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Plan : Staffing Plan: Nursing Staffing Committee

SCOPE:

This is a shared nursing policy of the hospital. The editing scope of this policy is the Nurse Staffing Committee. This policy applies to all hospital nursing departments and Administrative staff.

PURPOSE:

1. This is in regulatory compliance with Revised Code of Washington 70.41.41, and a best practice guideline for Washington State Hospital Nurse Staffing Committees.
2. This plan will also address the staffing plan for each nursing department per the RCW 70.41.42 which states:
3. 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 in the development of the plan should include, but are not limited to:
 - a. Census, including total number of patients on the unit on each shift, and activity such as:
 - i. Patient Discharges
 - ii. Admissions
 - iii. Transfers
 - b. Level of intensity of all patients and nature of the care to be delivered on each shift.
 - c. Skill mix and the level of experience and specialty certification or training of nursing personnel providing care.
 - d. The need for specialized or intensive equipment.

PLAN:

1. The nursing care staff for the Medical-Surgical/Swing Bed department of the hospital consists of the following disciplines:
 - a. Charge Nurse
 - b. Primary Nurse
 - c. Certified Nursing Assistant
 - d. Unit Secretary (Monday-Friday 08:30a.m.-3:30p.m.)
 - e. Wound Care Nurse - typically scheduled day shift
2. The following is the usual staffing patterns for the Acute Care Unit:
 - a. Day shift (0700-1530), minimum staff two licensed staff that are capable of administering medication. One certified nurses aide.

- b. Evening Shift (1500-2330) and (1500-0130 or 1300-1130) minimum staff - two licensed staff that are capable of administering medication. One certified nurses aide.
 - c. Night Shift (1900-0730), (2300-0930) and (2300-0730) minimum staff two licensed staff that are capable of administering medication. One certified nurses aide.
3. The following are the staffing patterns for the Emergency Department:
 - a. Day Shift (0900-1930), minimal staff - one licensed staff and one ER Tech.
 - b. Evening Shift (1900-2300) minimal staff one licensed staff.
4. The following are the staffing patterns for the Surgery Department:
 - a. One Circulator and one scrub on-call determined by provider schedules and OB services.
 - b. Additional staff will be scheduled to work for a larger number of cases or for certain scheduled cases.
5. Staffing is assigned to the Acute Care areas based on patient needs. The need for additional staff, based on acuity level of patients, will be the responsibility of the Charge Nurse and at times consultation with Nursing Administration. If Nursing Administration is not available, then Administrator on-call will be contacted. All nursing staff are ACLS, PALS, NRP and TNCC certified.
6. Staffing for Variables:
 - a. Any census with an asterisk has the following considerations to provide the good faith effort to increase staff to lessen the assignment of the RN depending on factors of:
 - i. High intensity of patients multiple admissions and discharges in process
 - ii. Have an RN on-call to be called in if the above is occurring.
 - iii. Engage the help of Nursing Leadership (CNO, Quality, Case Management, and Infection Control).
 - b. Staff will be adjusted with identification of close observation or 1:1 sitter needs of patients.
 - c. The medical-surgical unit RNs are cross-trained who can float to the ER during higher census or for Rapid Response Activations. The OR staff RN's are also cross-trained to assist in the ER. Monday through Friday for patient care with higher census or acuity and Rapid Response situations as well as break coverage.
7. Scheduling is the responsibility of Nursing Administration; scheduled request off and availability need to be in by the 10th of the preceding month. Work schedules will be written for a month and the final copy will be posted by the 20th of the preceding month.
8. Saturday and Sunday is considered the weekend for the day and evening shifts. Friday and Saturday for the night shift.
9. Staff who are ill are required to call in before the following times (however, we encourage 3 hours notice):
 - a. 0600 for the 0700-1530 shift
 - b. 0800 for the 0900-1930 shift
 - c. 1400 for the 1500-2330 shift
 - d. 1800 for the 1900-0730 shift
 - e. 2200 for the 2300-0730 shift
10. The following is the usual staffing patterns for the Long Term Care Unit. (For actual time of shift and resident: staff ratios, please see staffing table labeled LONG TERM CARE UNIT.)
 - a. Day shift one licensed staff that is capable of administering medication with overlap from night and evening shifts. Minimum staff - three certified nursing aides.
 - b. Evening Shift - one licensed staff that is capable of administering medication with some overlap from day shift. Minimum - three certified nursing aides.

c. Night Shift - one licensed staff that is capable of administering medication with some overlap from day shift. Minimum staff two certified nursing aides.

