Hospital & Health Network
800.552.1419
PO Box 5299
317 Martin Luther King Jr. Way
Tacoma, WA 98415-0299

Foundation
253.403.1599
PO Box 5296
Tacoma, WA 98415-0296

January 1, 2023

Nurse Staffing Coalition,

I, the undersigned, Margaret Herman, with responsibility for Mary Bridge Children's Hospital nursing staff, attest that the attached staffing plans were developed in accordance with RCW 70.41.420 for 2023 and includes all units covered under our hospital license under RCW 70.41. These plans were 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

This document is submitted for review by MultiCare Health System Administration and submission for Washington State Nurse Staffing Coalition.

Mary Bridge Children's Hospital Administration

By: Margaret Herman Date: 12-13-22
Margaret Herman, MSN, RN, NEA-BC
Chief Nurse Executive & Chief Operating Officer
Mary Bridge Children's Hospital

Jeff Poltawsky Date: 12-13-22
Jeff Poltawsky
President & Market Leader
Mary Bridge Children Hospital & Health Network

cc: June Altaras, MN, NEA-BC
Sr. Vice President and Quality, Safety and Nursing Officers

MARY BRIDGE CHILDREN'S HOSPITAL

2023 STAFFING PLANS
JANUARY 2023

MARY BRIDGE CHILDREN'S HOSPITAL
2023 STAFFING PLANS

Presented by Nursing Services
January 1, 2023

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Mary Bridge Ambulatory Care Unit

11 bed unit providing care Monday-Friday 0600-1930. The ACU specializes in:

- Care and treatment for pediatric patients admitted for surgery requiring anesthesia on an outpatient basis.
- The nursing staff provide pre-surgical and post-surgical nursing services.
- ACU is located on the 5th floor Phillip-Wing of the main hospital for Mary Bridge.
- ACU serves children from birth to 18 years with both complicated and uncomplicated medical histories.
- Occasionally a young adult may be scheduled for surgery if that patient is followed in the Mary Bridge Specialty Clinics for a childhood diagnosis requiring specialists who are available here.

Core Staffing Patterns

- ACU care is provided to patients following the American Society of Perianesthesia Nursing Standards Practice Recommendations (ASPAN) for Nursing Practice.

Nurse to Patient Ratio

- 1:3 Post surgery/phase 2 based on diagnosis/clinical status.
- 1 Charge Nurse

Daily Staffing

The ACU core staffing is 2-5 RNs per shift to cover our scheduled surgeries, this number changes as our daily surgery volumes increase or decrease. Shifts are staggered to provide overlapping coverage.

Additional resources are available in times of increased acuity to support the core staff:

- MB Resource RN
- Perianesthesia Facilitator
- Perianesthesia Float RN

The assigned charge nurse makes patient assignments based on mix and acuity of patients. Census and acuity fluctuations are managed through increasing or decreasing the number of RNs required to support patient care.

The RN uses the following chain of command for any concerns or issues:

- Charge Nurse
- Perianesthesia Facilitator
- House Supervisor
- Assistant Nurse Manager
- Unit Nurse Manager
- Associate Chief Nurse Executive
- Chief Nurse Executive

Unit leadership and nursing work collaboratively to address staffing issues. For emergent circumstances, this is accomplished using telephone, Everbridge, and text messaging. For long term and forecasted staffing issues, collaboration is accomplished through shared governance model utilizing the Unit Shared Leadership Council and the Department Staffing Committee.

Additional Staffing may be obtained by:

- Regular FTE staff
- Per Diem Perianesthesia staff
- Perianesthesia Float
- Nurse Resource Pool
- Cross-trained Nurses
- Travel or agency staff

Certifications

All RNs in the ACU have:

- BLS
- PALS

Additional certifications are recommended but not required such as CPN.

Engagement and Satisfaction

- Patient Experience (Press Ganey)
- Culture of Safety Survey/Employee Engagement (annually)
- Bimonthly 1:1 leader rounding on employees
- Unit Shared Leadership Council (USLC)
- Unit Based Staffing Committee
- Various scheduled employee events throughout the year
- Patient Rounding
- Post OP Phone Calls (Cipher Rounds)

Mary Bridge Emergency Department

36 bed unit providing coverage 24 / 7 / 365

Mary Bridge Emergency Department (MBED) is a 36 bed Joint Commission accredited pediatric Emergency Department. The MBED facility is dedicated to child and family centered care through clinical practice, staffing, and environmental design. The department provides a broad range of services and care is provided from minor illnesses to complex critical care for patients from birth to, typically, up to the age of 17 years and 364 days old. Additionally, patients over the age of 18, who have chronic medical condition, and are followed by a pediatrician will be seen in the MBED. Any patient over the age of 17 years and 364 days who presents, and requests care, will receive a Medical Screening Exam, stabilized, and then be transferred to an appropriate level of care.

