CEO Attestation of Approval of Nurse Staffing Plans

I, the undersigned with responsibility for Tri-State Memorial Hospital, attest that the attached staffing plans were developed in accordance with RCW 70.41.420 for 2019 and include 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
- Strategies to enable registered nurses to take meal and rest breaks as required by law.

Donald J. Wee, CEO

Dated this 31st day of December, 2018.
Nurse Staffing Plan

PURPOSE

The Washington State Safe Nurse Staffing Legislation (House Bill 31231714) passed the Legislature and the bill was signed into law, effective 06/12/08. New sections to this law were added, effective July 23, 2017.

Tri State Memorial Hospital (TSMH) supports Washington State law makers in their efforts in improving patient safety and quality of care. Appropriate staffing of hospital personnel assists in reducing errors, complications, and adverse patient events and can improve staff safety and satisfaction as well as reduce incidences of workplace injuries. Steps have been taken at TSMH to promote evidence-based nurse staffing and increase transparency of health care data and decision making based on the data.

A Nurse Staffing Committee (NSC) was established in 2008 and currently is a functional component of the Shared Governance Committee.

POLICY

In compliance with the Washington State Safe Nurse Staffing Legislation, the Nurse Staffing Committee will take on the following responsibilities:

- Be comprised of as least one-half registered nurses that currently provide direct patient care
- The members of the committee who are registered nurses providing direct patient care shall be selected by their peers.
- Participation on the nurse staffing committee shall be on scheduled work time.

This groups primary responsibilities include the development and oversight of an annual patient care unit and shift-based staffing plan, based on the needs of patients, to be used as the primary component of the staffing budget. Factors to be considered in the plan should include, but are not limited to:

- Development and oversight of an annual patient care unit and shift-based nurse staffing plan, based on the needs of patients, to be used as the primary component of the staffing budget.
- Factors to be considered will be census, level of intensity of all patients, skill mix, level of experience, the need for specialized or intensive equipment, the architecture and geography of the patient care unit, staffing guidelines, availability of other personnel supporting nursing services and, strategies to enable nurses to take meal and rest breaks.
- Semiannual review of the staffing plan against patient need and evidence-based information.
- Review, assessment, and response to staffing variations or concerns presented to the committee.
- Track complaints reported to the NSC.
• Track resolution of each complaint by NSC (resolved, dismissed, unresolved).
• Hospital finances and resources must be taken into account in the development of the nurse staffing plan.

The committee will produce the hospital's annual nurse staffing plan. If this staffing plan is not adopted by the hospital, the CEO shall provide a written explanation of the reasons why the plan was not adopted to the committee. The CEO must then either a) Identify those elements of the proposed plan being changed prior to adoption of the plan by the hospitals or b) prepare an alternate annual staffing plan that must be adopted by the hospital.

Beginning January 1, 2019, each hospital shall implement staffing plan and assign nursing personnel to each patient care unit in accordance with the plan.

A registered nurse may report to the staffing committee any variations where the nurse personnel assignment in a patient care unit is not in accordance with the adopted staffing plan and may make a complaint to the committee based on the variation. Reported complaints and their resolution (resolved, dismissed, unresolved) will be tracked by the Nurse Staffing Committee.

Shift-to-shift adjustments in staffing levels required by the plan may be made by the appropriate hospital personnel overseeing patient care operations. If a registered nurse on a patient care unit objects to a shift-to-shift adjustment, the nurse may submit the complaint to the staffing committee. The Committee is responsible for reviewing complaints, determining if a specific complaint is resolved or dismissing a complaint based on unsubstantiated data. The Staffing Concern Form is attached to this policy and must be printed, completed, and submitted to the NSC via their mailbox in the mail room labeled "Staffing Concern Forms."

The hospital is required to post, in a public area on each patient care unit 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.

TSMH may not retaliate against or engage in any form of intimidation of employees performing any duties or responsibilities in connection with the nurse staffing committee or an employee, patient, or other individual who notifies the nurse staffing committee or the hospital administration of his/her concerns with nurse staffing.

Reference: Engrossed substitute House Bill 1714, Chapter 249, Laws of 2017; RCW 70.41.420

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Staffing Complaint or Concern Submittal Process

Instructions:

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

a. Discuss the concern with the person responsible for the assignment on that shift. This person should then assess options and seek to remedy the situation. When no alternatives are identified as possible, the person in charge should contact their immediate supervisor on duty.

b. The supervisor 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 supervisor, the nurse should fill out a concern form as soon as possible and should make every effort to submit a concern no later than 24 hours upon the conclusion of their 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 nurse staffing committee.

