



MultiCare 
Capital Medical Center

2023 Nursing Staffing Plan

Capital Medical Center Staffing Committee

Cover Page


The following is the nurse staffing plan for MultiCare Capital Medical Center, submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420.


Attestation Nursing Staffing Plan 2023

We, the undersigned with responsibility for Capital Medical Center, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for the Nursing Division to includes all units covered under our hospital license under RCW 70.41. to which nursing is assigned direct patient care duties. This plan was developed with consideration given to the following elements (please check):

- ✓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: **12/16/2022** by Capital Medical Center Staffing Committee

As approved by: 
Shanon Mitchell Watkins, MSN, RN, NEA-BC
Chief Nursing Executive/Chief Operating Officer
Capital Medical Center


Will Callicoat
Thurston County Market Leader & President
Capital Medical Center & Clinics

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.

STAFFING PLAN PRINCIPLES

The following principles guide staffing at MultiCare Capital Medical Center:

- At all times, each patient admitted to the hospital is assigned a registered nurse (RN) who is accountable for the patient's care. This responsibility includes making assessments, creating, and carrying out a plan of care, teaching, seeking consultations, communicating problems to the medical team, and evaluating the effectiveness of care.
- The optimal staffing plans represent a partnership between nursing leadership and direct care staff.
- All staffing plans are designed to minimize the risk of unplanned overtime (OT).
- Staffing plans include allocation for direct patient care.

These principles correspond to The American Nursing Association Principles of Safe Staffing and are implemented as follows:

Unit-Related

Appropriate staffing levels for a patient care unit reflect analysis of individual and aggregate patient needs.

The budget allocation of direct nursing resources at Capital Medical Center is determined annually. Multiple factors are analyzed and considered:

- benchmark data
- census
- acuity
- staff qualifications
- turnover
- patient safety outcomes
- new technology
- throughput outcomes
- trends for seasonality and time of day when patients present for service
- anticipated needs of new or changing patients
- meal and rest breaks for staff

Each department/unit confirms their numbers of nurses to schedule for each 4-week schedule in the upcoming 6 months. These targets are based on the factors stated above, as well as historical sick use, and more current patient care and safety considerations of resources anticipated.

Schedule targets are also adjusted based on seasonal patterns and trends in acuity and patient volume. Capital Medical Center can see considerable variation in census across winter viral season, summer surgical season, and global pandemics.

To cover staffing shortfalls during unpredictable times of high census, we utilize our float pools, implement voluntary on call systems, and may hire traveling RNs for temporary assignments. The goal is to care for the patients and families who present themselves to us.

Staff meal and rest breaks are in accordance with WSNA and Capital Medical Center bargaining agreement and Washington State laws. Charge RNs partner with clinical staff to identify and schedule appropriate times for staff to take their meal and rest breaks. Staff use their identified chain of command to escalate real-time barriers so that appropriate coverage can be obtained for the break/meal period.

Unit functions necessary to support delivery of quality patient care must also be considered in determining staffing levels.

Capital Medical Center maintains a hospital-wide Nurse Staffing Committee that develops the nurse staffing plan and partners with nursing and hospital leadership in assuring safe staffing for all patients. Units shall be invited to present to the house-wide staffing committee twice each year.

UNIT DESCRIPTORS AND SUMMARY OF STAFFING

Inpatient Nursing Units

Inpatient Nursing Units consist of the following units:

- Medical/Surgical/Telemetry
- Progressive Care
- Intensive Care
- Mother Baby Unit

Each department has included a more detailed description of the type of care provided in their area below. All nursing care includes assessment, problem identification, planning, implementation, and evaluation of the delivery of care and the patient's response to medical and nursing therapy.

The staffing grid is the goal for staff scheduling shift-based on average daily census and budgeted hours of care. Direct hours per unit of service reported below include RN, CNA, UC, and Sitter direct productive hours divided by budgeted daily census. Average daily census in the tables under each unit is the 2022 budgeted average daily census annualized for the unit.

