Kindred Hospital Seattle	**4543 SEATTLE FIRST HILL FACILITY SPECIFIC POLICY** **Nurse Staffing Plan**	**Page No** 1
MANUAL	***Section***	**Policy Number**
Patient Care	*Oversight of Patient Care*	H-PC 07-029
	Effective Date: January 1, 2022	**Supersedes or Revised Date: 12/4/2020**

PURPOSE

1. To provide a structure by which defined standards of nursing care can be systematically organized, monitored and evaluated to be consistent with the mission and the vision of Kindred Hospital.
2. The Division of Nursing supports continuous improvement and innovation in nursing practice while striving to meet the needs of the patients served.
3. Delineate the respective roles and responsibilities of the nursing staff members for developing, implementing and evaluating the plan for the provision of nursing care.

PHILOSOPHY OF NURSING CARE

Nursing acts collegially with other care givers including but not limited to pharmacists, physical therapists, occupational therapists, speech therapists, nutritionists and respiratory therapists. Nursing takes a leadership and coordination role to support the patient in achieving their maximum health status and highest quality of life attainable in view of the catastrophic nature of the patient's health deviations. It is the goal of the department to assess, plan implement and evaluate the patient for their total care needs as well as meeting the recognized standards of nursing practice.

NURSE STAFFING PLAN PRINCIPLES

- Access to high-quality nursing staff is critical in 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 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 meals 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 The Washington Department of Health (DOH).
- The hospital is committed to ensuing 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.
- The hospital has the obligation of serving the public with the highest quality of medical care, efficiently and economically, and/or meeting medical emergencies. This includes external and/or internal hospital emergencies.
- In the setting of the ongoing COVID-19 pandemic and national nursing shortage crisis, the hospital will make ongoing good faith effort to staff the hospital to the outlined staffing plan. The hospital may not be able to readily staff the hospital as intended immediately nor during all operating hours over time.

ETHICAL CODE OF CONDUCT FOR NURSES

The Ethical Code of Conduct for Nurses is based on a belief about the nature of individuals, nursing, health and society. Recipients and providers of nursing services are individuals and groups who possess basic rights and responsibilities and whose values and circumstances always command respect. Nursing encompasses promotion and restoration of health to the extent feasible given the complex nature of illness, prevention of illness and alleviation of suffering. The statements of the Ethical Code provide guidance for conduct and relationships in carrying our nursing responsibilities consistent with the ethical obligations of the profession and quality of nursing care. The Nurse:

- Provides services with respect for human dignity and the uniqueness of the patient, unrestricted by considerations of social or economic statuses, personal attributes or the nature of health problems.
- Safeguards the patient's right to privacy by protecting confidential information.
- Acts to safeguard the patient and the public when healthcare and safety are affected by the incompetent, unethical or illegal practice of any person.
- Assumes responsibility and accountability for individual nursing judgements and actions.
- Maintains competence in nursing.
- Exercises informed judgement and uses individual competence and qualifications as criteria in seeking consultations, accepting responsibilities and delegating nursing activities to others.
- Participates in activities that contribute to the ongoing development of the profession's body of knowledge.
- Participates in the profession's efforts to implement and improve standards of nursing care.

ORGANIZATION OF NURSING

1. The Governing Board and the Chief Executive Officer of the hospital have given the Chief Clinical Officer the responsibility and authority to provide for the nursing care of the patients of the hospital.
2. The Chief Clinical Officer is responsible for and has the authority to provide for the care of patients in the areas designated on the organizational chart:
    1. Nursing Units (Intensive Care and Medical Surgical Unit)
3. The Chief Clinical Officer is assisted in the clinical and administrative management of the Nursing Units by the Director of Nursing and Clinical Services, and nursing supervisors who are qualified by education and experience. The Chief Clinical Officer delegates to the nursing supervisor the authority and responsibility to provide nursing care to the patients. Together, the Chief Clinical Officer, Director of Nursing and Clinical Services, and nursing supervisors assure there are sufficient personnel in number and skill set care for the patients. The Chief Clinical Officer maintains 24 hour responsibility and accountability for the provision of care in his/her areas.
4. It is our goal to ensure the quality of nursing standards of patient care, treatment and services and practice by incorporating current evidence-based practice, nationally recognized professional standards and other literature/research into the policies and procedures governing the provision of nursing care.

