Meal and Rest Breaks:

- Should the non-breaking nurse be unavailable per census standards noted in specific departments, the nurse requiring Charge Nurse.
- When the department census is less than or equal to 2 patients that are not in active labor or requiring 1:1 per AWOHNN Standards, utilize other staff available for breaks and lunch. If there is no other staff available, contact the Charge Nurse.

### Quality Measures:

- CAUDI
- CLABS
- Pressure Injuries
- Restraint Use
- HCAHPS
- Surgical Site Infections
- Anti-Microbial Stewardship
- Patient Falls
- Medication Errors
- Vaccinations
- Transfusions
- Induction Rates
- Total Cesarean Section Rates (NTSVC/PMTSVC)
- See OB Statistics & Washington State Hospital Association Reports

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Rooming in with parents is promoted to allow mothers and healthy babies to remain together during hospital stay. The Obstetrics Department participates in hospital performance improvement programs in conjunction with the hospital Quality Management Program.

**HOURS OF OPERATION**
The Obstetrics Department provides daily twenty-four hour care.
### Emergency dept Staffing Plan

#### PATIENT POPULATION & NURSING CARE PROVISION

**DEFINITION**

The Emergency Department provides patient care for a wide variety of diagnoses without regard to a patient's race, creed, color, religion, national origin, sex, marital status, age, disability, sexual orientation, gender expression, gender identity, genetic information or ability to pay. The scope of care ranges from minor (non-urgent), acute (urgent), emergent, to critical (life threatening) emergencies. Every effort will be made to provide the emergency birth of an infant within the Obstetrical Department, due to immediate availability of specialized equipment and personnel with higher level of expertise; however, the equipment/tray is readily available in the Emergency Department.

**SCOPE OF SERVICES**

The Emergency/Trauma Department is available to meet the needs of Three Rivers Hospital's community seven days a week, 24 hours per day. Three Rivers Hospital is designated Level IV Trauma Center with surgical services, Level III Stroke Center and Level II Cardiac Center for the North Central Washington area. Emergency/Trauma care is provided to all individuals presented for treatment within the facility's capabilities. Major aspects of care include, but are not limited to, trauma care, cardiac, CVA, medical and pediatric care.

All patients will be triaged and priority of care will be based on physical and psychosocial needs. Assessment, reassessment, and patient response to treatment are integral to the course of care determination. Family and/or significant others will be involved in patient care and education. Physicians, nurses and other healthcare personnel collaborate to expedite care.

This department participates in hospital performance improvement programs in conjunction with the hospital Quality Management Program.

<table>
<thead>
<tr>
<th>ESSENTIAL STAFFING &amp; EVALUATION PROCESS</th>
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<th>STANDARDS &amp; QUALITY</th>
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<tbody>
<tr>
<td>Staffing is adjusted for census changes, increased or decreased level of care required for the patients.</td>
<td>All patients will be triaged and priority of care will be based on physical and psychosocial needs. Assessment, reassessment, patient response, and patient desire are integral to the course of care. Family and/or significant others will be involved in patient care and education. Physicians, nurses and other healthcare personnel collaborate to expedite care.</td>
<td>RN: BLS, ACLS, PALS, TNCC, EKG and medication competency. Complete the hospital required annual review training as assigned.</td>
</tr>
<tr>
<td>A dedicated Emergency Department RN plus the additional Charge Nurse is available as needed.</td>
<td><strong>7a-7p</strong></td>
<td><strong>Quality Measures:</strong></td>
</tr>
<tr>
<td>1. ED RN</td>
<td><strong>7p-7a</strong></td>
<td>• CAUDI</td>
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<tr>
<td>1. ED Physician</td>
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<td>• CLABSI</td>
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<tr>
<td>Sitters will be used for 1:1 or 2:1 depending on patient room placement.</td>
<td></td>
<td>• Pressure Injuries</td>
</tr>
<tr>
<td>The Charge Nurse will first look at the available staff in house who could be a sitter, then call staff from the sitter pool to see if they are available to come in.</td>
<td></td>
<td>• Restraint Use</td>
</tr>
<tr>
<td><strong>Strategies to Enable Nurses to Take Meal and Rest Breaks:</strong></td>
<td></td>
<td>• HCAHPS</td>
</tr>
<tr>
<td>• The Primary RN providing the sitter breaks/lunch to the sitter on duty.</td>
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<td>• Surgical Site Infections</td>
</tr>
<tr>
<td>• Should the non-breaking nurse be unavailable per census standards, the nurse requiring relief is responsible for contacting the Charge Nurse.</td>
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<td>• Anti-Microbial Stewardship</td>
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<td></td>
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<td>• Patient Falls</td>
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<td>• Medication Errors</td>
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<td>• EDTC (Emergency Department Transfer Communication)</td>
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<tr>
<td></td>
<td></td>
<td>• Cardiac Arrest Registry to Enhance Survival (My CARES)</td>
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<td>• TNK for STEMi</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• TPA for CVA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Trauma Registry/Filters</td>
</tr>
</tbody>
</table>