MBED also serves as a Washington State designated level II pediatric trauma center for the West Region. The department is the pediatric emergency resource for Grays Harbor, Lewis, North Pacific, Thurston, Pierce, Kitsap, and South King County areas. The MBED is the designated base station and medical control, for Pierce County, for all medical patients less than 18 years old and trauma victims less than the age of 15.

Core Staffing Patterns

Since the condition of critically ill children can change rapidly, the Charge Nurse or Nursing Leadership makes immediate adjustments to support acuity. Relying on staffing ratios alone can ignore the variance in patient needs, acuity and/or skill and experience of staff.

MBED care is provided to patients following community standards for Emergency Department staffing.

- Typical patient to nurse ratios range from 1-4 to 1-6 depending on the acuity of the patients, progression of their care, and the skill of the RN
- ED staffing is maintained to safely support the needs of a level II pediatric trauma center

- Core staffing is based on historical data and is flexed based on that data and in real-time to meet patient demands

Nurse to Patient Ratios

1:1 or greater typically reflects:

- Unstable patient requiring multisystem support and complex critical care such as medical or trauma resuscitations

1:1-2 typically reflects:

- Patients requiring intensive care

1:2-3 typically reflects:

- Patients requiring immediate care

1:4-6 typically reflects:

- Patients whose initial work-up has been completed and are awaiting disposition or very low acuity clinic-type patients

Charge Nurses typically do not have patient assignments. Charge nurses assess the needs of the emergency department based on the census and acuity. If the charge nurse determines that they need to take a low acuity assignment for a short period of time they are able to do so based on their assessment.

Daily Staffing

The MBED Core Staffing is 4-9 RNs per shift to cover the average daily census, this number changes as our daily census increases or decreases and changes during seasons of traditionally high census. Staff work closely with Pediatric Emergency Physicians, Pediatricians, Residents, Advanced Practice Providers, Emergency Services Technicians, and Emergency Services Representatives. The MBED staff is supported by Child Life Workers, Social Services, Environmental Services, Diagnostic Laboratory, Medical Imaging, On-call and Specialty Physicians, Respiratory, and Chaplains.

Additional resources are available in times of increased acuity to support the core staff:

- Free-standing Charge Nurses
- Resource RNs and Resource Techs
- Hospital Supervisor

- MB Transport Nurse

The assigned Charge Nurses make patient assignments based on skill mix and acuity of patients. Census and acuity fluctuations are managed through increasing or decreasing the number of RNs required to support patient care.

The RN uses the following nursing chain of command for any concerns or issues:

- Charge Nurse
- Nursing Hospital Supervisor
- Nurse Manager
- Associate Chief Nursing Executive / Chief Nursing Executive

Unit leadership and nursing work collaboratively to address staffing issues. For emergency circumstances, this is accomplished using telephone, Everbridge, and Telemediq messaging. For long term and forecasted staffing issues, collaboration is accomplished through a shared governance model utilizing the ED Unit Based Staffing Committee.

Additional staffing may be obtained by:

- Regular FTE staff
- Per diem MBED staff
- Resource Pool
- Travel or Agency Staff

The MBED is considered a "no divert" Emergency Department. If the unit is at full capacity, all efforts are made to arrange for placement of lower level of care patients. This is completed through a collaborative effort and close conversation with the Hospital Supervisor, inpatient departments, and hospital administration.