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

f. A copy of the complaint is sent to the unit director and the CNO by the staffing committee for follow-up. All submitted complaint forms are reviewed and investigated by the unit director.

g. The nurse staffing committee reviews the submitted complaint, and follow-up from the unit director. Following the review, the committee gives feedback to the RN submitting the concern or complaint.

h. The staffing committee submits their completed review to the unit director and to the CNO for feedback and any additional follow-up that might be required.
Staffing Complaint Form

Employee Name: ___________________________ Date: _____ Time: _____

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 did not meet patient care needs.
  o Census is higher than planned
  o Patient acuity is higher than planned
  o Unit activities (e.g., discharges, admissions, transfers) are different than planned
  o Need for specialized equipment
  o Staff support different than the plan
  o Inappropriate assignment for skill level of RN or coworkers
  o Other (please describe):

☐ Shift adjustments to the staffing plan are inadequate. Please describe:

☐ Missed breaks – please describe:

☐ Other concerns (please describe):

Please provide details about your shift:

Unit: _______ Shift: _______ Pt. Census: _______
Number of staff: RN ___ LPN ___ CNA ___ HUC ___ Other _______

Who did you notify about your concern?

[ ] Charge Nurse  [ ] House Supervisor  [ ] Director  [ ] Other

Name of person notified:

____________________________________ Date: _______
Signature of RN issuing unsafe/inadequate staffing complaint
THIS SECTION TO BE FILLED OUT BY Director / House Supervisor and Submitted to the Nurse Staffing Committee

Were any corrective actions taken as a result of the complaint/concern?   [ ] Yes   [ ] No

If yes, explain the corrective action(s):

Name: ___________________________  Date: _________  Time: __________

THIS SECTION TO BE FILLED OUT BY NURSE STAFFING COMMITTEE AND RETURNED TO NURSE MAKING INITIAL COMPLAINT and TO THE UNIT DIRECTOR and CNO

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

[ ] The hospital is following follows 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;
[ ] The incident causing the complaint occurred during an unforeseeable emergency as defined in RCW 70.41.425 Sec 4: (check all that apply)
  o any unforeseen national, state, or municipal emergency;
  o hospital disaster plan is activated;
  o an unforeseen natural disaster or catastrophic event occurred that substantially affected or increased the need for health care services;
  o the hospital was diverting patients to another hospital or hospitals for treatment or the hospital is received patients from another hospital or hospitals.

[ ] This complaint was considered by the Nurse Staffing Committee on (date):_________

☐ The Committee resolved the complaint. The resolution is described below:

☐ The Committee was unable to resolve the complaint. Reason is described below:
Staffing Plan - Emergency Department

0700 to 1930 – Two (2) Registered Nurses
1900 to 0730 - Two (2) Registered Nurses
0700 to 1930 - One (1) Technician/Nurse Assistant
1100 to 2330 - One (1) Registered Nurse/LPN
0900 to 1730 - One (1) Registered Nurse/LPN
1900 to 0730 - One (1) Technician/Nurse Assistant
1100 to 2330 - One (1) Technician/Nurse Assistant
0930 to 2200 – One (1) LPN – Fast Track
One RN on duty will be designated as Charge RN.
The Charge RN shall be responsible for assigning and coordinating meal periods and relief periods in accordance with Washington Administrative Code (WAC) 296-126-092.

In the event that any staff member should require leave from the department, whether planned or unplanned, the Charge RN shall coordinate with the Department Director and/or House Supervisor to ensure that staffing minimums are maintained and the Staffing Plan is adhered to. Depending on the duration and nature of the leave, this may require a rearrangement of patient and staff assignments, calling in on-call staff, calling in available off-duty staff, floating in qualified staff from other departments, or securing qualified contract staff.

An RN may replace the Technicians as needed to maintain this staffing pattern.

If additional staff is needed for an increased patient load, house supervisor should be notified and qualified RNs from other nursing departments should be utilized; additional off-duty ED staff may also be contacted.

In the event of more than one multi-system trauma patient, nurses with TNCC shall be primary RN

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Staffing Plan - Surgery

PURPOSE

To ensure that adequate nursing personnel are available to render intra-operative nursing care at all times.

POLICY

1. The Surgical Services Department will have a sufficient number of nursing personnel to assist the surgical team in rendering intra-operative patient care.
2. A Registered Nurse will always be available to assess, plan, implement, evaluate and direct nursing care rendered to the patient.
3. A Registered Nurse will always function as the Circulating Nurse during an operative procedure.
4. A sufficient ratio of Registered Nurses are available to ensure that a Registered Nurse is circulating in one room at a time; Registered Nurses WILL NOT circulate between two rooms simultaneously.
5. Registered Nurses employed by the hospital may function as "First Assistant" for the Medical Staff. The Registered Nurse must have experience as an operating room nurse before she/he can function as a "First Assistant."
6. The Surgical Services Department will be staffed for the operation of four rooms, Monday through Friday, 7:00 a.m. to 3:00 p.m. One room will be in operation on Saturday, Sunday and Holidays, 24 hours. On call team will be available for emergencies.
7. The Charge Nurse/Supervisor will determine which cases require additional Registered Nurse assignment and support staff, i.e., Total Joint Replacements.
8. The "On-Call team consists of a minimum of one Registered Nurse and one (1) Scrub Registered Nurse or Technician. One Operating Room Suite will be open during "On-Call" hours
9. "On-Call" personnel will be available by phone to respond within 30 minutes or less.
10. All personnel alternate holiday call.