NURSING ROLES & RESPONSIBILITIES

1. Nursing care provided by licensed nurses is regulated by the state in the Registered Nurse Practice Act and the Licensed Practical Nurse Practice Act
2. The Director of Nursing and Clinical Services is assigned to oversight of the Nursing Services at the direction of the CCO. This is an experienced Registered Nurse responsible and accountable for staffing, supervision, quality, nursing standard implementation and coordination of the nursing services for a designated unit or group 24/7. The role would be expected to adhere to nursing regulations and develop practices or education in compliance with the Clinical Plans as determined by the CCO.
3. The Director of Nursing and Clinical Services is a Registered Nurse responsible and accountable to supervise and coordinate the activities of the nursing personnel 24/7. The CCO delegates responsibility and authority for development, implementation and oversight of nursing standards, quality of nursing care, patient outcomes and adherence to nursing regulations.
4. The house supervisor is a Registered Nurse responsible and accountable to supervise and coordinate the activities of the hospital personnel by engaging in a variety of procedures in various areas of the hospital and supporting nursing staff. The supervisor ensures the standards of care are followed and participates in the documentation and problem solving of quality issues. The house supervisor is responsible for the staffing plan for the nursing units and acts as the administrative representative in the absence of the administration.
5. The Charge Nurse is a registered nurse apart of the bargaining union and is accountable to oversee assigned unit patient care activities. Duties included, but are not limited to, facilitate unit shift huddles, assign shift patient assignments, assist with bedside procedures, help cover rest and meal breaks, review outstanding physician orders, Pyxis inventory and discrepancy management, provide mentoring and coaching to other staff nurses as needed,

audit patient assessments and care plans, escalate patient care barriers and concerns to House Supervisor or Hospital Leadership as necessary.

6. The Registered Nurse is responsible for the provision of the direct patient care provided to all patients and is accountable to assess, plan, implement and evaluate the nursing care. The Registered Nurse is accountable for the safety of the patient and may delegate to others in accordance with their education, credentials and demonstrated competence. The Registered Nurse assesses learning needs and develops the plan to meet the patient/family learning needs. The Registered Nurse is accountable for the safety of the patients and delegation of nursing tasks to the Licensed Practical Nurse and Certified Nursing Assistant. The Registered Nurse is held to the highest level for patient safety for all patients (i.e. fall, medication administration, clinical changes, immediate notification, narcotic delivery, documentation, blood administration, etc.).
7. The Licensed Practical Nurse is responsible to make basic observations, gather data and assist in the assessment and planning for patient care. The Licensed Practical Nurse carries out planned approaches to the patient care and performs common therapeutic nursing techniques. The Licensed Practical Nurse is accountable for the safety of the patients and delegation of nursing tasks to the Certified Nursing Assistant. The Licensed Practical Nurse assists in health teaching of patients recognizing individual needs. The Licensed Practical Nurse is held to the highest level for patient safety for all patients (i.e. fall, medication administration, clinical changes, immediate notification, narcotic delivery, documentation, etc.).
8. The Certified Nursing Assistant is responsible to assist in basic nursing care of the patients and the collection of data. Basic technical skills include the performance of activities of daily living, vital signs, recording of height, weight, intake and output and general observation of patient safety and comfort. The Certified Nursing Assistant may also partake in certain bedside procedures when evaluated and competency completed (i.e. point of care testing, catheter removal, turning of patients with artificial airways, etc.). The Certified Nursing Assistant reports data to the RN/LPN in support of the evaluation of care. The Certified Nursing Assistant is responsible for ensuring the highest level of care in the provision of safe patient care for all patients.
9. The Wound Care Coordinator is a Registered Nurse who in addition to basic nursing responsibilities, specifically maintains consistent treatment of wounds and skin care issues through the direct care of patients and through delegating the care of the patient's wound and skin care to other nursing staff. The wound care coordinator, uses the nursing process to assess, plan, treat and evaluate wound care/skin care. The wound care coordinator is also responsible to assist with the education of patients, family and staff regarding skin and wound care. The wound care coordinator is directly involved with new nursing orientation to include wound, treatment and use of therapeutic bed surfaces to facilitate wound healing and prevention.
10. The Telemetry Technician is a person with a health care background (MA, HUC, or CNA) and/or knowledgeable about health care terminology. Under the delegation of the nursing house supervisor, the Telemetry Tech/Unit Clerk is responsible for EKG monitoring and interpretation with appropriate notifications of nursing and medical staff. The Telemetry Technician is responsible for ensuring proper documentation of EKG strips in the Medical Records. The Telemetry Tech/Unit Clerk is responsible for paging appropriate staff to respond to patient safety needs when alerted via changes in cardiac rhythms or when in the case of a unit clerk, call bells when appropriate.
11. The Unit Secretary (US) is a person with health care terminology understanding. The US functions under the supervision of the Nursing house supervisor, the Unit Secretary is responsible for clerical functions including telephone use, chart/records preparation and unit communications. In addition, the US is responsible for answering call lights via the two way communication system paging appropriate staff to respond to patient needs and

