

Jefferson Healthcare Nurse Staffing Plan Submission 2023

CEO Attestation

- Attached

Nurse Staffing Plan Purpose

This plan was developed for the management of scheduling and provision of daily staffing needs for the hospital, and to define a process that ensures the availability of qualified nursing staff to provide safe, reliable and effective care to our patients. This plan applies to all parts of the hospital licensed under RCW 70.41.

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 development and 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 information and data from individual 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 and collective bargaining agreement (if applicable).
- 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 DOH.
- The hospital is committed to ensuring staff are able to take meal and rest breaks as required by law, or collective bargaining agreement (if applicable). 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 following areas of the hospital are covered by the nurse staffing plan:

- Acute Care Unit, ACU
- Intensive Care Unit, ICU
- Family Birth Center, FBC
- Surgical Services
- Emergency Department, ED

Nurse Staffing Plan Critical Elements

The following represents critical elements about the nurse staffing plan:

- Nursing staff committee representation will be shared equally between direct patient care representatives and nurse leaders.
- The Staffing Committee will review, assess and respond to reports submitted to the committee using the "Staffing Communication Form"
- The staffing committee will track complaints reported to the committee to include the resolution of each complaint.
- The hospital will submit the staffing plan annually and when changes are made.

Nurse Staffing Plan Matrices per Unit

- Acute Care Unit, ACU
- Intensive Care Unit, ICU
- Family Birth Center, FBC
- Surgical Services
- Emergency Department, ED

ACU Staffing Matrix

The Staffing Matrix is a tool to help leadership determine what levels of each staff group are needed based on the census. This matrix is used as a guideline. Adjustments are made that take into consideration patient needs and acuity. Charge nurses assess the staffing needs on an ongoing basis and confer with the Director, the Department Supervisor, and the House Supervisor to make adjustments as needed.

Census	Time	Charge RN	RN	CNA	HUC	Number of staff	Direct HPPD
17	0700-1930	1	3	3		7	
	1900-0730	1	3	3		7	
	0700-1530				1	1	
	1500-2300				1	1	

Worked hours	24	96	96	16		232	13.64
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Census	Time	Charge RN	RN	CNA	HUC	Number of staff	Direct HPPD
16	0700-1930	1	3	3		7	
	1900-0730	1	3	3		7	
	0700-1530				1	1	
	1500-2300				1	1	
		24	96	96	16	232	14.5

Census	Time	Charge RN	RN	CNA	HUC	Number of staff	Direct HPPD
15	0700-1930	1	3	3		7	
	1900-0730	1	3	3		7	
	0700-1530				1	1	
	1500-2300				1	1	
		24	72	72	16	184	12.26

Census	Time	Charge RN	RN	CNA	HUC	Number of Staff	Direct HPPD
14	0700-1930	1	3	3		7	
	1900-0730	1	3	3		7	
	0700-1530				1	1	
	1500-2300				1	1	
		24	72	72	16	184	13.14

Census	Time	Charge RN	RN	CNA	HUC	Number of Staff	Direct HPPD
13	0700-1930	1	3	3		7	
	1900-0730	1	3	3		7	
	0700-1530				1	1	
	1500-2300				1	1	
		24	72	72	16	184	14.15

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Direct HPPD
12	0700-1930	1	3	2		6	
	1900-0730	1	3	2		6	
	0700-1530				1	1	
	1500-2300				1	1	
	Hours	24	72	72	16	184	15.33

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Direct HPPD
11	0700-1930	1	3	2		6	
	1900-0730	1	3	2		6	
	0700-1530				1	1	
	1500-2300				1	1	
	Hours	24	72	72	16	184	16.72

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Direct HPPD
10	0700-1930	1	2	2		5	
	1900-0730	1	2	2		5	
	0700-1530				1	1	
	1500-2300				1	1	
		24	48	48	16	136	13.6

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Direct HPPD
9	0700-1930	1	2	2		5	
	1900-0730	1	2	2		5	
	0700-1530				1	1	
	1500-2300				1	1	
		24	48	48	16	136	15.11

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Direct HPPD
8	0700-1930	1	2	2		5	
	1900-0730	1	2	2		5	
	0700-1530				1	1	
	1500-2300				1	1	
		24	48	48	16	136	17

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Total Staff
7	0700-1930	1	2	2		5	
	1900-0730	1	2	2		5	
	0700-1530				1	1	
	1500-2300				1	1	
		24	48	48	16	136	19.4

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Direct HPPD
6	0700-1930	1	1	1		3	
	1900-0730	1	1	1		3	
	0700-1530				1	1	
	1500-2330				1	1	
		24	24	24	16	144	14.66

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Direct HPPD
5	0700-1930	1	1	1		3	
	1900-0730	1	1	1		3	
	0700-1530				1	1	
	1500-2300				1	1	
		24	24	24	16	88	17.6

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Direct HPPD
4	0700-1930	1	1	1		3	
	1900-0730	1	1	1		3	
	0700-1530				0	0	
	1500-2300				0	0	
		24	24	24	0	72	18

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Direct HPPD
3	0700-1930	1	1	0		2	
	1900-0730	1	1	0		2	
	0700-1530				0	0	
	1500-2300				0	0	
		24	24	0	0	48	16

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Direct HPPD
2	0700-1930	1		0		1	
	1900-0730	1		0		1	
	0700-1530				0	0	
	1500-2300				0	0	
		24	0	0	0	24	12

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Direct HPPD
1	0700-1930	1		0		1	
	1900-0730	1		0		1	
	0700-1530				0	0	
	1500-2300				0	0	
		24	0	0	8	24	24

There is a Director and a Supervisor that support ACU/ICU.