RESPONSIBILITIES

UNIT SUPERVISOR/CHARGE NURSE

1. Has the overall responsibility for the department staffing and assessment of patient care staffing needs. Daily personnel assignments will be made prior to each shift by the Supervisor and/or charge nurse.
Assignments will be based on patient requirements and staff expertise.

2. Has the authority to coordinate all activities to effectively utilize available resources in the most efficient manner.

3. Has the authority to temporarily close an Operating Room Suite when staffing or equipment is not adequate or unavailable.

4. Will monitor nursing activities of nursing personnel to determine skill and knowledge level of nurses to meet the needs of the patient.

5. In the absence of the Unit Supervisor the charge nurse will assume the above responsibilities.

6. The Charge RN shall be responsible for assigning and coordinating meal periods and relief periods in accordance with Washington Administrative Code (WAC) 296-126-092. In the event that any staff member should require leave from the department, whether planned or unplanned, the Charge RN shall coordinate with the Department Director and/or House Supervisor to ensure that staffing minimums are maintained and the Staffing Plan is adhered to. Depending on the duration and nature of the leave, this may require a rearrangement of patient and staff assignments, calling in on-call staff, calling in available off-duty staff, floating in qualified staff from other departments, or securing qualified contract staff.

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Staffing Plan - PACU

PURPOSE

To establish staff personnel, nursing and non-nursing, to provide post anesthesia care unit patients with optimal nursing care while at TSMH and staying within the budget established by administration. Determining patient care assignment and staffing is variable, dependent on multiple factors such as: patient's acuity, skill mix of the staff, quality and safety concerns, technology and environment of care.

STAFFING PLAN

1. The PACU will be staffed in accordance to patient care needs. Regular scheduled hours 0730-1700 weekdays, exception holidays.

2. Staffed by: Scheduled times may vary depending on the schedule. Transport person, may be tech or RN. Additional RN's assigned per scheduled cases

3. The PACU staff will remain flexible in the event surgeries will be completed later than 1700, the later scheduled personnel will finish the case load.

4. General Principles:
   A. When patients (two or more) are present in the PACU, two qualified personnel will be present: one will be a qualified registered nurse.
   B. The Charge RN shall be responsible for assigning and coordinating meal periods and relief periods in accordance with Washington Administrative Code (WAC) 296-126-092..
   C. In the event that any staff member should require leave from the department, whether planned or unplanned, the Charge RN shall coordinate with the Department Director and/or House Supervisor to ensure that staffing minimums are maintained and the Staffing Plan is adhered to. Depending on the duration and nature of the leave, this may require a rearrangement of patient and staff assignments, calling in on-call staff, calling in available off-duty staff, floating in qualified staff from other departments, or securing qualified contract staff.
   D. Transfer of patients to their room following their PACU stay, should be done by two personnel when at all possible: one will be an RN.
   E. Responsibility for the PACU patient stays with PACU until the patient meets discharge criteria and report has been given to the receiving nursing unit.
   F. All personnel will complete the orientation to PACU and will be qualified to work in PACU. Personnel
who float to PACU will be consistent to ensure continuity of care.

5. Nurse: Patient Ratio:

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<tr>
<td>1:1 nurse/patient</td>
<td>1:2 nurse/patient</td>
<td>1:3 nurse/patient</td>
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<tr>
<td>1) Admission score of 1-6</td>
<td>1) Admission score 7-10</td>
<td>1) Admission score of 11-12</td>
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<td>2) All pediatric</td>
<td>2) ECG monitoring</td>
<td>2) Periodic Evaluation</td>
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<td>3) Mechanical ventilation</td>
<td>3) Confusion and/or restlessness</td>
<td>3) Periodic medications</td>
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<td>4) Presence of ET Tube</td>
<td>4) Obtundation of gag reflex</td>
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<td>5) Continual hemodynamic monitoring</td>
<td>5) Periodic medications</td>
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<td>6) Frequent medications</td>
<td>6) Frequent nursing intervention</td>
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<td>7) Frequent assessment</td>
<td>7) Presence of an oral airway</td>
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<td>8) Constant nursing intervention</td>
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The PACU nurse will use the above criteria to ensure that Post-anesthesia patients are under proper, constant observation according to the standards of care for PACU.

6. The normal day may be 8 hours, not including a one-half hour meal period and the normal work period will consist of 5 days per week.

7. All personnel will be aware that once procedures are finished for the day and no other work can be done, they will sign out and go home for the day.