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**Emergency dept Staffing Plan**

<table>
<thead>
<tr>
<th>Patients may be discharged from the Emergency/Trauma department either to home, another facility, or admitted to a unit within the facility.</th>
</tr>
</thead>
</table>

**HOURS OF OPERATION**
The Emergency Department is operated 24 hours a day and has diagnostic support services available to assist in definitive care 24 hours a day.

**PHYSICAL DESCRIPTION**
The Emergency Department:
- Is located at ground level with easy public access, and is wheelchair accessible.
- Consists of five private ED rooms
- One room is designated as a trauma room and is larger than the other four.
- Patient care is managed by the Emergency Department physician and/or trauma surgeon utilizing sub-specialty on-call physicians based on patient need and/or request.
# OR / PACU Staffing Plan

## Patient Population & Nursing Care Provision

**Definition**
The Surgical Services Department provides surgical, anesthesia, and recovery services for both inpatients and outpatients.

**Scope of Services**
Surgical, anesthesia, recovery, and outpatient care is provided to adults and children (including newborns, infants, children, adolescents, adults, and geriatric age groups) in the following specialties:
- General Surgery
- Orthopedics
- Obstetrics & Gynecology

Thoracic and Vascular surgery is not performed at Three Rivers Hospital. Emergency cases are completed as needed, major trauma cases are completed at other Trauma Centers.

Anesthesia Services are provided for all the above specially areas utilizing the following types of anesthesia:
- General Anesthesia
- Regional Anesthesia
- Spinal Anesthesia
- Epidural Anesthesia
- Local Standby (MAC)
- Bier Blocks
- Epidural pain management

## Essential Staffing & Evaluation Process

Assignments are made based on the clinical competency and skill levels of each staff member. The OR staffing consists of one or two RN Circulators and one to two Surgical Technologists per OR Suite. RN's provide monitoring services for local only cases. IV Conscious Sedation cases are provided by a CRNA. All patients are recovered in PACU. RN's with appropriate knowledge and skills may assist the surgeon as directed as a First Assist. An all RN staff is assigned in the PACU on a ratio of 1:1 or 1:2 depending on acuity.

Ambulatory procedures are admitted and discharged through the Recovery Room area.

Patients will be evaluated on a case by case basis for admission to the Same Day Surgery Unit vs. Acute Care Unit.

## Staffing for Acuity

**Staffing for Acuity considers the following:**
- Complex surgical case
- Patient with a Hx of confusion/dementia
- Multiple IV medications
- Poor pain control
- Infection Control and safety issues
- Unstable patient
- Bariatric patient
- Pediatric patient

## Standards & Quality

**RN/RN First Assist:** BLS, ACLS, EKG and medication competency. Complete the hospital required annual review training as assigned.

**Surgical Technologists:** BLS and complete the hospital required annual review training as assigned.

**Quality Measures:**
- CAUDI
- CLABSI
- Pressure Injuries
- Restraint Use
- HCAHPS
- Surgical Site Infections
- Anti-Microbial Stewardship
- Medication Errors
- Surgical Complications
Staffing Complaint Form Information

A nurse questioning an assignment is encouraged to communicate this concern in the following manner:

a) Discuss the concern with the nursing supervisor on that shift. The nursing supervisor should then assess options and seek to remedy the situation. When no alternatives are identified as possible, the Charge Nurse should follow the chain of command.

b) The department manager/administrator should attempt to resolve the situation using available resources as he/she determines appropriate.

c) If the nurse is dissatisfied with the decision of the Charge Nurse or deciding party, the nurse should fill out a Staffing Complaint Form as soon as possible and should make every effort to submit a complaint no later than 24 hours upon the conclusion of their shift. Nurse staffing committees should not interpret this recommendation to submit complaints promptly as a reason to dismiss complaints submitted later than 24 hours after a shift – there is no time limit on submitting complaints to nurse staffing committees.

d) If there is no mutually satisfactory resolution to the problem, and the problem appears to be one which will be recurring, the nurse may submit their documentation to the unit or hospital staffing committee (and/or to the nurse’s local bargaining unit, as appropriate).

e) Nurses who raise assignment concerns should be free from restraint, interference, discrimination, or reprisal.
Staffing Complaint Form

Use this form to submit a complaint to the Nurse Staffing Committee

Employee (name) ______________ Date __________ Time ________

As a patient advocate, in accordance with the Washington Nurse Practice Act, this is to confirm that I notified you that, in my professional judgment, today's assignment is unsafe and places our patients at risk. I will, under protest, attempt to carry out the assignment to the best of my ability.