ICU Staffing:

The unit is staffed on a 24 hour, seven-days a week basis from a monthly schedule. ICU staffing includes RNs. CNAs can be assigned to work in the Intensive Care Unit as needed. The House supervisor should communicate with the ICU Charge RN to determine the need for a CNA prior to the beginning of the next shift to secure appropriate staffing. Direct care hours for the Intensive Care Unit are 21.33. There are per diem nurses who can be called to work when there are times of high census. There are nurses working on the Acute Care Unit that have been oriented to the ICU that can also assist with patient care.

Shift	RNs	CNAs
0700-1930	2	0-1
1930-0730	2	0-1

One RN on each shift is assigned to be a charge nurse.

There is a Director and one Supervisor who cover the ACU/ICU.

When there are no patients in the ICU, the nursing staff will assist on the Acute Care Unit or in other departments as assigned by the House Supervisor.

FBC Staffing:

- The FBC is staffed with 2 FBC nurses who are scheduled on a rotational basis using 12 hr shifts and AWHONN guidelines. One of which is primary with responsibilities including OB triage and unit duties. Both RN's may be assigned outside of the unit to assist in other departments as hospital needs demand according to competencies. One or both nurses will be returned to the unit as expeditiously as possible if the need arises. A backup plan for an expeditious return shall be communicated when nurses are assigned outside of the unit. Unit assignments are made based on the number and acuity needs of the patient and the experience and educational levels of the nursing staff. Nurse to patient ratio guidelines are based on regional and national standards and AWHONN guidelines.
- FBC RN's perform outpatient services for families in collaboration with the physician when the needs of the family exceed clinic resources.
- During critical care needs, the Director or House Supervisor may assign additional resources based on patient needs and acuity, and staff skill level.
- A Director/Designee manages services, guides policies and procedures, collaborates with medical staff, and consults with higher level of care units as necessary. in consideration of AWHONN and ACOG guidelines. A staff nurse may also be assigned project duties by the Director/Designee.

The specific physical and psychosocial needs of patients: age, functional ability, communication skills, cultural and linguistic diversities, severity and urgency of admission condition, scheduled procedures, availability of social support system and other specific needs are determined between the nurse, House Supervisor, physician and patient, and should be considered when planning patient assignments and nurse to patient ratios on any given shift.

The House Supervisor must be conferred with by the FBC registered nurses and kept up to date regarding patient census and activity when determining staffing needs for each shift and regarding changing needs during the shift.

Nurse to patient ratio guidelines are based on regional and national standards. Jefferson Healthcare uses the recommended ratios from the Association for Woman's Health: Obstetrics and Neonatal Nurses (AWHONN). The guidelines Jefferson Health Care has adopted from AWHONN are listed below.

Intrapartum:

Unstable Triage 1:1/ 2:1 depending on critical needs

Admission of FBC patient: 1:1 (in active labor, higher acuity with multiple risk factors).

Patient in labor with minimal or no pharmacologic pain relief 1:1

When RN is utilizing intermittent auscultation during active phase of the first stage of labor 1:1

Patient in second stage labor 1:1

Patients with medical or obstetrical complications 1:1

Oxytocin induction or augmentation of labor 1:1 (Initiation of Oxytocin requires 2 RNs)

Coverage for initiating epidural anesthesia 1:1

Coverage for patients with stable epidural 1:1

Antepartum/Postpartum:

Hospitalized antepartum patients are assumed to have complications and require 1:3 staffing in a stable condition.

Antepartum patients in an unstable condition require a 1:1 staffing ratio, as a level 1 facility, unstable antepartum patients should be reviewed for potential transport to a higher-level facility.

Prior to birth, a second FBC RN Cross trained to the unit with current NRP certification should be available as needed. They will then remain available to attend the birth as the newborn's RN throughout critical elements of care.

During the immediate post-partum period, the nursing ratio should include one nurse for the mother and a second nurse for the baby. Once the critical elements of care/recovery time periods are reached, the mother's nurse may accept care of the newborn.

Critical elements of care for the mother include: (a) initial assessment is complete; (b) repair of the perineum is complete, and (c) the woman is hemodynamically stable.

Critical elements of care for the newborn include: (a) initial assessment and care are completed and charted in Epic, this includes initial newborn medications, 4 sets of vital signs; (b) identification bracelets are applied; (c) the infant's condition is stable; and (d) report has been given to the mother's nurse, her questions answered, and the transfer of care has taken place.

The second RN should assist the first RN in transferring the mother from a labor bed to a post-partum bed before leaving.

Newborns and Couplet Care:

Recently born infants & those requiring close observation 1:4

Unstable infants and infants being stabilized for transport 1:1

Normal mother-newborn couplet care 1:3 couplets (additional assistance may be required to cover mother-newborn couplet care if discharging a couplet is scheduled)

In addition to the nurse to patient ratio guidelines above:

Outpatient Care:

FBC RNs assess postpartum mothers and newborns as outpatients starting 1-2 days after discharge when appointments cannot be arranged with the Prenatal/Postpartum Clinic.

Surgical Services Staffing:

Short Stay RNs are skilled to cover day of surgery admissions, PACU and post-op as needed; Circulators are skilled to cover OR, special procedures and PACU as needed. Staffing will change as the need arises (i.e .emergency C-section). Techs and RNs are assigned from any of the departments. All assignments are made the evening prior and assessed in the AM, and throughout the day.

The OR suite includes three Operating Rooms and one Special Procedures room. Staffing is for an eight-hour day, five days a week with 24-hour emergency coverage. The OR is staffed with Registered Nurses and OR Technicians

OR Staffing (OR and PACU):

Staff	Monday	Tuesday	Wednesday	Thursday	Friday
RN 0700-1530	6	6	6	6	6
RN 0600-1830	1	1	1	1	1

OR Tech 0630-1500	1	1	1	1	1
OR Tech 0700-1530	4	4	4	4	4
OR Tech 0700-1730	1	1	1	1	
Sterile Processing Tech 0630-1500	1	1	1	1	1
Sterile Processing Tech 0900-1730	1	1	1	1	1
HUC 0915-1745	1	1	1	1	1

RNs and OR Techs take call after hours and on weekends on a rotational basis.