8. Personnel will be expected to work evenings, nights, holidays and weekends as needed.

9. The determination of the daily and monthly work schedule is left to the discretion of the SSSU/PACU Manager. It is expected that all employees will follow the schedule as set forth by the Manager. Any questions or problems concerning the schedule that cannot be solved by the Manager or charge nurse will be referred to the Director of Patient Care Services.

10. An RN will be assigned On Call from 1900 to 0700 the following a.m., during the week Monday through Thursday.

11. Weekend call includes Friday 1900 to Monday 0700.

12. On Call time is rotated and will be distributed as equally as possible.

13. There will be scheduled staff meetings to discuss changes, new techniques and any problems relating to patient care as well as any educational offerings, needs.

LOW CENSUS OR ON-CALL STATUS

Low census according to policy: Refer to the Human Resources policy on Low Census.

In addition:

The benefited status of the employee will also be taken into consideration as it relates to who may get low-census or placed on-call. Those employees who are in overtime status should receive low-census first, followed by any requests for low census. In the event that there is no overtime or requests, then generally the per diem staff would be placed on low census first, followed by the part-time and full time benefited employees rotating through. If placed on low census the staff will remain available until the beginning of their normal shift hours, to allow for patient care need changes. If low census and placed on-call, staff will remain available.
entire duration of their normal scheduled hours or hours designated by manager or person in charge. Staff will adhere to low census policy

RESPONSIBILITY

1. The manager is responsible for completion of the daily and monthly schedule.
2. PACU personnel will abide by the posted schedule and policies described above.

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PURPOSE

To establish staff personnel, nursing and non-nursing, to provide outpatients with optimal nursing care while at TSMH and staying within the budget established by administration. Determining patient care assignment and staffing is variable, dependent on multiple factors such as: patient's acuity, skill mix of the staff, quality and safety concerns, technology and environment of care, and location of care.

THE SHORT STAY SPECIALTIES UNIT CARE TEAM

The 16 bed Short Stay Specialties Unit is open from 530 - 2030 Monday through Friday.

Patients are admitted into the unit and assigned based on their diagnosis and the clinical competencies of the staff caring for them. Members of the team are as follows:

- There will be two RNs opening the department starting at 530 and 600.
- SSSU/PACU offers combination of 8, 10, and 12 hours shifts.
- On GI week all staff will work 8 hours shifts.
- Staff is responsible to make the monthly schedules and call schedules.
- Department will remain open for service until 2030, with the minimum of two RNs.
- 2 HUCS to start at 0600 and 0800.
- 1Certified Nurse Aidea/ GI tech to start varying hours to accommodate for the functionality of the unit.
- Rest of the staff to arrive in varying hours depending on unit needs with minimum of two RNs remaining until 2030.
- 1 charge nurse to function as a team leader.

Staffing may be supplemented with trained relief staff (RN's, LPN's, Aides, HUC) as needed. One RN functions as Director responsible to the Director of Patient Care Services.

If caseload is increased additional staff will be called in. Other qualified hospital staff or those on low census can also be called in. Only if no additional help is available will SSSU staff work overtime hours. Overtime must be approved by manager prior to incurring. In case of emergency, where no help is available, the patient will be transferred to another department or facility.

CRITERIA

1. Competency and Experience of the Staff – All nurses are trained and competent in the care of their patient population.
2. All nurses must maintain a current state licenses.

3. Personnel assigned to patient care in the Short Stay Specialty Unit shall participate in relevant educational programs on Safety, Infection Control, Performance Improvement and will be CPR certified on a bi-annual basis. ACLS and PALS required for all nurses working in the Short Stay Specialty Unit.

4. Personnel will participate in annual mandatory updates and evaluation programs, such as but not limited to: Heath-stream Modules, annual Skills Lab and Safe Patient Handling

5. Standard Precautions used with the care of all patients. Infectious and communicable diseases place an increase demand for nursing and resources. Special considerations are made to accommodate these patients. The staff must recognize and report to the physician, anesthesia provider and the Infection Control Nurse.

STAFFING GUIDELINES

Staffing needs are determined by several factors that include but are not limited to: Age of the patient, complexity of patient care, frequency of interventions, tests required, education needs of the patients and their family, the special cultural needs of the patient and family, the need for specialized equipment and technology, the need for infection control protocols, psychosocial needs and patient progress toward recovery. Outpatients who have late surgeries may be assigned to the medical surgical unit if their staffing permits

STAFF ASSIGNMENTS

Patient assignments are based on the anticipated needs of the patient as well as the variables.

1. The Charge nurse will make the daily assignment the last scheduled day prior.

2. The early RN will make room assignments and ready the patient rooms for admittance.

3. Team Nursing is done with all nurses caring for all patients under the director of the RN in charge. All staff are qualified to care for all patients.

4. Patients receiving the first dose of any new medication will be monitored for a minimum of 30 minutes after medication administration. Monitoring the patient's response is essential to the safety of the patient due potential adverse reactions.