Certifications

All RNs in the MBED have:

- Current Basic Life Support (BLS)
- Current Pediatric Life Support (PALS)
- Trauma Nursing Core Course (TNCC)
    - New graduate RNs are expected to have one year of nursing experience prior to attempting this certification.
    - TNCC certification is maintained per the Washington State Administrative Code (WAC)

Quality Indicators

- Employee Harm
- Time to Antibiotic Therapy
- Blood Culture Contamination Rate
- Emergency Department Throughput
- Patient Experience

Engagement and Satisfaction

- Patient Experience
- Culture of Safety Survey/Employee Engagement (annually)
- Leader rounding with staff
- Unit based council shared governance
- Various scheduled employee events throughout the year
- Patient rounding
- Discharge phone calls
- Unit Based Staffing Committee
- Ad hoc unit based committees to address process improvement activities

Mary Bridge Gastroenterology Lab

2 procedural rooms available Monday-Friday 0830-1700.
The GI Lab specializes in:

- Care and treatment need for pediatric patients requiring GI procedures
- The nursing staff provide care and assist the GI physician during the procedure
- The GI Lab serves children from birth to 18 years with both complicated and uncomplicated medical histories
- Occasionally a young adult may be scheduled for sedation if that patient is followed in the Mary Bridge Specialty Clinics for a childhood diagnosis requiring specialists who are available here

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Core Staffing Patterns

- The GI LAB is an outpatient unit and as such provides full-service care Monday-Friday 830- 1700
- The Lab is staffed to provide on call endoscopy services 24 hours/day, 7 days a week 365 days/year

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Nurse to Patient Ratio

- 2:1 during procedure (RN/LPN or RN/RN)
- 1 Lead nurse

Daily Staffing

The core staffing is 1-2 RNs or 1 RN / 1 LPN per shift to cover our scheduled procedures, this number changes as our daily procedure volumes increase or decrease. Shifts can be staggered to provide overlapping coverage.

Additional resources are available in times of increased acuity to support the core staff:

- Perianesthesia Facilitator
- Perianesthesia Float RN
- Cross-trained Nurses

The RN/LPN's uses the following chain of command for any concerns or issues:

- Lead Nurse
- Perianesthesia Facilitator
- House Supervisor
- Assistant Nurse Manager
- Unit Nurse Manager
- Associate Chief Nurse Executive
- Chief Nurse Executive

Unit leadership and nursing work collaboratively to address staffing issues. For emergent circumstances, this is accomplished using telephone, Everbridge, and text messaging. For long term and forecasted staffing issues, collaboration is accomplished through shared governance model utilizing the Unit Shared Leadership Council and the Department Staffing Committee.

Additional Staffing may be obtained by:

- Regular FTE staff
- Per Diem Perianesthesia staff
- Perianesthesia Float
- Travel or agency staff
- Cross-trained staff

Certifications

All RNs in the GI LAB have:

- BLS
- PALS

Additional certifications are recommended but not required such as CPN.

All LPNs in the GI LAB have:

- BLS

Engagement and Satisfaction

- Patient Experience (Press Ganey)
- Culture of Safety Survey/Employee Engagement (annually)
- Bimonthly 1:1 leader rounding on employees
- Unit Shared Leadership Council
- Unit Based Staffing Committee
- Various scheduled employee events throughout the year
- Patient Rounding
- Post OP Phone Calls

Mary Bridge Medical Surgical

66 bed unit providing care 24/7/365. The Med-Surg specializes in:

- Care and treatment for pediatric patients with a variety of diagnoses requiring physiologic monitoring, intravenous therapy, respiratory therapy, and nutritional support
- When applicable, family-centered multidisciplinary rounds may occur with the following disciplines, the pediatrician of record, nursing, respiratory, dietary, care manager, social worker, and pharmacy. Other specialties, like surgery or neurosurgery also round regularly on patients.
- Admission is coordinated through attending physician and Charge Nurse, Hospital Supervisor and is in accordance with Admission, Discharge, and Transfer Criteria.

Core Staffing Patterns

Since the condition of pediatric patients can change rapidly, the charge nurse of nursing leadership makes immediate adjustments to support acuity and number of patients. Relying solely on staffing ratios alone can ignore the variance in patient needs, skill of staff, and acuity.

Nursing hours and clinical support for the pediatric patient is benchmarked using the Children's Hospital Association Nursing Essential data that compares Children's Hospitals across the region and country. The benchmarking data compares Hours Worked per Unit of Service (patient days) using the 20th, 40th, 50th, 60th and 80th percentile respectively.