Short Stay Staffing:

Staff	Monday	Tuesday	Wednesday	Thursday	Friday
RN 0530-1400	1	1	1	1	1
RN 0600-1430	1	1	1	1	1
RN 0800-1630	1	1	1	1	1
RN 1000-1830	1	1	1	1	1

Pre-Op Clinic Staffing:

Staff	Monday	Tuesday	Wednesday	Thursday	Friday
RN 0830-1700	1	1	1	1	1

Certified Registered Nurse Anesthetists: Provide Anesthesia in Surgery, Radiology, Labor & Delivery, E.R. ACU/ICU and Therapeutic Procedures and Acute Chronic Pain Management for Labor & Delivery, E.R., ACU/ICU & Outpatient 24 Hours a Day, 7 Days a week

Surgical Services has a Director as well as an OR Supervisor and a Sterile Processing Supervisor.

Emergency Department Staffing:

Jefferson Healthcare's Emergency Department Budgeted Census for 2021 is 13,065. Budgeted Hours per visit are 2.9.

Historical data of patient arrival times and length of stay is used to determine number of staff and start times for the department.

Shift	Hours	Charge RN	RN	Tech
Day	0700-1930	1	1	1
Mid-shift	*Varied start and end times based on volumes 1100-2330 1500-0330		Varied start times * 1 1	2*
Night	1900-0730	1	1	1

*When there is high volume in Express Clinic an ED Tech is floated to assist.

A Charge Nurse is assigned 24 hours a day.

During periods of high census and/or boarding of patients in Emergency Department, the Charge Nurse collaborates with the Hospital Supervisor to determine staff resources available from other departments to be deployed in the Emergency Department, or to assist in patient throughput. All suicidal patients requiring 1:1 monitoring will receive DNV/CMS required monitoring. ED will first use and/or assess its ability to staff with ED employees. Every effort will be made to obtain additional resources for patients requiring behavioral observation every 15-minute checks or 1:1 monitoring.

An Emergency Physician is on duty in the Department 24 hours a day.

During high volume days, a mid-level provider or 2nd ED provider may work mid shift.

Social Worker is on duty in the Department Monday through Friday 830-5pm.



Submitted respectfully by Tina Toner, CNO, December 30, 2022

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Chief Nursing Officer

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834 Sheridan Street

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ACU Staffing Plan



Acute Care Unit Staffing Plan 2023

Purpose:

The purpose of the Acute Care Unit (ACU) Staffing Plan is to identify and set forth principles and guidelines to help the department optimize the utilization of its resources to best serve its patients and strategic goals and to provide safe and quality patient care.

Description:

The Acute Care Unit is a 17-bed unit located on the 3rd floor adjacent to the Intensive Care Unit and the Family Birth Center. The budgeted average daily census of the unit is 11.5. There is a combination of inpatients and observation patients admitted to the ACU.

Patient Population:

The Acute Care unit provides a combination of routine and moderate acuity care for Medical and Surgical patients. The most common patient medical diagnosis are COPD, Congestive Heart Failure, Sepsis, and Pneumonia. Post-operative patients include Total Joint Replacement, Hip Fracture Repair, Colon Resections, and Urology Surgeries.

Staffing:

Target patient Ratios are 1:4 or 1:5. Patients at high risk of fall or patients with Behavioral Health issues who are a high risk of harm are provided 1:1 care utilizing a CNA working with an RN, or an RN may be assigned to that patient with the expectation that they provide total patient care. Charge nurses do not typically take a patient assignment so that they are available to assist the nursing staff and to help provide lunch and break relief. If the census is low or in times when patient acuity is high, the Charge Nurse may need to take a patient assignment. In the case of lower-than-average census nurses placed on low census may also be placed on call so that if patient census increases, they will be available to staff.

Historical data is utilized to determine staffing patterns. Schedules are made utilizing this historical data. With an average daily census of 9.6, schedules are made with 3 RNs per shift in addition to a charge nurse.

The following chart demonstrates historical data from 2022

Average
Number of
Patients Per 9.6
Day:

Average
Churn

Average
Admissions

Per Day

Direct
Nursing
Hours Per
Patient Day

Staffing Matrix

The Staffing Matrix is a tool to help leadership determine what levels of each staff group are needed based on the census. This matrix is used as a guideline. Adjustments are made that take into consideration patient needs and acuity. Charge nurses assess the staffing needs on an ongoing basis and confer with the Director, the Department Supervisor, and the House Supervisor to make adjustments as needed.

Census	Time	Charge RN	RN	CNA	HUC	Number of staff	Direct HPPD
	0700-1930	1	3	3		7	
	1900-0730	1	3	3		7	
17	0700-1930				1	1	
	1900-0730				1	1	
	Worked hours	24	96	96	16	232	13.64

Census	Time	Charge RN	RN	CNA	HUC	Number of staff	Direct HPPD
	0700-1930	1	3	3		7	
	1900-0730	1	3	3		7	
16	0700-1530				1	1	
	1500-2300				1	1	
		24	96	96	16	232	14.5

Census	Time	Charge RN	RN	CNA	HUC	Number of staff	Direct HPPD
	0700-1930	1	3	3		7	
	1900-0730	1	3	3		7	
15	0700-1530				1	1	
	1500-2300				1	1	
		24	72	72	16	184	12.26

Census	Time	Charge RN	RN	CNA	HUC	Number of Staff	Direct HPPD
	0700-1930	1	3	3		7	
	1900-0730	1	3	3		7	
14	0700-1530				1	1	
	1500-2300				1	1	
		24	72	72	16	184	13.14

Census	Time	Charge RN	RN	CNA	HUC	Number of Staff	Direct HPPD
	0700-1930	1	3	3		7	
	1900-0730	1	3	3		7	
13	0700-1530				1	1	
	1500-				1	1	