5. Staff members are assigned to the daily, weekly and/or monthly duties.

6. The Charge RN shall be responsible for assigning and coordinating meal periods and relief periods in accordance with Washington Administrative Code (WAC) 296-126-092. In the event that any staff member should require leave from the department, whether planned or unplanned, the Charge RN shall coordinate with the Department Director and/or House Supervisor to ensure that staffing minimums are maintained and the Staffing Plan is adhered to. Depending on the duration and nature of the leave, this may require a rearrangement of patient and staff assignments, calling in on-call staff, calling in available off-duty staff, floating in qualified staff from other departments, or securing qualified contract staff.

Considerations

- Charge nurses are a part of direct patient care team and assigned as per national and state standards.
- Before calling in extra staff that may be on-call to assist with staffing, this needs to be communicated and reviewed by the Department Manager or designated person.
- Patient care is defined as any type of work relating to the care of the patient; communicating with patients/families/physicians, taking and noting of orders, arranging for admissions and discharges, assisting other
staff members with the care of the patients.

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Staffing Plan - GI

PURPOSE

To insure safe optimal care for all endoscopy patients requiring care during procedures in the Endoscopy Unit during daytime hours.

To outline personnel policies for Endoscopy employees.

POLICY

A. The Endoscopy Unit will be staffed by an RN at all times.

B. The Endoscopy Unit will be staffed as cases are scheduled.

C. Staffing during a normal day may consist of RNs, LPNs, Certified/Registered Nurse Aides and Endoscopy Techs.
   1. One RN will be assigned to procedure room and will be responsible for the administration of procedural sedation as directed by the physician and monitoring the patient. A trained staff member will set up the procedure room for the day and assist with admissions until procedures start.
   2. One endoscopy tech or nurse will be assigned assist the physician or procedure nurse if needed, specimen collection and to clean and disinfect scopes. They will also help with turnover of the procedure room.
   3. One RN will be assigned to Observation Room, and other staff as needed (RN, LPN, Nurse Aide). Staff assigned to the Observation Room will assist in the admissions as needed in Observation.
   4. One RN will be assigned to admission of patients with additional RN, LPN or trained CNA staffing as needed.

D. Additional coverage will be available via per diem nurses, Short Stay Specialties Unit and PACU staff. Other qualified staff from other departments may be called upon if needed.

E. All staff shall complete orientation to Endoscopy Unit and will be qualified to work in the Endoscopy Lab. Float personnel will work under direct supervision of the Endoscopy RN.

STAFF ASSIGNMENTS

A. The Endoscopy Lab work day depends on scheduled cases.

B. All personnel will sign out when their assigned positions have been completed and their help is not
required for the day.

C. Personnel will be expected to work evenings, nights, holidays, and weekends as needed.

D. The determination of the daily and monthly work schedule is left to the discretion of the Endoscopy Manager. It is expected that all employees will follow the schedule as set forth by the Manager or designated person. Any questions or problems that cannot be resolved by the Manager will be referred to the Director of Patient Care Services.

E. Team nursing is done with all nurses caring for all patients under the direction of the RN in charge. All staff is qualified to care for all patients.

F. The Charge RN shall be responsible for assigning and coordinating meal periods and relief periods in accordance with Washington Administrative Code (WAC) 296-126-092. In the event that any staff member should require leave from the department, whether planned or unplanned, the Charge RN shall coordinate with the Department Director and/or House Supervisor to ensure that staffing minimums are maintained and the Staffing Plan is adhered to. Depending on the duration and nature of the leave, this may require a rearrangement of patient and staff assignments, calling in on-call staff, calling in available off-duty staff, floating in qualified staff from other departments, or securing qualified contract staff.

G. An RN will be assigned On Call from 1700 to 0700 the following am, during the week Monday through Thursday.

H. Weekend call includes Friday 1700 to Monday 0700.

I. "On Call" time is rotated and will be distributed as equally as possible. Once call is determined and scheduled, it is final. Any change in call needed once the scheduled is set is the responsibility of the nurse assigned to call that day.

J. Any requests for LOA, vacation or other time off shall be turned in by the 15th of the month prior to the month of request. Time off after the monthly schedule has been posted must be requested and approved by the manager.

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Definition

The Intensive Care/Progressive Care/Telemetry Department serves as a combination Intensive Care/Coronary Care/Progressive Care/Telemetry Department. Medical-Surgical and other status patients may also be cared for within this unit to help meet the 25 maximum bed level for the Hospital's Critical Access Designation.

There are four (4) beds in the ICU/PCU that have hard-wire cardiac monitor capability. There are four (4) Telemetry monitored beds available adjacent to the ICU/PCU. There is the ability to monitor a total of 12 patients throughout the facility (4 hardwire and 8 telemetry units).