For daily staffing needs, the Unit Manager, Clinical Assistant Nurse Manager, or Charge RN determines the number of staff needed based on a calculation of the unit census and budgeted hours of nursing care. The team then reviews any additional factors such as acuity, admissions, discharges, and transfers, geography, and skill-mix needs in order to determine the total number of staff needed to safely care for the patients. Units also have a huddle structure that can be used to inform the team of potential need to make necessary adjustments to patient assignments.

Staffing needs are reviewed in four-hour blocks and adjustments made for areas that are open 24 hours a day. The majority of inpatient staff work 12-hour shifts, but staff can be scheduled into 4, 8, or 10-hour shifts depending on their FTE and other indirect time. Shifts start at 7am, 11am, 3pm, 7pm, or 11pm unless otherwise indicated.

Capital Medical Center Hospital Supervisor coordinates the staffing needs of the inpatient areas and assure the staffing needed to support their staffing plans. Inpatient nursing units also use staff within a float pool that are deployed by the Hospital Supervisor.

Patient placement within the hospital is coordinated through the Hospital Supervisor and is in accordance with admission, discharge, and transfer criteria. Staff use the following chain of command for staffing concerns or issues, Charge Nurse, Clinical Assistant Nurse Manager, Unit Nurse Manager, House Supervisor, Director of Nursing Operations, and the Chief Nurse Executive.

Medical / Surgical / Telemetry Unit

This unit supports 40 adult care beds located on the 3rd floor. This unit specializes in post-surgical care, orthopedic care, medical telemetry and medical management of complex and high acuity medical patients. The unit has capability for 12 remote telemetry monitoring.

In general, RNs on the unit are assigned four to six patients. CNA will be staffed as patient care assistants as well as observers (sitters) as needed. CNA sitters are either staffed by the unit or from the float pool.

Medical / Surgical / Telemetry

Number of beds	40
Average daily census	36
Direct hours per patient day (including HUC)	8.34
Average patients/RN	5-6

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1
RN	Day	8	8	8	8	8	8	8
	Night	6	6	6	6	6	6	6
CNA	Day	4	4	4	4	4	4	4
	Night	4	4	4	4	4	4	4

Progressive Care Unit

This is a 22-bed unit located on the 2nd floor. All units providing care 24/7/365, specializing in, medical management of complex and high acuity medical patients, patients at increased risk of their condition becoming unstable or experiencing a life-threatening event. CNA will be staffed as patient care assistants as well as observers (sitters) as needed. CNA sitters are either staffed by the unit or from the float pool. There is 1 assigned charge nurse that is shared between the ICU and PCU.

Progressive Care Unit

Number of beds	22
Average daily census	19
Direct hours per patient day (including MT)	11.37
Average patients/RN	3-4 based on acuity

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1
RN	Day	5	5	5	5	5	5	5
	Night	5	5	5	5	5	5	5
CNA	Day	2	2	2	2	2	2	2
	Night	2	2	2	2	2	2	2

Intensive Care Unit

This is a 10-bed unit located on the 2nd floor. All units providing care 24/7/365, specializing in, patients with severe and life-threatening illnesses and injuries, patients requiring continuous and immediate nursing interventions, patients requiring support from specialized equipment and medications which required highly trained staff, patients requiring intensive and critical care levels of care. CNA will be staffed as patient care assistants as well as observers (sitters) as needed. CNA sitters and are either staffed by the unit or from the float pool.

Intensive Care Unit

Number of beds	10
Average daily census	5
Direct hours per patient day	19.2
Average patients/RN	1-2 based on acuity

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
RN	Day	4	4	4	4	4	4	4
	Night	4	4	4	4	4	4	4
CNA	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1

Mother Baby Unit

Women' Services aka Mother Baby is a unit providing care 24/7/365 days a year. The unit is comprised of labor and delivery, Mother Baby postpartum, and GYN patients. The unit provides care for the following groups: Pregnant women, Postpartum Mothers and their Newborns, Post-operative Gynecological patients, and those meeting criteria for a mother-baby unit.

There is an assigned Clinical Assistant Nurse Manager, or charge nurse for the Labor, Delivery, Recovery, Post-partum unit. Staffing levels are determined by number of patients and patient acuity, based on AWHONN/NANN, and AAP guidelines.