2300

24 72 72 16 184 14.15

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Direct HPPD
	0700-1930	1	3	2		6	
	1900-0730	1	3	2		6	
12	0700-1530				1	1	
	1500-2300				1	1	
	Hours	24	72	72	16	184	15.33

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Direct HPPD
	0700-1930	1	3	2		6	
	1900-0730	1	3	2		7	
11	0700-1530				1	1	
	1500-2300				1	1	
	Hours	24	72	72	16	184	16.72

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Direct HPPD
	0700-1930	1	2	2		5	
10	1900-0730	1	2	2		5	

0700-1530				1	1	
1500-2300				1	1	
	24	48	48	16	136	13.6

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Direct HPPD
	0700-1930	1	2	2		5	
	1900-0730	1	2	2		5	
9	0700-1530				1	1	
	1500-2300				1	1	
		24	48	48	16	136	15.11

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Direct HPPD
	0700-1930	1	2	2		5	
	1900-0730	1	2	2		5	
8	0700-1530				1	1	
	1500-2300				1	1	
		24	48	48	16	136	17

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Total Staff
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	0700-1930	1	2	2		5	
	1900-0730	1	2	2		5	
7	0700-1530				1	1	
	1500-2300				1	1	
		24	48	48	16	136	19.4

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Direct HPPD
	0700-1930	1	1	1		3	
	1900-0730	1	1	1		3	
6	0700-1530				1	1	
	1500-2330				1	1	
		24	24	24	16	144	14.66

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Direct HPPD
	0700-1930	1	1	1		3	
	1900-0730	1	1	1		3	
5	0700-1530				1	1	
	1500-2300				1	1	
		24	24	24	16	88	17.6

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Direct HPPD
	0700-1930	1	1	1		3	
	1900-0730	1	1	1		3	
4	0700-1530				0	0	
	1500-2300				0	0	
		24	24	24	0	72	18

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Direct HPPD
	0700-1930	1	1	0		2	
	1900-0730	1	1	0		2	
3	0700-1530				0	0	
	1500-2300				0	0	
		24	24	0	0	48	16

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Direct HPPD
	0700-1930	1		0		1	
2	1900-0730	1		0		1	
	0700-1530				0	0	

Census	Time	Charge RN	RN	CNA	HUC	Total Staff	Direct HPPD
	1500-2300				0	0	
		24	0	0	0	24	12
	0700-1930	1		0		1	
	1900-0730	1		0		1	
1	0700-1530				0	0	
	1500-2300				0	0	
		24	0	0	8	24	24

There is a Director and a Supervisor that support ACU/ICU/FBC.

Support Staff:

- Occupational, Speech, and Physical Therapy specialists are available for patient care as necessary
- Respiratory Therapists are available 24 hours a day to assist patients as necessary
- A Pharmacist is available and covers the entire 3rd floor (ACU, ICU, and FBC) from 0630 to 1700 Monday through Friday and 0730-1630 on weekends. Remote Pharmacy Services are available for those hours when no pharmacist is in house
- Staff members from the Wound Clinic for consultation as necessary
- Tele-psychiatry is available 24 hours a day
- There is a Hospitalist on duty 24 hours a day seven days a week
- Chaplains
- Social Services Monday through Friday 0900-1730
- Case Management is staffed Monday through Friday from 0730 to 1730 and on weekends from 0700 to 1530

Competency:

Staff include RNs, CNA's, and HUCs. All staff have completed initial competency checks as well as annual competencies. Nurses from other departments can provide primary care on the ACU after they have completed the ACU competencies. Charge Nurses are required to have ACLS certification. RNs and CNAs are required to have BLS certification.

Additional Staff:

ICU RNs are expected to maintain competency in the ACU and are therefore qualified to take a standard patient load.

Meal and Rest Breaks:

Meals and Rest Break times and coverage should be assigned at the beginning of the shift by the Charge RN. Any potential for missed rest periods or meal periods should be communicated to the house supervisor or manager. If a staff refuses a break when offered one, this should be documented on the missed break form.

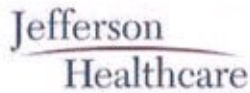
1. Charge RN's shall provide breaks as needed.
2. When there are no patients or less than 2 couplets in the FBC those nurses provide break relief.
3. Charge RN's may take breaks without a need for a relief person.
4. CNA's take breaks without a relief but shall notify each other and the charge RN before leaving for break.

Planned and Unplanned Leaves:

Jefferson Healthcare employs per diem RNs who are hired to cover open shifts. In the event that there are no per diem nurses available, non-overtime part-time RNs can choose to cover open shifts. And, if the shift is not covered by per diem and non-overtime part-time RNs, full time RNs can also choose to sign up and cover the open shift.

Staffing Plan Updates:

This document shall be reviewed by the Nurse Staffing Committee every 6 months and updated as needed.



ICU Staffing Plan



Intensive Care Unit Staffing Plan 2023

Purpose:

To provide nursing and medical care to critically ill persons requiring hospitalization and close monitoring in an intensive care setting.

Description:

The Intensive Care Unit is located on the third floor of the inpatient hospital wing adjacent to the Acute Care Unit. It offers multifaceted critical nursing care to patients from pediatric (age 14) to the aged. The floor plan consists of six beds, which are in individual rooms. One room is designed with reverse airflow and lighting for infectious disease diagnoses. Cardiac monitoring capacity is 14 total patients: 6 hardwire and 8 telemetry. The ICU has an average daily census of 2.8.

Patient Population:

Patients admitted to the ICU span a range of diagnoses and care demands. Typically, they need high-frequency monitoring interventions and are at risk for rapid status changes. Examples of patient types include patients with chest pain, rule out MI, atrial fibrillation, other medical problems or surgical problems, trauma, psychosocial-mental health, and/or substance abuse issues.

Most common medical diagnoses are cardiac, pulmonary, or unstable post-operative patients. The ICU has stabilization capability for specialty areas with transfer interface to the Kitsap Peninsula, Olympic Peninsula, and Seattle area medical centers. After hours first stage recovery may also be provided in the ICU.