Basic Staffing

Routine 12 hour shift:

0600-1830

1 Registered Nurse Charge
2 R.N./L.P.N. Staff nurses
1 CNA or Nurse Technician

1800-0630

1 Registered Nurse Charge
2 R.N./L.P.N. Staff Nurses
1 CNA or Nurse Technician, if indicated

0700-1530

1 HUC

If a second or third nurse is not available, one may be designated on each shift from a pool of Medical-Surgical nurses who have had additional education in the care of the telemetry status patient, if patient staffing numbers indicate the need.

When there are patients in the ICU and also in the PCU and/or Telemetry units at Tri-State Memorial Hospital,
there will be a minimum of two licensed nurses skilled and trained in critical care available in the hospital at all times for the care of the patients.

RESPONSIBILITIES OF THE NURSING STAFF IN THE ICU/PCU

Responsibilities of the Shift Charge Nurse:

Prime responsibility is to the Intensive Care/Progressive Care/Telemetry Department and Medical-Surgical status patients housed in this department; oversees, provides care for, supervises and assigns the ICU/PCU/Telemetry and Medical/Surgical patients. Is trained in Critical Care nursing, basic and advanced arrhythmia detection; use of the NIHSS; is currently certified in basic life support and Advanced Cardiac Life Support (ACLS); and is responsible for checking equipment, supplies, keeping all records current (examples: monitor records, procedures, policies, acuity statistics, monthly patient data). When the ICU/PCU/Telemetry does not have any patients, this nurse may go to other departments to assist in patient care or assisting other nurses in their duties. This nurse MUST be available for the ICU/PCU/Telemetry at all times for emergency situations or new admissions. Proficiency in computer documentation and order entry is required. When patient acuity dictates, the care of the Telemetry patients may be assigned to other staff who have been oriented to the ICU/PCU/Telemetry department. That care will be oversee by the shift charge nurse in the ICU/PCU/Telemetry Department, including the documentation of cardiac rhythms, NIHSS and other ICU-specific data.

Meals, Relief Periods, and Leave:

- The Charge RN shall be responsible for assigning and coordinating meal periods and relief periods in accordance with Washington Administrative Code (WAC) 296-126-092.
- In the event that any staff member should require leave from the department, whether planned or unplanned, the Charge RN shall coordinate with the Department Director and/or House Supervisor to ensure that staffing minimums are maintained and the Staffing Plan is adhered to. Depending on the duration and nature of the leave, this may require a rearrangement of patient and staff assignments, calling in on-call staff, calling in available off-duty staff, floating in qualified staff from other departments, or securing qualified contract staff.

Second and Third staff nurse (may by an R.N. or L.P.N.)

Prime responsibility is the care of ICU/PCU/Telemetry and/or Medical/Surgical status patients and their bedside care, gives assistance to other patients as assigned when not needed in the ICU/PCU/Telemetry area; may be assigned to float to the other nursing departments or be on call for the ICU/PCU/Telemetry Department; may relieve the charge R.N. as deemed by them and observe monitors or care for ICU/PCU/Telemetry (if ICU patients are present, an R.N. who is ACLS certified must be present); is to have had a knowledge of basic cardiac care; is certified in basic Cardio-Pulmonary Resuscitation, proficient in administration of medications and ideally, be currently ACLS certified. Proficiency in computer documentation and order entry is required.

Certified Nursing Assistant/Nurse Technician:

Prime responsibility is to the ICU/PCU/Telemetry and/or Medical/Surgical patients housed in the ICU/PCU/
Telemetry area; administers bedside care, takes vital signs, capillary blood glucose determinations (must have a Washington MA license to perform capillary blood glucose monitoring). Reports to licensed nurse in the ICU/PCU/Telemetry Department and is currently verified in Basic Cardio-Pulmonary Resuscitation (BLS). A basic knowledge in cardiac rhythms and proficiency in computer based order entry and nursing documentation is recommended. If the employee is a Licensed Nurse Technician, this employee may perform the duties of the licensure as overseen and directed by the Registered Nurse according to the State of Washington.

The shift may vary in hours of work according to acuity. This employee may float to other areas of the hospital as the need arises.

A. HUC (Health Unit Coordinator) will be responsible for clerical duties to include, but not be limited to: reception, record-keeping, coordinating information for staff and patients, and stocking of supplies.

STAFFING CONSIDERATIONS:

- Approximately two hours prior to shift change, the Charge Nurse will plan for the next shift’s patient care. Using the number of patients and acuity/level of care, the Charge Nurse will collaborate with the House Supervisor to decide safe staffing needs.
- Mechanically ventilated patients require an RN to be present in the ICU at all times. Care of these patients will be provided by an ACLS certified RN who has the necessary experience, education, and competency in the assessment and care of intubated and/or mechanically ventilated patients. In an emergency requiring the RN to leave the unit for another unstable patient, the ventilated patient may be cared for by the Respiratory Therapist or House Supervisor until the RN can return to ICU, as long as there are additional licensed ICU oriented staff present.
- Patients who have attempted suicide by overdose will have a Continuous Observer during the hospital stay as long as the patient is deemed high risk for suicide (refer to Suicide Prevention policy).
- Additional staff may be required during the hours that there is no Respiratory Therapy available in house (typically during the latter-half of the night shift). The ICU RN will be responsible for those respiratory treatments, ABG draws, and EKG completion in the absence of the RT. There is a Respiratory Therapist on call around the clock for urgent matters.