Nurse to Patient Ratio

- 1:3-4 patients based on intensity of care, geography, and skill mix
- Charge Nurses do not generally have patient assignments
- Transport LPN does not have a patient assignment
- Hospital Supervisors do not have patient assignments
- Vascular Access team is responsible for all IV insertions, PICC Line insertions and

maintenance

- Wound/Ostomy Nurse available for complex wound care and active surveillance for at risk patients

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Daily Staffing

The Med-Surg core staffing is 17 RNs per shift to cover our average daily census, this number changes as our daily census increases or decreases. Staff RNs are supported by pediatric respiratory therapists, pediatric vascular access team, 24/7 on-site pediatric hospitalists, pharmacy, dietician, social work, care managers, therapy, child-life, and chaplain services.

STAFFING MODEL			
Staff	Days	Evenings	Nights
Charge Nurse	1	1	1
Staff RN	1:3-4 patients based on intensity of care, geography, and skills mix	1:3-4 patients based on intensity of care, geography, and skills mix	1:3-4 patients based on intensity of care, geography, and skills mix
HUC	2-3	2-3	2
Unit Resource Assistant	1	1	1
Transport LPN	1		

Additional resources are available in times of increased acuity to support the core staff:

- Charge nurses
- Assistant Nurse Managers on administrative duties
- Transport RN and RT (when not out on transport)

The assigned charge nurses make patient assignments based on skill mix and acuity of patients. Census and acuity fluctuations are managed through increasing or decreasing the number of RNs required to support patient care.

The RN uses the following chain of command for any concerns or issues:

- Charge Nurse
- Hospital Supervisor
- Unit Nurse Manager or Assistant Nurse Manager
- Associate Chief Nurse Executive
- Chief Nurse Executive

Unit leadership and nursing work collaboratively to address staffing issues. For emergent circumstances, this is accomplished through the use of telephone, Everbridge, and text messaging. For long term and forecasted staffing issues, collaboration is accomplished through shared governance model utilizing the Staffing Committee and Unit Shared Leadership Council.

Additional Staffing may be obtained by:

- Regular FTE staff
- Per Diem staff
- Nurse Resource pool
- Travel or agency staff

Certifications

All RNs in Med-Surg have:

- BLS
- PEARS
- PALS for Charge Nurse

Additional certifications are recommended but not required such as RNC & CPN. The APHON Biotherapy Provider Course is required after at least 2 years of employment on med-surg and chemotherapy administration orientation has been completed.

Quality Indicators

- CAUTI
- HAPI
- CLABSI
- Cdiff
- Falls
- Employee injury events

Engagement and Satisfaction

- Press Ganey
- Culture of Safety Survey/Employee Engagement (annually)
- Quarterly 1:1 leader rounding on employees
- Unit Shared Leadership Council Shared Governance Model
- Various scheduled employee events throughout the year

Mary Bridge Post Anesthesia Care Unit

Is a 6-bay open unit providing care at MB 5P Main Campus Monday-Friday 0800-2030 and Saturday and Sunday coverage from 0800-1630. Additional after hours and holiday coverage is provided by 2 RN's on call. The PACU specializes in:

- Care and treatment need for pediatric patients after surgery requiring anesthesia.
- The nursing staff provide immediate post anesthesia care
- PACU serves children from birth to 18 years with both complicated and uncomplicated medical histories
- Occasionally a young adult may be scheduled for surgery if that patient is followed in the Mary Bridge Specialty Clinics for a childhood diagnosis requiring specialists who are available here

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Core Staffing Patterns

- PACU care is provided to patients following the American Society of Perianesthesia Nursing Standards Practice Recommendations (ASPAN) for Nursing Practice

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Nurse to Patient Ratio

- 1:2 Two conscious patients, stable, and free of complications, but not yet meeting discharge criteria
- 1:1 At time of admission, until the critical elements are met. Airway and/or hemodynamic instability
- 2:1 Critically ill, unstable patient
- 1 Charge Nurse

Daily Staffing

The PACU core staffing is 4-6 RNs per shift to cover our scheduled surgeries, this number changes as our daily surgery volumes increase or decrease. Shifts are staggered to provide overlapping coverage.

Additional resources are available in times of increased acuity to support the core staff:

- MB Resource RN
- Perianesthesia Facilitator
- Perianesthesia Float RN
- Crossed-trained RN's

The assigned charge nurse makes patient assignments based on skill mix and acuity of patients. Census and acuity fluctuations are managed through increasing and decreasing the number of RNs required to support patient care.

