

Cover Page

The following is the nurse staffing plan for Samaritan Healthcare, submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420.

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2023 Nurse Staffing Plan Submission-Samaritan Healthcare

I, the undersigned with responsibility for Samaritan Healthcare, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for 2021 and includes 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 numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
- ✓ Level of intensity of all patients and nature of the care to be delivered on each shift;
- ✓ Skill mix;
- ✓ Level of experience and specialty certification or training of nursing personnel providing care;
- ✓ The need for specialized or intensive equipment;
- ✓ The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;
- ✓ Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
- ✓ Availability of other personnel supporting nursing services on the patient care unit; and
- ✓ 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: October 13/2022

As approved by: Theresa C Sullivan

(Theresa Sullivan, Chief Executive Officer)

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 (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:

- Exhibit A: Intensive Care Unit
- Exhibit B: Medical Surgical Unit
- Exhibit C: Mother Baby Unit
- Exhibit D: Emergency Department
- Exhibit E: Perioperative Services

Nurse Staffing Plan Critical Elements

The following represents critical elements about the nurse staffing plan:

- Right size resource nurse pool to 12.1 FTE to cover nonproductive hours
- Increase core staffing on the Medical Surgical Unit to capacity of 25 patients
- Increase core staffing on the Intensive Care Unit to capacity of 12 patients
- Create a variable shift resource RN position
- Increase staffing on Mother Baby Unit to core with straight time
- Increase staffing in Perioperative Services to plan for projected growth, cover breaks/lunches, and unforeseen vacancies by 2.0 FTE RN and 1.0 FTE surgical technologist

Nurse Staffing Plan Guidelines

***The nurse staffing plans 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.**

Exhibit A: Intensive Care Unit	
Average Daily Census	10
Number of RNs per Shift; Ratio RN : Patient	4; Critical Care 1:2 Intermediate level 1:3 Acute Telemetry 1:4

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	Acute 1:5
Start Time by Census/Case	0700 / 1900
Charge Nurses	1; 1:3
Support Staff; Ratio Staff : Patient	Nurse's Aide; 1:10
WHpU/ Patient Day	16.9
Professional Resources	ACCN, ANA, Premier Benchmarking
Exhibit B: Medical Surgical Unit	
Average Daily Census	18.6
Number of RNs per Shift; Ratio RN : Patient	6 Adults 1:5 - Cardiac Telemetry 1:4 - Pediatrics 1:4 - Acuity staffing based on patient need
Start Time by Census/Case	0700 / 1900
Charge Nurses	1; 1:2
Support Staff; Ratio Staff : Patient	Nurse's Aide; 1:10 Health Unit Coordinator Patient Monitor Tech – AvaSure Patient Monitor Tech – Cardiac Telemetry
WHpU per Patient Day	11.8 - Acute hours / Acute Tele / Patient Day
Professional Resources	AMSN , NDNQI, WSNA, Premier Benchmarking
Exhibit C: Mother Baby Unit	
Average Census	79 Deliveries per month 62 Triage patients per month
Number of RNs per Shift; Ratio RN : Patient	6; Antepartum 1:3 Intrapartum 1:1 or 2 Newborns 1:5 Well Postpartum Couplet 1:3 Varying ratio's based on acuity
Start Time by Census/Case	0700 / 1900
Charge Nurses	1
Support Staff	Scrub Tech

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	Health Unit Coordinator Lactation Specialist
Productivity	19.06 WHpU - patient days
Professional Resources	AWHONN, ACOG & Premier Benchmarking
Adjustments	Minimum staff of 2 RN & 1 Scrub tech for an Emergency C-Section
Exhibit D: Emergency Department	
Average Daily Census	68
Number of RNs per Shift; Ratio RN : Patient	5; 1:3-4 <ul style="list-style-type: none"> • 3 RNs 24 hours/day • 1 RN from 1000-2200 • 1 RN from 1100-2300 • 1 RN from 1200-0000
Start Time by Census/Case	0700 / 1100 / 1200 / 1900
Charge Nurses	1
Support Staff	<ul style="list-style-type: none"> • 1 Health Unit Coordinator 24 hours/day • 1 ED Patient Care Tech 0900-0100 • 1 ED Patient Care Tech 1200-2230
Productivity	2.74 WHpU – ED visits
Exhibit E: Perioperative Services	
Average Daily Census	23.8 surgical cases/day
Number of RNs per Shift; Ratio RN : Patient	10 Preoperative and infusions: 1:5 Postoperative phase 1: 1:1 Postoperative phase 2: 1:3 Intraoperative: 1:1 Infusion Clinic 1:5
Start Time by Census/Case	0600 / 0700 / 0800 / 0900 /1000
Charge Nurses	3; 1-Preoperative 1- Postoperative 1-Intraoperative
Support Staff; Ratio Staff	Certified Nurse’s Aide Scrub Technologists Turn over Tech
Productivity	3.3 WHpU – Ambulatory Surgery

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	8.2 WHpU – Operative Room Case Hours 4.09 WHpU – PACU Case Hours
Professional Resources	AORN, ASPAN, Premier Benchmarking
On Call Staff	2 RN and 1 surgical technologist 1715-0700 and 24 hours/day on weekends and holidays

Reference

Premier, "Department Benchmark Report–Compare Department Report", WA2042 – Samaritan Hospital, created 07/23/2022.