Attachments: No Attachments

Approval Signatures

<table>
<thead>
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<th>Date</th>
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<tbody>
<tr>
<td>Jackie Mossakowski: CNO</td>
<td>12/2018</td>
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<td>Jackie Mossakowski: CNO</td>
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Staffing Plan- Medical Surgical Unit

OBJECTIVES

To staff personnel, nursing and non-nursing to meet the needs of both medical and surgical patients while staying within the budget established by administration. The guideline for patient staffing is Nursing Hours Per Patient Day (HPPD). The HPPD levels are one variable that is used to plan the annual budget and build variable staffing patterns. However, in determining the shift to shift patient care assignments, multiple factors are considered in addition to HPPD such as: patient’s acuity, skill mix of the staff, quality and safety concerns, technology and environment of care.

The Medical- Surgical Inpatient Care Delivery Team:

An interdisciplinary team participates in the provision of patient care. Patients are admitted into different units based on their diagnosis and the clinical competencies of the staff caring for them. Members of the team are as follows:

A. 0600-1830 shift:
   1. Charge Nurse
   2. Registered Nurses according to nursing hours and patient needs.
   3. Licensed Practical Nurse, if scheduled according to nursing hours and patient needs.
   4. Nurse Techs, if currently on staff, and according to nursing hours and patient needs.
   5. Nurse aide according to nursing hours and patient needs.
   6. Health Unit Coordinator (HUC)

B. 1800-0630 shift:
   1. Charge Nurse
   2. Registered nurses according to nursing hours and patient needs.
   3. Nurse Techs if currently on staff, and according to nursing hours and patient needs.
   4. Nurse aide according to nursing hours and patient need.
   5. Health Unit Coordinator (HUC)

Other care providers that may be included in the care of the patient are Physicians, wound care nurses, respiratory/physical/speech/occupational therapists, case management staff, social workers, dieticians, and pharmacists.
Staffing Guidelines:

Staffing needs are determined by several factors that include but are not limited to: Age of the patient, the complexity of patient care and the frequency of assessments and interventions, tests required, education needs of the patients and their family, the special cultural needs of the patient and family, the need for specialized equipment and technology, the need for infection control protocols, psychosocial needs and patient progress toward recovery.

Staffing Assignments:

Staffing assignments consider the following variables in selecting the group of patients a nurse will manage for her/his shift. Patient assignments will be made by the oncoming charge nurse who will take into consideration the patient's acuity and needs of the patient.

1. Acuity Score – a tool that assesses the complexity of patient care needs requiring nursing care and nursing skills consistent with professional nursing standards.

2. Continuity of Care – Whenever possible, patients are assigned to the same nurse who cared for them the previous shift. This helps facilitate care as the nurse is familiar with the patients’ needs.

3. Competency and Experience of the Staff – All nurses are trained and competent in the care of their patient population.

4. Unit Flow – Rooms in close proximity to each other may be in one assignment.

5. Infection Prevention-Primary nurses will not be assigned a combination of post operative patients and isolation patients unless unavoidable.

Acuity of Patients:

Staffing guidelines for nursing care are based on the principles of an acuity system along with Hours per Patient Day (HPPD). Patients requiring a low level of care without many interventions and nursing time are scored as a 2. Those patients that require a medium level of care are scored as a 3 or 4 depending on direct needs of the patient. Those patients that require a high level of care and have many interventions for the nursing staff to complete or requiring close watch of the patient are scored as a 5 or 5+.

Scoring is done in collaboration with the charge nurses on every shift and the direct care nursing staff. Acuity assessments are done every shift and whenever necessary so adjustments can be made in order to align the needs of the patients with the necessary skill mix of the nursing staff and the other considerations.

Special Considerations: High acuity patients requiring one-to-one supervision or with signs and symptoms of instability may be transferred to the ICU/PCU/Telemetry area, depending on staffing and bed availability. Patients may occupy a bed in the ICU without having a status change, if close monitoring is required and cannot be accomplished in the Med/Surg area.

Hours Per Patient Day (HPPD):

Staffing is also based on Hours per Patient Day, with the indicator used at 8.5 hours per patient day. This factor will be multiplied by the total number of patients on the floor to determine total hours required for a 24 hour period. Day shift will be staffed for 60% of the hours while night shift is staffed at 40% of the hours. Staff breakdown is figured at 1 staff person = 12 hours of care. There are variables to this indicator as it relates to the charge nurses. Please reference the "Patient Staffing Hours Grid" located at the end of this policy for the grid and staffing numbers.

Considerations:
• Charge nurse hours are included into the shift hours as they are a part of direct patient care per national and state standards used.

