

Status **Active** PolicyStat ID **12912948**



Effective 04/2020
Approved 01/2023
Last Revised 01/2023
Expiration 11/2023

Owner **Jackie Mossakowski: CNO**
Policy Area **Patient Care Services NON Clinical**

Nurse Staffing Plan

Nurse Staffing Plan Principles

- Access to high-quality nursing staff is critical to providing patients safe, reliable and effective care.
- The optimal staffing plan represents a partnership between nursing leadership and direct nursing care staff.
- Staffing is multifaceted and dynamic. The development of the plan must consider a wide range of variables.
- Data and measurable nurse sensitive indicators should help inform the staffing plan.
*These principles correspond to *The American Nursing Association Principles of Safe Staffing*.

Nurse Staffing Plan Policy

- The nurse staffing committee is responsible for the oversight of the nurse staffing plan to ensure the availability of qualified nursing staff to provide safe, reliable, and effective care to our patients.
- The committee's work is guided by its charter.
- The committee meets on a regular basis as determined by the committee's charter.
- The committee's work is informed by data from the patient care units. Appropriate staffing levels for a patient care unit reflect an analysis of:
 - Individual and aggregate patient needs;
 - Staffing guidelines developed for specific specialty areas;
 - The skills and training of the nursing staff;
 - Resources and supports for nurses;
 - Anticipated absences and need for nursing staff to take meal and rest breaks;
 - Hospital data and outcomes from relevant quality indicators; and
 - Hospital finances.

*The American Nurses Association does not recommend a specific staffing ratio, but rather to make care assignments based on acuity, patient needs and staff competencies.

- The analysis of the above information is aggregated into the hospital's nurse staffing plan. Each individual patient care unit may use the [Nurse Staffing Committee Checklist](#) to guide their work.
- Staff continuously monitor individual and aggregate patient care needs and make adjustments to staffing per agreed upon policy
- The committee will perform a semiannual review of the staffing plan. If changes are made to the staffing plan throughout the calendar year, an updated staffing plan will be submitted to the Department of Health (DOH.)
- The hospital is committed to ensuring staff are able to take meal and rest breaks as required by law. The committee considers breaks and strategies to ensure breaks when developing the plan. A global break policy may be used, or individual patient care units may have discretion in structuring breaks to meet specific needs while meeting the requirements of the law. Data regarding missed or interrupted breaks will be reviewed by the committee to help develop strategies to ensure nurses are able to take breaks.

Nurse Staffing Plan Scope

*Acute care hospitals licensed under [RCW 70.41](#) are required by law to develop a nurse staffing plan. The plan must cover areas of the hospital that: 1) are under the hospital's license (RCW 70.41) and 2) where a nurse(s) provides patient care (i.e., "patient care unit"). **The plan must be submitted ANNUALLY by December 31 to nursestaffing@doh.wa.gov.**

The following areas of the hospital are covered by the nurse staffing plan: Inpatient, Emergency Department; Perioperative services; outpatient dialysis; radiology procedure nurse; and medical clinics under the hospital license.

Nurse Staffing Plan Critical Elements

- The following represents critical elements about the nurse staffing plan. Appropriate staffing levels for a patient care unit reflect an analysis of:
 - Individual and aggregate patient needs;
 - Staffing guidelines developed for specific specialty areas;
 - The skills and training of the nursing staff;
 - Resources and supports for nurses;
 - Anticipated absences and need for nursing staff to take meal and rest breaks - see link to Meal and Rest Break policy. <https://tristatehospital.policystat.com/policy/10912573/latest/>

Nurse Staffing Plan Matrices

Inpatient/Medical-Surgical Unit

Projected Pt. Census	Charge Nurse		RN	CNA	Health Unit Coordinator – Day/ Eve Shifts	Additional Support Staff/Other
	Day	Night				
1-5	1	1	1	0-1	1	Sitters as indicated
6-10	1	1	2	1	1	Sitters as indicated
11-15	1	1	3	1-2	1	Sitters as indicated
15-20	1	1	4	2-3	1	Sitters as indicated

*Matrices are developed as a guide for shift-by-shift unit-based staffing decisions and are adjusted up or down based on patient factors and skill-mix of hospital staff. These numbers are not meant to convey a minimum or maximum staffing requirement.

Progressive Care/ICU Staffing

Projected Pt. Census	Charge Nurse	RN	CNA	Health Unit Coordinator Day Shift, M-F	Additional Support Staff/ Other
3-4(ICU)	1	2-4	1	1	Sitters as indicated
(PCU) up to 3	1	1	1	1	Sitters as indicated

*Matrices are developed as a guide for shift-by-shift unit-based staffing decisions and are adjusted up or down based on patient factors and skill-mix of hospital staff. These numbers are not meant to convey a minimum or maximum staffing requirement.