Mother Baby Unit LDRP model

The mother baby unit has 11 LDRP's, 2 Operating Rooms, 2 OB PACU beds and 4 med/surg beds. Following AWHONN guidelines, 1 RN to 1-2 patients, assignment to be based on AWHONN Guidelines. Staffing numbers will be adjusted based on patient needs. Available staff will be placed on-call as appropriate to account for the quickly changing needs of the L&D patient population

Mother Baby

Number of beds	11
Average daily census	6
Direct Prod Hours Per Patient Day	21.33
Average patients/RN	1-3

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1
RN	Day	3	3	3	3	3	2	2
	Night	3	3	3	3	3	2	2
Tech	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1

GYN

Has 4 Medical Surgical beds. Post-operative gynecological care for patients meeting the criteria of a mother baby unit. Patients cared for regarding transitional and postpartum care of mother/baby dyad, newborn readmission for phototherapy also may be cared for in these 4 Medical Surgical beds.

GYN

Number of beds	4
Average daily census	2
RN hours per patient day	Included in the Mother Baby Unit
Average patients/RN	1-3

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
RN	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1

Other Resources for Acute Care

RN Float Pool

The Float Pool consists of RNs who provide coverage for unexpected absences and peaks in census. The staffing assignment mirrors that of the unit to which they are deployed. The float pool is not a productive direct patient care department.

Float Pool

Number of beds	NA
Average daily census	NA
RN hours per patient day	Depends on Unit
Average patients/RN	Depends on Unit

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
RN	Day	3	4	4	4	3	3	2
	Night	3	3	3	3	3	2	2

Certified Nursing Assistant Float Pool

The Certified Nursing Assistant Float Pool consists of CNAs who provide coverage for unexpected absences, peaks in census, and patient watch. They may be deployed to the inpatient areas. The staffing assignment mirrors that of the unit to which they are deployed.

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
CNA	Day	2	3	2	2	2	2	2
	Night	2	2	2	2	2	1	1

Other Divisions

Emergency Department

The MultiCare Capital Medical Center Emergency Department is a 12-bed unit serving Thurston County and the surrounding communities. Located in Olympia, WA the unit serves as the gateway for several medically underserved areas to the east, south, and west, who are seeking services along the more populated Interstate 5 corridor between Olympia and Seattle. The ED on average is currently registering 84 patients per day with an average ESI acuity of 3.4. Patient complaints range from non-urgent to critical and patients are either discharged home, admitted to the Capital Medical Center inpatient and surgical units, or transferred to other healthcare facilities based on the specific needs of the patient.

The department is staffed 24/7 by Board Certified Emergency Physicians and Providers. Nursing care is provided by Registered Nurses (RN) using a Primary Care Model. RN's typically care for 3-4 patients and are assigned based on area and acuity. Day of week, time of day, and historical data is used to predict arrival levels and set basic staffing parameters. Census is tracked daily, weekly, and monthly to watch for trends and adjust staffing needs as appropriate. Staffing is supplemented by facility float staff, communication to ED staff desiring to work extra shifts, and traveler nurses. Standard criteria exist for the manager, Clinical Assistant Manager, or Charge RN to call-in staff for response to a surge in patient volumes. Non-licensed staff are utilized to assist with procedures, perform phlebotomy, apply casts and splints, and other duties within their scope of practice, as well as non-direct patient care activities such as care coordination using first-hand verbal, paging, and telephone conventions. Non-licensed staff are often used as patient observers for those patients requiring extra safety measures. Emergency care is provided to patients following Emergency Nurses Association Scope & Standards for Emergency Nursing Practice.

Emergency Department

Number of beds	<u>12 Rooms</u> 21 Beds 3 Triage 2 Rapid Care
Average patients/caregiver	3-4
Average # patient visits/day	84

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1
RN	Day	3	3	3	3	3	2	2
	Night	3	3	3	3	3	3	3
	Swing (12 hrs)	4	4	4	4	4	3	3
Tech	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1
	Swing (12 hrs)	1	1	1	1	1	1	1

Perioperative Services Division

Perioperative Services is a collaborative network of departments responsive for overseeing and delivering care to patients from the time surgery is scheduled through the operative period to full recovery and includes Pre-Anesthesia Clinic, Pre-Op/PACU, Operating Room, GI/Special Procedures, Cystoscopy, and Sterile Processing.