• As a **general rule** for staffing, generally day shift nurses will care for 4 patients and night shift nurses 5-6 patients. This staffing mix may vary based on higher acuity patients including those in telemetry, or more patients may be taken by a nurse based on much lower acuity points.

• As patient acuity is higher, there may need to be variances to the hours listed as to why more staff hours are needed. This needs to be documented on the Shift Activity Report under Variance Report as to shift activity and issues for tracking.

• Before calling in extra staff that may be on-call to assist with staffing, this needs to be communicated and reviewed by the Department Director, Assistant, or the House Supervisor.

• The Charge Nurse on day shift will be accounted for 6 hours (.5) of patient care and the HUC will be staffed above the acuities on day shift. Patient care is defined as any type of work relating to the care of the patient; communicating with patients/families/physicians, taking and noting of orders, arranging for admissions and discharges, assisting other staff members with the care of the patients.

• On night shift the charge nurse will account for 8 hours (.66) of needed staff when a HUC and Night House Supervisor are in house for 12 hour shifts. When there is a HUC but no Night Supervisor the charge nurse will account for 6 hours (.5) of the needed staff. When there is no HUC scheduled, the charge nurse is then counted above the acuities. Variances to this will always be looked at based on hours the HUC may be working and other circumstances that come up. Example: the HUC is only scheduled to work 6 hours per shift, then the charge nurse would be counted as 6 hours (.5).

• The HUCs generally work six to twelve hour shifts during the week, and reduced hours of coverage may be in place on the weekends, depending on staffing and patient volume.

**Meals and Relief Periods:**

The Charge RN shall be responsible for assigning and coordinating meal periods and relief periods in accordance with Washington Administrative Code (WAC) 296-126-092.

In the event that any staff member should require leave from the department, whether planned or unplanned, the Charge RN shall coordinate with the Department Director and/or House Supervisor to ensure that staffing minimums are maintained and the Staffing Plan is adhered to. Depending on the duration and nature of the leave, this may require a rearrangement of patient and staff assignments, calling in on-call staff, calling in available off-duty staff, floating in qualified staff from other departments, or securing qualified contract staff.

**Low Census or On-Call Status:**

During periods of low census, refer to the **"Low Census"** policy (Human Resources). If the department is over-staffed or requires additional staffing, employees may float, as appropriate, to cover staffing needs. If employees are not needed for patient care, they may also perform non-productive tasks (refer to Daily, Weekly, and Monthly worksheets). The employee will account for non-productive time using a worksheet to identify how that time was spent and will also log non-productive hours in the Ultipro log.

**Patient Staffing Hours Grid**

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<th>Total Hours: (24 hour period)</th>
<th>Day shift: (60% of total hours)</th>
<th>Number of staff needed <em>Days</em></th>
<th>Night shift: (40% of total hours)</th>
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• Track resolution of each complaint by NSC (resolved, dismissed, unresolved).
• Hospital finances and resources must be taken into account in the development of the nurse staffing plan.

The committee will produce the hospital's annual nurse staffing plan. If this staffing plan is not adopted by the hospital, the CEO shall provide a written explanation of the reasons why the plan was not adopted to the committee. The CEO must then either a) identify those elements of the proposed plan being changed prior to adoption of the plan by the hospitals or b) prepare an alternate annual staffing plan that must be adopted by the hospital.

Beginning January 1, 2019, each hospital shall implement staffing plan and assign nursing personnel to each patient care unit in accordance with the plan.

A registered nurse may report to the staffing committee any variations where the nurse personnel assignment in a patient care unit is not in accordance with the adopted staffing plan and may make a complaint to the committee based on the variation. Reported complaints and their resolution (resolved, dismissed, unresolved) will be tracked by the Nurse Staffing Committee.

Shift-to-shift adjustments in staffing levels required by the plan may be made by the appropriate hospital personnel overseeing patient care operations. If a registered nurse on a patient care unit objects to a shift-to-shift adjustment, the nurse may submit the complaint to the staffing committee. The Committee is responsible for reviewing complaints, determining if a specific complaint is resolved or dismissing a complaint based on unsubstantiated data. The Staffing Complaint Form is attached to this policy and must be printed, completed, and submitted to the NSC via their mailbox in the mail room labeled "Staffing Grievance Forms."

The hospital is required to post, in a public area on each patient care unit 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.

TSMH may not retaliate against or engage in any form of intimidation of employees performing any duties or responsibilities in connection with the nurse staffing committee or an employee, patient, or other individual who notifies the nurse staffing committee or the hospital administration of his/her concerns with nurse staffing.

Reference: Engrossed substitute House Bill 1714, Chapter 249, Laws of 2017; RCW 70.41.420

Attachments: Staffing Complaint form

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<td>11/2018</td>
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<tr>
<td>Kerry Lopez</td>
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Applicability

Tri-State Memorial Hospital