Acute care patients with high nursing needs may also be admitted to the ICU at the discretion of the House Supervisor.

Staffing:

The unit is staffed on a 24 hour, seven-days a week basis from a monthly schedule. ICU staffing includes RNs. CNAs can be assigned to work in the Intensive Care Unit as needed. The House supervisor should communicate with the ICU Charge RN to determine the need for a CNA prior to the beginning of the next shift to secure appropriate staffing. Direct care hours for the Intensive Care Unit are 21.33. There are per diem nurses who can be called to work when there are times of high census. There are nurses working on the Acute Care Unit that have been oriented to the ICU that can also assist with patient care.

Shift RNs CNAs

0700-1930 2 0-1

1930-0730 2 0-1

One RN on each shift is assigned to be a charge nurse.

There is a Director, and one Supervisor who cover the ACU and ICU.

When there are no patients in the ICU, the nursing staff will assist on the Acute Care Unit or in other departments as assigned by the House Supervisor.

Meal and Rest Breaks:

Meals and Rest Break times and coverage should be assigned at the beginning of the shift by the ICU Charge RN. Any potential for missed rest periods or meal periods should be communicated to the house supervisor or manager. If a staff refuses a break when offered one, this should be documented on the missed break form.

Generally, nurses assigned to the ICU can cover for each other for breaks. If this is not possible, RN's from another department and House Supervisors can relieve the RNs for meal or rest breaks. In the event that this is not possible the Charge Nurse would notify the House Supervisor to look for other alternatives to cover meal and rest breaks.

Support Staff:

- Occupational, Speech, and Physical Therapy specialists are available for patient care as necessary
- Respiratory Therapists are available 24 hours a day to assist patients as necessary
- A Pharmacist is available and covers the entire 3rd floor (ACU, ICU, and FBC) from 0630 to 1700 Monday through Friday. There is a Pharmacist in house on the weekend from 0730-1630. There is a remote pharmacy service available when a Pharmacist is not in house.
- Social Services is available Monday through Friday from 0900-1730
- Case Management is staffed Monday through Friday from 0730 to 1730 and on weekends from 0700 to 1530
- Staff members from the Wound Clinic are available for consultation as necessary
- Tele-Psychiatry services are available 24 hours a day

There is a Hospitalist on duty 24 hours a day seven days a week.

Competency:

ICU staff are trained to the patient population utilizing a predetermined competency program. All Nurses working in the ICU maintain ACLS Certification. All Staff are required to have current BLS.

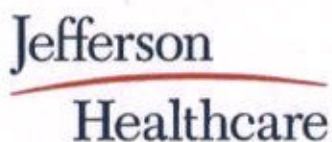
Planned and Unplanned Leaves:

Jefferson Healthcare employs per diem RNs who are hired to cover open shifts. In the event that there are no per diem nurses available, non-overtime part-time RNs can choose to cover open shifts. And, if the shift is not covered by per diem and non-overtime part-time RNs, full time RNs can also choose to sign up and cover the open shift. ACU and FBC nurses who have oriented to the ICU can work in the ICU to cover lower acuity patients.

Staffing Plans:

Staffing plans are reviewed every six months and updated as needed by the staffing committee.

FBC Staffing Plan



Family Birth Center Staffing Plan 2023

Purpose:

It is the intent of Jefferson Health Care to provide a sufficient number of nurses to staff the Family Birth Center and to meet recommended safe staffing guidelines for antepartum, laboring, postpartum, and newborn patients. This includes but is not limited to the use of the FBC RNs to fulfill AWHONN staffing recommendations during labor and delivery.

Description:

The Family Birth Center consists of four private labor, delivery, recovery, postpartum (LDRP) rooms. The department provides Level 1 perinatal care.

The Family Birth Center only accepts low-risk patients and has 80-100 births per year. The Family Birth Center also will triage emergent pregnant patients and work with Providers to determine best practices/treatment and transfer needs of higher risk/emergent patients.

The Family Birth Center offers primary care to antepartum, labor and delivery, postpartum, as well as newborn care for patients at Jefferson Healthcare. FBC RN's at JHC provide postpartum, lactation, and newborn follow up clinic visits within the first few days after discharge when additional support is required by the Prenatal/Postpartum Clinic.

Hours of Operation:

Nurses competent in labor, delivery and postpartum, newborn care and lactation support are present in the hospital or on-call 24 hours a day, 7 days a week.

Staffing:

- The FBC is staffed with 2 FBC nurses who are scheduled on a rotational basis using 12 hr shifts and AWHONN guidelines. One of which is primary with responsibilities including OB triage and unit duties. Both RN's may be assigned outside of the unit to assist in other departments as hospital needs demand according to competencies. One or both nurses will be returned to the unit as expeditiously as possible if the need arises. A backup plan for an expeditious return shall be communicated when nurses are assigned outside of the unit. Unit assignments are made based on the number and acuity needs of the patient and the experience and educational levels of the nursing staff. Nurse to patient ratio guidelines are based on regional and national standards and AWHONN guidelines.
- FBC RN's perform outpatient services for families in collaboration with the physician when the needs of the family exceed clinic resources.
- During critical care needs, the Director or House Supervisor may assign additional resources based on patient needs and acuity, and staff skill level.
- A Director/Designee manages services, guides policies and procedures, collaborates with medical staff, and consults with higher level of care units as necessary. in consideration of AWHONN and ACOG guidelines. A staff nurse may also be assigned project duties by the Director/Designee. The specific physical and psychosocial needs of patients: age, functional ability, communication skills, cultural and linguistic diversities, severity and urgency of admission condition, scheduled procedures, availability of social support system and other specific needs are determined between

the nurse, House Supervisor, physician and patient, and should be considered when planning patient assignments and nurse to patient ratios on any given shift.