Pre-Admission Clinic

The PAC Nurse(s) provide oversight of patient care in the Pre-Anesthesia Clinic. The goal is every pre-scheduled surgery patient, and GI/SPU outpatients requiring an Anesthesiologist for their procedure are scheduled for a Pre-Anesthesia appointment as either a clinic visit or telephone interview. Hours of operation are Monday through Friday, 7:00 am to 6:30 pm. Staffing levels are determined by number of patients scheduled for interviews. Charge Nurse makes assignments based on patient volume expected to be seen or contacted.

Pre-Admission Clinic

Appointments/Day	16
Average patients/RN	10-14 in an 8 hr shift

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	7-5:30p	1	1	1	1	1	0	0
RN	7-5:30p	1	1	1	1	1	0	0

Pre-Op/PACU

The unit includes 25 bays/rooms consisting of 14 preop bays and 11 PACU bays. Procedures include placement of arterial lines and central line monitoring, and regional anesthetic block & pain block placement. Patients consist of OR, Cath Lab, IR, Endo, CT, Radiology, Blood Transfusion and Infusions, and Cardioversions.

The assigned Charge Nurses provide oversight of patient care in the Pre-Operative and PACU units, responsible for Admission, Pre-Operative preparation, and Recovery of surgery patients. Regular hours of operation are 5:00 am to 11:30 pm, Monday through Friday. Call team members are available during all non-staffed hours and holidays. Following ASPAN, American Society of Peri-Anesthesia Nurses guidelines the Pre-Op/PACU department is responsible for admission, pre-operative preparation, and Recovery of all surgery patients.

PACU

Number of beds	Pre-Op: 14 bays/rooms PACU: 11 bays/rooms
Average patients/RN	Pre-Op: 2-3 PACU Phase I: 1-1 PACU Phase 2: 1-3

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	Day	1	1	1	1	1	0	0
	Eve 3p-7p	1	1	1	1	1	0	0
RN	Day	6	6	6	6	6	0	0
	Eve	5	5	5	5	5	0	0
CNA	Day	1	1	1	1	1	0	0

Operating Room

The unit includes 8 OR rooms and 1 Cysto room. Specialties include ENT, general surgery, gynecology, oral, orthopedics, plastics, podiatry, urology, vascular, and robotics.

Staff On Site Mon- Fri 0700-1930. Additional staff on-call Mon- Fri 1500-0700, 24hrs weekends and holidays. Shift length varies. Adhere to AORN, Association of Peri-Operative Registered Nurses, guidelines.

Operating Room

Number of rooms	8 Operating Rooms
Avg Surgeries/Month	250
Average patients/RN	1:1.5
Average patients/surgical tech	1:1

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	Day	1	1	1	1	1	0	0
	Eve 3p-7p	1	1	1	1	1	0	0
	Night	0	0	0	0	0	0	0
RN	Day	12	12	12	12	12	0	0
	Eve 3p-7p	5	5	5	5	5	0	0
	Night (on call)	1	1	1	1	1	1	1
Surgical Tech	Day	8	8	8	8	8	1 (O/C)	1 (O/C)
	Eve	3	3	3	3	3	1 (O/C)	1 (O/C)
	Night (on call)	1	1	1	1	1	1	1
	Eve 3p-7p	2	2	2	2	2	0	0

GI/Special Procedures

The unit includes 1 procedure Room and utilizes Preop and PACU for pre-procedure and post procedure care. Procedures include endoscopy procedures and bronchoscopy.

Unit leadership and nursing work collaboratively to address staffing issues, in consideration of workload and number of cases scheduled. The assigned Preop Charge Nurse provides oversight of patient care in the GI/Special procedures unit. Regular hours of operation are 7:00 am to 5:30 pm, Monday through Friday. Call team members available during all non-staffed hours and holidays. In accordance with SGNA, Society of Gastroenterology Nurses and Associates, practice guidelines the GI/Special Procedures Unit performs GI endoscopy and bronchoscopy procedures.