11. Day Shift Matrix:

a.

Census	Patient to Nurse Assignment	Patient to NAC Assignment	Other Scheduled Staff in House
Up to 5	1-5:1	1-5:1	US, OR Staff, Nursing Leadership
6 to 9	3-5:1 3-4:1	3-5:1 3-4:1	US, OR Staff, Nursing Leadership
10	5:1 5:1	5:1 5:1	US, OR Staff, Nursing Leadership
11	5:1 6:1	6:1 5:1	US, OR Staff, Nursing Leadership
12	6:1 6:1	6:1 6:1	US, OR Staff, Nursing Leadership
13*	7:1 6:1	7:1 6:1	US, OR Staff, Nursing Leadership
14*	7:1 7:1	7:1 7:1	US, OR Staff, Nursing Leadership
15/15+	5:1 5:1 5:1	8:1 7:1	US, OR Staff, Nursing Leadership

12. Evening/Night Shift Matrix:

a.

Census	Patient to Nurse Assignment	Patient to NAC Assignment	Other Scheduled Staff Available On-Call
Up to 7	3-5:1 3-4:1	3-5:1 3-4:1	RN, Nursing Administration
8 to 9	3-5:1 3-4:1	3-5:1 3-4:1	RN, Nursing Administration
10	5:1 5:1	5:1 5:1	RN, Nursing Administration
11	5:1 6:1	6:1 5:1	RN, Nursing Administration
12	6:1 6:1	6:1 6:1	RN, Nursing Administration
13*	7:1 6:1	7:1 6:1	RN, Nursing Administration
14*	7:1 7:1	7:1 7:1	RN, Nursing Administration
15/15+*	5:1 5:1 5:1	8:1 7:1	RN, Nursing Administration

13. Long Term Care Matrix:

a.

Census	Resident to Nurse	Resident to NAC	Other Staff Available
Day Shift: Up to 20 Residents			
	Days:0600-1630 Evenings: 1300-2330 Nights:2300-0930	Minimum: (3) 0530-1400 Preferred: 94) 0530-1400	DNS, MDS Coordinator, LTC Administrative Assistant, Infection Control RN, Activity Director and Staff

	12.5 Hours: 20 Residents 0.6 hours/resident	3-22 Hours:20 Residents 1.1 Hours/Resident 4-28.5 Hours:20 Residents 1.4 Hours/Resident	
Evening Shift: Up to 20 Residents			
	Days: 0600-1630 Evenings: 1300-2330	Minimum: (3) 0530-1400	Activity Staff
	9.0 Hours:20 Residents 0.5 Hour Nursing Time	3-21.5 Hours:20 Residents 1.1 Hours/Resident	
Night Shift: Up to 20 Residents			
	Nights: 2300-0930 Days: 0600-1630	Minimum: (2) 2300-0730	N/A
	9.0 Hours:20 Residents 0.5 Hours:Nursing Time	2 (+ Days 3)=20.5:20 Residents 1.0 Hours/Resident 2 (+Days 4)=22:20 Residents 1.1 Hours/Resident	

14. CEO APPROVAL BY SIGNATURE:

REFERENCES:

1. Nurse Staffing Charter
2. Attestation Form

3. Staffing Complaint Form

Document Owner:	Thompson, Kelly
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Approvals	
- Committees:	(03/09/2023) Nurse Staffing Committee,
- Signers:	<i>Kelly Thompson</i>
	<hr/> Kelly Thompson, Chief Nursing Officer (03/15/2023 01:53PM PST)
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Other Documents: (WHICH REFERENCE THIS DOCUMENT)	

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