The House Supervisor must be conferred with by the FBC registered nurses and kept up to date regarding patient census and activity when determining staffing needs for each shift and regarding changing needs during the shift.

Nurse to patient ratio guidelines are based on regional and national standards. Jefferson Healthcare uses the recommended ratios from the Association for Woman's Health: Obstetrics and Neonatal Nurses (AWHONN). The guidelines Jefferson Health Care has adopted from AWHONN are listed below.

Intrapartum:

Unstable Triage 1:1/ 2:1 depending on critical needs

Admission of FBC patient: 1:1 (in active labor, higher acuity with multiple risk factors).

Patient in labor with minimal or no pharmacologic pain relief 1:1

When RN is utilizing intermittent auscultation during active phase of the first stage of labor 1:1

Patient in second stage labor 1:1

Patients with medical or obstetrical complications 1:1

Oxytocin induction or augmentation of labor 1:1 (Initiation of Oxytocin requires 2 RNs)

Coverage for initiating epidural anesthesia 1:1

Coverage for patients with stable epidural 1:1

Antepartum/Postpartum:

Hospitalized antepartum patients are assumed to have complications and require 1:3 staffing in a stable condition.

Antepartum patients in an unstable condition require a 1:1 staffing ratio, as a level 1 facility, unstable antepartum patients should be reviewed for potential transport to a higher-level facility. Prior to birth, a second FBC RN Cross trained to the unit with current NRP certification should be available as needed. They will then remain available to attend the birth as the newborn's RN throughout critical elements of care.

During the immediate post-partum period, the nursing ratio should include one nurse for the mother and a second nurse for the baby. Once the critical elements of care/recovery time periods are reached, the mother's nurse may accept care of the newborn.

Critical elements of care for the mother include: (a) initial assessment is complete; (b) repair of the perineum is complete, and (c) the woman is hemodynamically stable.

Critical elements of care for the newborn include: (a) initial assessment and care are completed and charted in Epic, this includes initial newborn medications, 4 sets of vital signs; (b) identification bracelets are applied; (c) the infant's condition is stable; and (d) report has been given to the mother's nurse, her questions answered, and the transfer of care has taken place.

The second RN should assist the first RN in transferring the mother from a labor bed to a post-partum bed before leaving.

Newborns and Couplet Care:

Recently born infants & those requiring close observation 1:4

Unstable infants and infants being stabilized for transport 1:1

Normal mother-newborn couplet care 1:3 couplets (additional assistance may be required to cover mother-newborn couplet care if discharging a couplet is scheduled)

In addition to the nurse to patient ratio guidelines above:

Outpatient Care:

FBC RNs assess postpartum mothers and newborns as outpatients starting 1-2 days after discharge when appointments cannot be arranged with the Prenatal/Postpartum Clinic.

Assisting Other Units:

When the census is low, the House Supervisor will direct the assignment of the FBC nurse based on changing needs in the hospital. The RN may be utilized in the department for assignment or work on personal educational development, cross-training or departmental projects that have been assigned by the department director and for which there is a planned outcome or goal or may be utilized in another department as determined by the House Supervisor. While the flexibility and use of the registered nurse is important, it is imperative that other units' needs not supersede the FBC staffing in such a way that interferes with adequate patient care in the birth center. An FBC nurse must remain readily available to support the needs of the FBC department. Any patient

assignment given to an FBC RN must include a plan for a safe handoff and return to FBC as warranted. this plan for safe handoff must be made with the unit charge RN (eg in ACU, ICU, ED) and the House Supervisor at the beginning of each shift and anytime a FBC RN floats to a different unit.

When an FBC RN GWYN's to either the ACU, ICU, ED, or MSS, the need may arise for the RN to return to the FBC, based on increased census and/or patient acuity. In this situation, the FBC RN will immediately notify the House Supervisor and Charge RN to determine a responsible plan of action prior to returning to the FBC.

Childbirth Education:

The FBC has a Childbirth Educator who provides 3-4, 8-week class series and shorter weekend format classes as needed annually. The classes are free to our community.

Competency:

All FBC staff are required to maintain NRP and BLS certifications, as well as fetal monitoring.

Support Personnel:

- Respiratory Therapists are available 24 hours a day and are present at all deliveries. Respiratory Therapists are required to maintain NRP certification.
- Laboratory
- Radiology
- Social Services is available Monday through Friday from 0900-1730
- Lactation consult

Medical Care:

- The primary care providers in the FBC are physicians board certified in Family Medicine and OB/GYN.
- The FBC has a physician, immediately available in late-stage labor or when fetal or maternal complications are imminent or become apparent
- In addition to the FBC labor RN, every delivery is attended by at least 1 RN whose responsibility is the baby, whose NRP status is current, and who is capable of initiating neonatal resuscitation, and another person is in-house and immediately available whose NRP status is current and who is capable of assisting with chest compressions, intubation, and administration of medications

The FBC has an anesthetist and surgeon available to initiate a cesarean section within 30 minutes of decision. An anesthetist also remains in-house for any patient with an epidural drip in the FBC.

Rest and Meal Break Strategies:

Most often nurses are available to cover each other for rest and meal breaks. If this is not possible, FBC Director/designee can cover for rest and meal breaks Monday through Friday 0800-1630. During other hours staff contact the House Supervisor to look for other methods to make sure nurses can take their rest and meal breaks.

Planned and Unplanned Leaves:

Jefferson Healthcare FBC employs per diem nurses to help with coverage. FBC Nursing staff may volunteer to work extra shifts to cover leaves. If coverage is not obtained, the Director/designee, will plan for coverage until a regular staff member is obtained.

Staffing Plan Updates:

Staffing plans are reviewed every six months and updated every six months and as needed by the staffing committee.

References:

"Guidelines for Perinatal Care", 8th Edition, 2017

Association for Woman's Health: Obstetrics and Neonatal Nurses, AWHONN, awhonn.org, Staffing

Surgical Services Staffing Plan 2023

Purpose:

The purpose of the Surgical Services Staffing plan is to identify and set forth guidelines to help the department optimize the utilization of its resources and best serve its patients and to provide safe quality patient care.