GI/Procedure

Number of rooms	1 Rooms
Average patients/RN	1:1 Conscious Sedation 1:2 Tech 1:1

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Staff RN	Day	2	2	2	2	2	1 (O/C)	1 (O/C)
Tech	Day	1	1	1	1	1	0	0
	Eve	0	0	0	0	0	0	0

Cardiac Cath Lab and Cardiovascular Interventional Radiology

The unit includes 2 Labs, as well as staffing procedures in CT, US, OR and Peri-Op areas. The following patient conditions are frequently encountered in IR and CCL: STEMI patients, diagnostic right and left heart catheterizations, PCI, Peripheral vascular cases, temporary and permanent pacemakers, Loop recorder insertions and removals, TEE, CV, Fluoroscopy guided LP and myelogram, Port implants and occasional removals, Paracentesis, thoracentesis, Nephrostomy tube placement, G-tube placement, percutaneous biopsy, transcatheter arterial embolization, Y-90 mapping and treatment, dialysis catheter placements, CT and Fluoroscopy guided biopsies, CT, and ultrasound-guided drain placement

These departments are staffed Monday – Friday 0630-1700 specializing in, patients presenting for elective procedures as well as critically ill patients needing life-saving CCL/IR procedures such PCI and embolization of GI bleed. A call team is available 24/7/365 for emergent cases. The CCL takes care of pts with vascular insufficiency, renal failure, CHF, MI, chest pain, arrhythmia and includes the care of the critically ill patient requiring IABP. The IR also assists with the nursing needs of other imaging modalities such as CT, US, and MRI. IR nurses make pre-procedure and post-procedure phone calls and assist with obtaining pre-procedure clearance of blood thinning medication when needed.

Cardiovascular Interventional Radiology and Cardiac Cath Lab

Number of rooms	2 Cath Labs 4 IR / Procedure Rooms (CT, U/S)
Average patients/RN	Procedural sedation in IR

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	Day	1	1	1	1	1	0	0
Staff RN	Day	3	3	3	3	3	1 (O/C)	1 (O/C)
	Night on call	1	2	2	2	2	0	0
Tech Charge	Day	4-5	4-5	5	4-5	4-5	2 (O/C)	2 (O/C)
Tech	Night on call	2	2	2	2	2	2	2

Minimum Requirements for Positions

Registered Nurses must maintain BLS certification in addition to current in nursing service identified competencies, specific to the organization and individual department.

Department	Specific Requirements	Nurses are encouraged to obtain at least one industry recognized specialty certification in:
Labor and Delivery	L&D nurses: BLS NRP certification EFM training Q2 years	<ul style="list-style-type: none"> • Obstetrics Nursing • Low Risk and/or High Risk Neonatal Nursing • Fetal Monitoring • Lactation Consultant (IBCLC)
Medical-Surgical, Telemetry	BLS, NIHSS	<ul style="list-style-type: none"> • Medical Surgical Nursing • Oncology Nursing • Geriatric Nursing • Orthopedic Nursing
Emergency Department	Registered Nurses: BLS, ACLS, PALS, TNCC, NIHSS	<ul style="list-style-type: none"> • Certified Emergency Nurse • Certified Pediatric Emergency Nurse • Certified Trauma Nurse • Certified Critical Care Registered Nurse (CCRN)
CCL/IR	BLS, ACLS everyone required	<ul style="list-style-type: none"> • CCRN (Critical Care Registered Nurse) • CRN (Certified Radiology Nurse) • CVNC (Cardiac Vascular Nursing Certification)
Progressive Care Unit	BLS, ACLS, NIHSS	<ul style="list-style-type: none"> • Nurses are encouraged to obtain specialty certification as a Progressive Care Certified Nurse (PCCN) from the American Association of Critical Care Nurses (AACN).
Intensive Care Unit	BLS, ACLS, NIHSS	<ul style="list-style-type: none"> • Nurses are encouraged to obtain specialty certification as a Certified Critical Care Registered Nurse (CCRN) from the American Association of Critical Care Nurses (AACN).
Perioperative Services	Pre-Op/PACU nurses: BLS, PALS and ACLS certification. GI RNs: BLS, ACLS certified	<ul style="list-style-type: none"> • RNs are encouraged to maintain specialty certifications including CAPA, CPAN, CNOR, CGRN.