This assignment has compromised my ability to provide quality patient care because of the following (check all that apply):

☐ Our unit is not staffed according to its staffing plan
☐ Our staffing plan and/or staffing is inadequate. Please select any of the following:
  ☐ Census is higher than planned
  ☐ Patient acuity is higher than planned
  ☐ Unit activities (e.g., discharges, admissions, transfers) are different than planned
  ☐ Need for specialized equipment
  ☐ Staff support different than the plan (please list staff #s below)
  ☐ Inappropriate assignment for skill level of RN or coworkers
  ☐ Other (please describe): __________________________________________

☐ Shift adjustments to the staffing plan are inadequate. Please select any of the following:
  ☐ Census is higher than planned
  ☐ Patient acuity is higher than planned
  ☐ Unit activities (e.g., discharges, admissions, transfers) are different than planned
  ☐ Need for specialized equipment
  ☐ Staff support different than the plan (please list staff #s below)
  ☐ Inappropriate assignment for skill level of RN or coworkers
  ☐ Other (please describe): __________________________________________

☐ Missed breaks: [ ] Meal Break [ ] Rest Break x1 [ ] Rest Break x2 [ ] Rest Break x3
☐ Other (please describe): __________________________________________

Please provide details about your shift

Unit: ________ Shift: ________ Census: ________

Number of staff: RN _____ LPN _____ NAC _____ Unit Secretary ________

Other details: __________________________________________

Did you notify a supervisor about this issue? [ ] Yes [ ] No
If yes, who did you notify? [ ] Nursing Supervisor [ ] Director of Patient Care Services [ ] Other Management Staff

Name of person notified: ____________________________

Signature of RN issuing unsafe/inadequate staffing objection: __________________ Date: ________

Page 1 of 2
THIS SECTION TO BE FILLED OUT BY
CHARGE NURSE / DEPARTMENT MANAGER / ACTING ADMINISTRATOR

Were any corrective actions taken as a result of the complaint submission?  [ ] Yes  [ ] No
If yes, explain the corrective action(s): 
________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

______________________________________________________________

THIS SECTION TO BE FILLED OUT
UPON RECEIPT BY NURSING MANAGEMENT

This complaint was reviewed on: ________________________________

An initial investigation was completed by: ________________________________

Referral for expedited review and prn meeting by Nurse Staffing Committee  [ ] Yes  [ ] No

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

THIS SECTION TO BE FILLED OUT BY
NURSE STAFFING COMMITTEE & COPY RETURNED TO NURSE MAKING INITIAL COMPLAINT

[ ] This complaint was dismissed for the following reasons(s): (check all that apply)

- The hospital is following the nursing personnel assignments in a patient care unit as called for in the nurse staffing plan
- The evidence presented to the nurse staffing committee does not support the staffing complaint;
- The hospital has documented that it has made reasonable efforts to obtain staffing but has been unable to; or

[ ] The incident causing the complaint occurred during an unforeseeable emergency as defined in RCW 70.41.425 Sec 4: (check all that apply)

- Any unforeseen national, state, or municipal emergency;
- When a hospital disaster plan is activated;
- Any unforeseen natural disaster or catastrophic event that substantially affects or increases the need for health care services; or
- When a hospital is diverting patients to another hospital or hospitals for treatment or the hospital is receiving patients from another hospital or hospitals.

This complaint was considered by the Nurse Staffing Committee on: ________________________________

The Committee:

[ ] Resolved the complaint. The resolution is described below:

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

[ ] Was unable to resolve the complaint. The reason is described below:

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________
Assessing and Evaluating Complaints

Nurse Staffing Committee

Introduction

This document was created in May of 2018 as a collaborative effort between WSHA, SEIU Healthcare 1199NW, UFCW 21, and WSNA. These organizations came together in early 2018 to develop sample tools that are intended to help hospitals implement House Bill (HB) 1714, which was passed in the previous legislative session. HB 1714 was intended to update and create some accountability around the nurse staffing committee process.

This tool is intended to help hospital staff assess and evaluate complaints relative to HB 1714. The following document breaks complaints into valid and dismissed categories and resolved and unresolved categories and provides examples for each category. The document concludes with a decision tree to help nurse staffing committees understand the processes they should follow.