The RN uses the following chain of command for any concerns or issues:

- Charge Nurse
- Perianesthesia Facilitator
- House Supervisor
- Assistant Nurse Manager
- Unit Nurse Manager
- Associate Chief Nurse Executive
- Chief Nurse Executive

Unit leadership and nursing work collaboratively to address staffing issues. For emergent circumstances, this is accomplished using telephone, Everbridge, and text messaging. For long term and forecasted staffing issues, collaboration is accomplished through shared governance model utilizing the Unit Shared Leadership Councils and the Department Staffing Committee.

Additional Staffing may be obtained by:

- Regular FTE staff
- Per Diem Perianesthesia staff
- Perianesthesia Float
- Nurse Resource Pool
- Cross-trained Nurses
- Travel or agency staff

Certifications

All RNs in the PACU have:

- BLS
- PALS

Additional certifications are recommended but not required such as CPN.

Engagement and Satisfaction

- Patient Experience (Press Ganey)
- Culture of Safety Survey/Employee Engagement (annually)
- Bimonthly 1:1 leader rounding on employees
- Unit Shared Leadership Council
- Unit Based Staffing Committee
- Various scheduled employee events throughout the year
- Patient Rounding
- Post OP Phone Calls (Cipher Rounds)

Mary Bridge PICU

16 bed unit providing care 24/7/365. The PICU specializes in:

- Care and treatment for critically ill pediatric patients with a variety of diagnoses requiring extensive physiologic monitoring, intravenous therapy, respiratory therapy, and nutritional support
- Multidisciplinary rounds with Intensivists, Nursing, Respiratory, Dietary, Personal Health Partners, Lactation, Pharmacy, and patient/caregivers daily. Other specialties, such as, General Surgery, Cardiac Surgery, Cardiologist, and Neurosurgery also round regularly on patients
- Admission is coordinated through Pediatric Intensivists and Charge Nurses and is in accordance with Admission, Discharge, and Transfer Criteria

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Core Staffing Patterns

Due to the fact that the condition of critically ill patients can change rapidly, the charge nurse and/or nursing leadership makes immediate adjustments to support acuity and patient safety. Relying on staffing ratios alone can ignore the variance in patient needs, skill of staff, and acuity.

Nursing hours and clinical support for the pediatric patient is benchmarked using the Children's Hospital Association Nursing Essential data that compares Children's Hospitals across the region and country. The benchmarking data compares Hours Worked per Unit of Service (patient days) using the 20th, 40th, 50th, $60^{th}$and 80th percentile respectively.

- PICU care is provided to patients following the guidelines and best practice recommendation from the following organizations:
    - Solutions for Patient Safety
    - Children's Hospital Association

Nurse to Patient Ratio

1:1 (1 nurse to 1 patient) or greater typically reflects:

- Unstable patient requiring multisystem support and complex critical care
- Actively titrating vasopressors
- Critical airway
- ECMO
- HFOV Oscillator
- End of Life/Withdraw of life support
- Unstable respiratory status requiring frequent treatment and adjustment of ventilator
- COSI/CORA if CNA or support tech unavailable
- TBI with ICP measuring and management minimum of every 2 hours

1:2 (1 nurse to 2 patients) or greater typical reflects:

- Patient requiring continuous monitoring with one to two systems needing support and critical care
- Stable airway
- One vasopressor with minimal titration
- Stable DKA
- Patient on Hiflow
- Stable post-operative patient
- Overdose with a COSI/CORA

Daily Staffing

PICU core staffing is 6-8 RNs per shift to cover our average daily census, this number changes as our daily census increases or decreases. Minimum staffing is 3 RNs per shift. The Charge RN is to remain without a patient assignment unless circumstances arise that he/she must. If census is 7 or greater staff can have a circulator RN in the matrix to assist with patient care, breaks, and lunches. Staff is supported by the intensivist/attending, Respiratory Therapy, Dietician, Social Work Services, Personal Health Partners, Chaplain Services. The core staffing for the PICU also includes 1 health unit coordinator (HUC).

Staff	Days	Eves	Nights
Charge Nurse	1	1	1
Staff RN	5-7	5-7	5-7
Respiratory Therapist	1 Minimum 12 hr Additional staff per pt volumes		1 Minimum 12 hr Additional staff per pt volumes
Health Unit Coordinator	1	1	1
Unit Resource Assistant	1 available by pager if needed	1 available by pager if needed	1 available by pager if needed

The assigned charge RN will collaborate with oncoming RNs to make patient assignments based on skill mix and acuity of patents. Census and acuity fluctuations are managed through increasing or decreasing the number of RN's required to support patient care.