Description:

Surgical Services includes Ambulatory Surgery (Pre- and Post-Operative Area), Operating Rooms, Special Procedures, PACU, and Sterile Processing.

Ambulatory Surgery: Admits all same day & AM admit patients; receives same day patients on return from PACU, OR (special procedures) **For Post – Operative Care & Discharge 0630-1730 Mon – Fri (Seven Bays)**

Operating Room: Three operating rooms provide both scheduled and emergent surgical care for General, Orthopedic, Urological, Podiatric, Obstetrical Patients, and Gynecology. **Scheduled Cases: 0730 – 1530 Mon-Fri; Emergency Cases 24 Hours a day, 7 days a week.**

Special Procedures: One Special Procedures Room for performing Endoscopy and Miscellaneous procedures. **Scheduled Cases: 0715-1530 Mon- Fri, Emergency Cases 24 Hours a day, 7 days a week**

Sterile Processing: Two rooms designated soiled and clean containing specialized cleaning and sterilizing equipment provide decontamination, disinfection, and sterilization of surgical, clinic, and hospital-wide equipment & instruments. **Mon- Fri (w/ the On-Call surgical staff providing handling of surgical equipment after hours)**

Post Anesthesia Care Unit: One Recovery Room with 4 bay capacity. Providing intensive monitoring and nursing assessment/care following anesthesia/surgery **24 hours a day, 7 days a week.**

Pre-Op Office: A Pre-operative office is open Monday through Friday 0830-1700. Assures the patient is ready for surgery and coordinates and provides information to the CRNA and the Surgeon.

Summary of services and case types:

GENERAL SURGERY

- Abdominal-perineal colon resection, laparotomy, bowel resection, colostomy, ileostomy, gastrostomy, appendectomy and advanced laparoscopic procedures such as laparoscopic assisted bowel resection
- Cholecystectomy, common duct exploration, cholangiogram
- Hernia repair: ventral, umbilical, inguinal, femoral, laparoscopic inguinal hernia repair
- Appendectomy, breast surgeries: biopsy, mastectomy, axillary node dissection, sentinel node dissection
- Biopsies, and I & D abscesses
- Hemorrhoidectomy, hemorrhoid banding, fistulectomy

GYNECOLOGY/OBSTETRICS

- Dilatation & curettage, tubal ligation, laparoscopy / laparotomy, hysteroscopy, hysterectomy, salpingo-oophorectomy, oophoron-cystectomy, excision of ectopic pregnancy, cesarean section and Nova Sure, Tamponade balloon

ORTHOPEDICS:

- Total joint replacement: hip, knee and shoulder.
- Arthroscopy: shoulder with sub acromial decompression, distal clavicle resection rotator cuff repair, SLAP repair, anterior reconstruction; and knee with meniscal resection & repairs and ACL reconstruction
- Fractures: various hip, shoulder, hand, foot and long-bone fixations
- Hand/arm surgeries including carpal tunnel releases, ulnar nerve transposition etc.
- Tendon repairs

UROLOGY:

- Cystoscopy, transurethral resection of bladder neck, bladder tumor, prostate; green-light laser ablation of prostate (VLAP)
- Radical Prostatectomy, cystectomy, nephrectomy, nephrostomy, orchiectomy, endoscopic bladder suspension, including transvaginal sling implant procedure; cystocele repair,
- Vasectomy, circumcision, Hydrocelectomy, spermatocelectomy etc.
- Retrograde, stone manipulation, stent placement & removal, visual laser ablation of stone (VLAS), extracorporeal shock wave lithotripsy (ESWL)

PLASTIC & HAND SURGERY:

- Basal cell lesion excision, cyst excision, tendon repair, nerve repair, carpal tunnel decompression, Dupuytren's contracture release, trigger finger (A-1 pulley) release, arthroplasties

Staffing:

Short Stay RNs are skilled to cover day of surgery admissions, PACU and post-op as needed; Circulators are skilled to cover OR, special procedures and PACU as needed. Staffing will change as the need arises (i.e .emergency C-section). Techs and RNs are assigned from any of the departments. All assignments are made the evening prior and assessed in the AM, and throughout the day.

The OR suite includes three Operating Rooms and one Special Procedures room. Staffing is for an eight-hour day, five days a week with 24-hour emergency coverage. The OR is staffed with Registered Nurses and OR Technicians.

OR Staffing (OR and PACU):

Staff	Monday	Tuesday	Wednesday	Thursday	Friday
RN 0700-1530	6	6	6	6	6
RN 0700-1730	1	1	1	1	
OR Tech	1	1	1	1	1

0630-1500

OR Tech 4 4 4 4 4
0700-1530

OR Tech 1 1 1 1
0700-1730

Sterile
Processing Tech 1 1 1 1 1
0600-1430

Sterile
Processing Tech 1 1 1 1 1
0800-1630

Sterile
Processing Tech 1 1 1 1 1
0900-1730

HUC 1 1 1 1 1
0915-1745

RNs and OR Techs take call after hours and on weekends on a rotational basis.

Short Stay Staffing:

Staff Monday Tuesday Wednesday Thursday Friday

RN
0530- 1 1 1 1 1
1400

RN
0600- 1 1 1 1 1
1430

RN
0800- 1 1 1 1 1
1630

RN
1000- 1 1 1 1 1
1830

Pre Op Clinic Staffing:

Staff Monday Tuesday Wednesday Thursday Friday

RN
0830- 1 1 1 1 1
1700

Certified Registered Nurse Anesthetists: Provide Anesthesia in Surgery, Radiology, Labor & Delivery, E.R. ACU/ICU and Therapeutic Procedures and Acute Chronic Pain Management for Labor & Delivery, E.R., ACU/ICU & Outpatient **24 Hours a Day, 7 Days a week**

Surgical Services has a Director as well as an OR Supervisor and a Sterile Processing Supervisor.