Nurse Staffing Committee Responsibilities Under RCW 70.41.420

There are multiple issues that Nurse Staffing Committees (NSCs) should be considering and to which they should be responding. According to RCW 70.41.420 staffing committees must develop a staffing plan, review the plan semiannually, and review, assess, and respond to staffing variations or concerns brought to the committee. While not all issues will trigger a DOH investigation these are relevant issues that functional NSCs investigate as part of their normal business.

New Nurse Staffing Committee Accountability Provided by HB 1714

HB 1714 requires NSCs to develop a process to examine and respond to complaints made by nurses about variations or concerns about unit-based staffing plans and/or objections to shift-to-shift adjustments. This process must include the ability to determine if a complaint is resolved or dismissed.

Complaints must be considered in a timely manner by the staffing committee if:
- The hospital does NOT follow the nursing personnel assignments in a patient care unit according to the staffing plan; or
- A nurse disagrees with shift-to-shift adjustments made by management.

Complaints may be dismissed if:
- The hospital follows the nursing personnel assignments in a patient care unit as called for in the nurse staffing plan;
- Evidence does not support the staffing complaint;
Hospital documents it has made reasonable efforts to obtain staffing but has been unable to; or
Incident causing the complaint occurred during an unforeseeable emergency defined in
RCW 70.41.425 Sec 4:
  o any unforeseen national, state, or municipal emergency;
  o when a hospital disaster plan is activated;
  o any unforeseen natural disaster or catastrophic event that substantially affects
    o or increases the need for health care services; or
  o when a hospital is diverting patients to another hospital or hospitals for treatment or the
    hospital is receiving patients from another hospital or hospitals.

Resolved vs. Unresolved Complaints

Resolved complaints
  • Nurse Staffing Committee agrees that the complaint has been resolved.

Unresolved complaints
  • Nurse Staffing Committee agrees that the complaint was not resolved; or
  • Nurse Staffing Committee is unable to agree if the complaint has been resolved.

Washington State Department of Health Oversight

The following issues will trigger an investigation upon receipt of a complaint with documented evidence. Such investigations could lead to financial sanctions:
  • No staffing committee;
  • No semi-annual review of a staffing plan;
  • Staffing plans are not submitted annually to DOH;
  • Updates to the staffing plan are not submitted to DOH as they occur; or
  • A pattern of unresolved complaints over a minimum 60-day continuous period leading up to receipt of complaint by the department.
Complaint Process Decision Tree

Complaint made to TRH NSC

NSC determines if complaint is valid

No further action required

Dismissed

NSC attempts to resolve

Accepted

Unresolved

Resolved

* NSC agrees there is no resolution
* NSC is unable to agree that the complaint was resolved

Complaint may be submitted to WA DOH

No further action required
<table>
<thead>
<tr>
<th># OF PATIENTS</th>
<th>DAYS</th>
<th>NIGHTS, Weekend Days and Holidays</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Charge + 1 Licensed</td>
<td>Charge + 2 Licensed (Includes ER Nurse)</td>
</tr>
<tr>
<td>2</td>
<td>Charge + 1 Licensed</td>
<td>Charge + 2 Licensed (Includes ER Nurse)</td>
</tr>
<tr>
<td>3</td>
<td>Charge + 1 Licensed + 1 NAC or Unit Secretary</td>
<td>Charge + 2 Licensed (Includes ER Nurse)</td>
</tr>
<tr>
<td>4</td>
<td>Charge + 1 Licensed + 1 NAC or Unit Secretary</td>
<td>Charge + 2 Licensed (Includes ER Nurse)</td>
</tr>
<tr>
<td>5</td>
<td>Charge + 1 Licensed + 1 NAC + Unit Secretary</td>
<td>Charge + 2 Licensed + 1 NAC</td>
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<tr>
<td>6</td>
<td>Charge + 2 Licensed + 1 NAC + Unit Secretary</td>
<td>Charge + 2 Licensed + 1 NAC</td>
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<td>Charge + 2 Licensed + 1 NAC + Unit Secretary</td>
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<td>15</td>
<td>Charge + 3 Licensed + 3 NAC + Unit Secretary</td>
<td>Charge + 3 Licensed + 2 NAC</td>
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<tr>
<td>16+</td>
<td>Charge + 4 Licensed + 3 NAC + Unit Secretary</td>
<td>Charge + 4 Licensed + 2 NAC</td>
</tr>
</tbody>
</table>

*CODE TEAM* may be made up of ER Nurse, CNO and Ambulance Crew, if necessary. These guidelines are based on an average level of care.

LOW CENSUS GUIDE
1. OT or UB (unscheduled) shift staff.
2. US shifts are premium pay shifts handwritten in after the schedule is posted.
3. Per diem staff.
4. Part time staff (if not already LC in week).
5. Full time staff (* to see whose turn).