The RN uses the following chain of command for any concerns or issues:

- Charge Nurse
- House Supervisor
- Administrator on Call
- Unit Nurse Manager or Assistant Nurse Manager (may be notified before AOC if on site)
- Associate Chief Nurse Executive
- Chief Nurse Executive

Unit leadership and nursing work collaboratively to address staffing issues. For emergent circumstances, this is accomplished by telephone, Everbridge, and text messaging. For long term and forecasted staffing issues, collaboration is accomplished through shared governance model utilizing the UBC.

Additional Staffing may be obtained by:

- Regular FTE staff
- Per Diem NICU staff
- Nurse Resource pool
- Travel or agency staff

If the PICU is at full capacity, all efforts are made to arrange for placement of lower level of care patients. This is completed through a collaborative effort and close conversation with the Hospital Supervisor, attending intensivist, inpatient departments, and charge RN.

Certifications

All RNs in the PICU have:

- BLS
- PALS

Additional certifications are recommended but not required such as CPN.

Quality Indicators

- CLABSI
- HAPI
- CAUTI
- VAP
- Accidental Device Removal
- Employee injury events

Engagement and Satisfaction

- Culture of Safety Survey/Employee Engagement (annually)
- 1:1 leader rounding on employees
- Unit Based Council Shared Governance Model
- Various scheduled employee events throughout the year

Mary Bridge Sedation Services

9 bed unit providing care Monday-Friday 0800-1830. The Sedation Services specializes in:

- Care and treatment need for pediatric patients requiring deep sedation.
- The nursing staff provide pre-procedural and post-procedural care
- Sedation serves children from birth to 18 years with both complicated and uncomplicated medical histories
- Occasionally a young adult may be scheduled for sedation if that patient is followed in the Mary Bridge Specialty Clinics for a childhood diagnosis requiring specialists who are available here

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Core Staffing Patterns

- Sedation Services provide care to patients following the American Society of Perianesthesia Nursing Standards Practice Recommendations (ASPAN) for Nursing Practice

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Nurse to Patient Ratio

- 1:3 Pre-procedure based on diagnosis/clinical status
- 1:2 post procedure, two conscious patients, stable, and free of complications, but not yet meeting discharge criteria
- 1:1 At time of admission post-procedure, until the critical elements are met. Airway and/or hemodynamic instability
- 2:1 Critically ill, unstable patient
- 1 Charge Nurse who takes patients

Daily Staffing

The Sedation core staffing is 4-7 RNs per shift to cover our scheduled procedures, this number changes as our daily surgery volumes increase or decrease. Shifts are staggered to provide overlapping coverage.

Additional resources are available in times of increased acuity to support the core staff:

- MB Resource RN
- Perianesthesia Facilitator
- Perianesthesia Float RN
- Cross-trained RN's

The assigned charge nurse makes patient assignments based on skill mix and acuity of patients. Census and acuity fluctuations are managed through increasing or decreasing the number of RNs required to support patient care.

The RN uses the following chain of command for any concerns or issues:

- Charge Nurse
- Perianesthesia Facilitator
- House Supervisor
- Assistant Nurse Manager
- Unit Nurse Manager
- Associate Chief Nurse Executive
- Chief Nurse Executive

Unit leadership and nursing work collaboratively to address staffing issues. For emergent circumstances, this is accomplished using telephone, Everbridge, and text messaging. For long term and forecasted staffing issues, collaboration is accomplished through shared governance model utilizing the Unit Shared Leadership Council and the Department Staffing Committee.

Additional Staffing may be obtained by:

- Regular FTE staff
- Per Diem Perianesthesia staff
- Perianesthesia Float
- Nurse Resource Pool
- Cross-trained Nurses
- Travel or agency staff

Certifications

All RNs in the Sedation Services have:

- BLS
- PALS
- Sedation Certified

Additional certifications are recommended but not required such as CPN.

Engagement and Satisfaction

- Patient Experience (Press Ganey)
- Culture of Safety Survey/Employee Engagement (annually)
- Bimonthly 1:1 leader rounding on employees
- Unit Shared Leadership Council
- Unit Based Staffing Committee
- Various scheduled employee events throughout the year