Meal and Rest Breaks:

Breaks are assigned at the beginning of the day with coverage determined by the number and length of cases. When RNs and Technicians are unable to provide breaks for each other, the OR Supervisor is also available to provide breaks for the staff.

Planned and Unplanned Leaves:

Jefferson Healthcare employs per diem RNs who are hired to cover open shifts. In the event that there are no per diem nurses available, non-overtime part-time RNs can choose to cover open shifts. And, if the shift is not covered by per diem and non-overtime part-time RNs, full time RNs can also choose to sign up and cover the open shift.

Support Staff:

- Respiratory Therapy
- Pharmacy
- Radiology
- Laboratory
- Nursing Supervisors.

Required Certifications

All Registered Nurses are required to maintain ACLS certification. All staff are required to be BLS certified.

Staffing Plan Updates:

This document shall be reviewed by the Nurse Staffing Committee every 6 months and updated as needed.



Description:

Emergency Department Staffing Plan 2023

The Emergency Department of Jefferson Healthcare (JH) is an 8-bed unit with 2 additional discharge bays offering 24- hour emergency care for all ages. JH is a Level IV Washington State Trauma Hospital. It serves Jefferson County including the towns of Port Townsend, Port Hadlock, Chimacum, Port Ludlow, Quilcene, Brinnon and surrounding areas. As the only hospital in Jefferson County, JH receives all patients and serves as medical control for the area. The purpose of the Emergency Department is to provide medical care to all patients who perceive they have an emergency medical condition. The ED is responsible for the immediate treatment of any medical or surgical emergency, initiating lifesaving procedures and for providing emergency care for other conditions, including chronic medical conditions as well as minor injuries and illness. As part of the State Trauma system JH will receive all county trauma patients for stabilization.

Depending on patient condition and need for specialty services not available at JH, patients will be transferred to an appropriate State Level designated hospital.

Patients under the age of 14 years requiring admission are transferred to Harborview Medical Center or Mary Bridge Children's Hospital. Patients of all ages are seen in the Emergency Department.

Neurological and Cardiac Patients requiring intervention are transferred to a hospital credentialed to provide the level of treatment needed.

Obstetrical patients are evaluated and sent to the FBC for treatment and admission or transferred if they require a

higher level of care than can be provided in Jefferson Healthcare's Family Birth Center.

Staffing:

Jefferson Healthcare's Emergency Department Budgeted Census for 2022 is 13,065. Budgeted Hours per visit are 2.9.

Historical data of patient arrival times and length of stay is used to determine number of staff and start times for the department.

Shift	Hours	Charge RN	RN	Tech
Day	0700-1930	1	1	1
Mid-shift	*Varied start and end		Varied start times	2*

times *
 based 1
 on 1
 volumes
 1100-
 2330
 1500-
 0330

Night 1900- 1 1 1
 0730

- When there is high volume in Express Clinic an ED Tech is floated to assist.

A Charge Nurse is assigned 24 hours a day.

During periods of high census and/or boarding of patients in Emergency Department, the Charge Nurse collaborates with the Hospital Supervisor to determine staff resources available from other departments to be deployed in the Emergency Department, or to assist in patient throughput. All suicidal patients requiring 1:1 monitoring will receive DNV/CMS required monitoring. ED will first use and/or assess its ability to staff with ED employees. Every effort will be made to obtain additional resources for patients requiring behavioral observation every 15-minute checks or 1:1 monitoring.

An Emergency Physician is on duty in the Department 24 hours a day.

During high volume days, a mid-level provider or 2nd ED provider may work mid shift.

Social Worker is on duty in the Department Monday through Friday 830-5pm.

Competency Requirements:

Registered Nurses working in the Emergency Department are required to maintain ACLS, TNCC, ENPC, PALS and NIH certification. All staff are required to maintain BLS certification and ALICE training.

Support Personnel:

A registrar supports the Emergency Department 24 hours a day. Other support personnel include:

Respiratory Therapy

Pharmacy

Phlebotomy

Security

Imaging

Hospital Supervisor

EVS

Meal and Rest Breaks:

RNs and ED Techs are provided 15-minute breaks and 30-minute lunch breaks determined by their hours scheduled. Breaks/lunches are given in coordination with workflow, buddy break coverage, and/or a break relief nurse/tech.

Flexibility is used under the direction of the Charge Nurse to ensure timely rest and meal breaks in consideration with patient flow.

Planned and Unplanned Leaves:

Jefferson Healthcare employs per diem RNs who are hired to cover open shifts. If there are no per diem nurses available, non-overtime part-time RNs can choose to cover open shifts. And, if the shift is not covered by per diem and non-overtime part-time RNs, full time RNs can also choose to sign up and cover the open shift

Staffing Plan Update:

This document shall be reviewed by the Nurse Staffing Committee every 6 months and updated as needed.

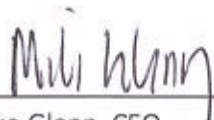
Attestation Form
Nurse Staffing Coalition

I, the undersigned with responsibility for Jefferson Healthcare hospital, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for 2023 and includes all units covered under our hospital license under RCW 70.41. This plan was developed with consideration given to the following elements:

- o Census, including total numbers of patient on the unit of each shift and activity such as patient discharges, admissions and transfers;
- o Level of intensity of all patients and nature of the care to be delivered on each shift;
- o Skill mix;
- o Level of experience and specialty certification or training of nursing personnel providing care;
- o The need for specialized or intensive equipment;
- o The architecture of geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;
- o Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
- o Availability of other personnel supporting nursing services on the patient care unit;
- o 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

This staffing plan was adopted by the hospital on December 15, 2022

As approved by Mike Glenn, CEO



Mike Glenn, CEO

12/29/22

Date

Approved by Staffing Committee on December 15, 2022