Emergency Department Staffing Staffing Expands and Contracts Throughout the 24 Hour Period

Projected Pt. Census	Charge Nurse	RN/ LPN	CNA/ED tech	Health Unit Coordinator (DayShift)	Additional Support Staff/Other
1-4	1	2	1 Tech 0700-1930	1	Sitters as indicated
5-8	1	2-3	1 Tech 0900-2130 1 Tech 1100-2330	1	Sitters as indicated
8-12	1	3-5	1 Tech 1900-0730	1	Sitters as indicated

Radiology Procedures Nurse

- The nurse assists with Radiology procedures, including sedation, Monday-Friday day shift.

- **Manages one patient at a time. The procedures are scheduled to enable the RN to take rest and meal breaks.**

The Perioperative Services Department

Short Stay Specialties Unit (SSSU)

The 16 bed Perioperative Services Unit is open from 0530-1730 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.
- Perioperative Services offers combination of 8 and 10 hour shifts.
- The department will remain open for service until 1730, with a minimum of two RNs – staffing may increase to accommodate patient volume.
- 2 schedulers: one starts at 0700, a second at 0830--start times may vary depending on unit needs. Depending on patient volume, only 1 scheduler may be utilized.
- 1-2 GI techs to start varying hours to accommodate for the functionality of the unit.
- Remainder of the staff to arrive at varying times depending on unit needs with minimum of two RNs remaining until 1730. Staffing fluctuates based on need.
- 1 charge nurse to function as a team leader.
- The "On-Call" team consists of a minimum of two RNs. Two RNs report to the hospital for emergency cases. "On-Call" starts at 1700 for SSSU.
- "On-Call" personnel will be available by phone to respond within 30 minutes or less.

Staffing may be supplemented with trained relief staff (RN's, LPN's) as needed If caseload is increased additional staff will be scheduled.

Perioperative Unit (surgery)

- The perioperative unit will have a sufficient number of nursing personnel to assist the surgical team in rendering intra-operative patient care.
- A registered nurse (RN) will always be available to assess, plan, implement, evaluate, and direct nursing care rendered to the patient.
- An RN will always function as the circulating nurse during an operative procedure.
- A sufficient ratio of RNs is available to ensure that an RN is circulating in one room at a time; RNs **WILL NOT** circulate between two rooms simultaneously.
- Surgery cases are routinely scheduled between 0730-1500. , Monday-Friday. The perioperative unit will be staffed for the operation, Monday through Friday, 7:30 a.m. up to 1700. One room is available for emergencies on Saturday, Sunday and Holidays, 24 hours. An on call team is available for emergencies.
- The Surgery Supervisor or Clinical Coordinator will determine which cases require additional RN assignment and support staff, i.e., total joint replacements.
- The "On-Call team consists of a minimum of one RN and one (1) Scrub RN or Technician. One operating room suite will be available open during "On-Call" hours.

"On-Call" personnel will be available by phone to respond within 30 minutes or less.

Ambulatory Care Clinics Medical Clinics:

- Each provider/practice will have clerical, ancillary, and nursing support assigned to their practice location based on patient volume and hours worked. The nursing staff may be a medical assistant, LPN or RN or a mix of the prior, based on provider and/or clinic needs. Clerical staff will assist in reception, check in and check out functions. This can be variable due to various block times based on reason for visit, etc.
- Meal and rest breaks are arranged per clinic preference.

Nurse Staffing Complaints

Nursing staff who, in their professional judgment, believe their patient assignments to be unsafe and places their patients at risk should voice their concerns in the following order of escalation:

- A. Discuss their concerns with the person responsible for the assignment on that shift, such as a Charge nurse or Lead. When no alternatives are identified as possible, the person should contact the house supervisor on duty.
- B. The House Supervisor should attempt to resolve the situation using available resources as he/she determines appropriate. This may include involving the department Director/Manager to assist in determining an appropriate resolution.
- C. If the nurse is dissatisfied with the decision of the Supervisor and/or Manager/Director or there is no mutually satisfactory resolution to the problem, the nurse should fill out a Nurse Staffing Complaint in SafetyZone as soon as possible.

Nurses are expected to carry out an assignment to the best of their ability even if a complaint has been made. Complaints will be directed to the Nurse Staffing Committee, who will review them per the process outlined in the committee charter. Nurses who raise assignment concerns will be free from restraint, interference, discrimination, or reprisal.

Submit this plan ANNUALLY by December 31 to nursestaffing@doh.wa.gov.

Attachments

[20210105085100362.pdf](#)

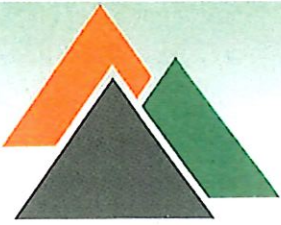
Approval Signatures

Step Description

Approver

Date

Jackie Mossakowski: CNO	01/2023
Jackie Mossakowski: CNO	01/2023




Tri-State

Memorial Hospital & Medical Campus

CEO Attestation of Approval of Nurse Staffing Plans

I, the undersigned with responsibility for Tri-State Memorial Hospital, attest that the attached staff plans were developed in accordance with RCW. 70.41.420 for 2022 and include all units covered under our hospital license under RCW 70.41. This plan was developed with consideration given to the following elements:

- Census, including total number 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.



Kym Clift, CEO

Dated this 28 day of Dec, 2022