communicating with patients the expected timeframe in which services will be provided. The US escalates if there is an ongoing need for staff response to patient care needs.

12. Nursing services provides orientation and staff development of all nursing service employees which assures competency in all duties.

SCOPE OF SERVICES

I. Hours of Operation

Nursing care is provided twenty-four (24) hours per day, seven (7) days a week. The combined capacity of all units is 80 licensed beds. Within the licensed-permitted 80 bed units, a 6 bed intensive care unit occupies a portion of the second floor.

NURSE STAFFING PLAN SCOPE

Acute care hospitals are 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. The following areas of the hospital are covered by the nurse staffing plan:

- Medical Surgical Area
- Intensive Care Unit

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 "Staff 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

- Medical Surgical Area
- Intensive Care Unit

Guidelines

a. A sufficient number of qualified staff will be on duty at all times to give patients the nursing care they require. The Supervisor and RNs will plan, supervise and evaluate the nursing care of each patient.
b. The daily staffing pattern for each unit is determined by the CCO, Director of Nursing and Clinical Services, and/or Nursing Supervisor based on the Kindred Hospital acuity-adjusted tool (KHAT, see KHAT policy and

procedure). This staffing projection is based on patient care needs and nursing care mix, as well as the supervisors assessment of nursing skill mix, geographic considerations on the unit, other factors impacting staffing levels such as procedures, family issues and budget. The staffing levels are adjusted each shift as patient categories and/or patient needs change.

c. The KHAT acuity tool has a separate acuity tool for the 6-bed ICU and adheres to AACN Guidelines for staffing as well as all of the items listed in 'II.b'.
d. If in the professional judgment of the Nursing Supervisor the allocated staffing numbers or the staffing mix is not adequate, the Director of Nursing and Clinical Services is to be contacted and provided with the justification for any desired changes. If the DNCS cannot be reached, contact the Chief Clinical Officer (COO) or the Administrator on Call (AOC) to receive authorization to alter the guidelines for the next 12 or 24 hours.
e. Staffing assignments are based on each nursing staff's educational preparation, applicable licensing regulations and assessment of current competence. In addition, assignments are based on the complexity and stability of the patient condition, the nursing care needs, the complexity of assessment and types of technology required for the patient, the degree of supervision required, infection control and safety issues, utilization of each team member to their full scope of practice and unit geography.
f. The RN and/or nursing house supervisor is assigned responsibilities for the nursing process, including oversight of other members of the nursing care team.

Staff meetings which will include nursing staff are at least twice annually and will participate in the development of this annual plan. This participation will include involvement in the decisions related to: patient census on the units, level of intensity of all patient and the nature of care to be provided on the units, skill mix, level of experience and certifications or training for nursing staff, the need for specialized equipment, the geography and architecture of the unit, staffing guidelines adopted by professional organizations, availability of supportive staff on the unit and strategies regarding meals and rest breaks.

MEDICAL SURGICAL CARE AREA 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 taking into consideration **both needs and acuity of patient.** Nursing supervisor assess the staffing needs on an ongoing basis and confer with the Director, the Department Supervisor and the Chief Clinical Officer to make adjustments as needed

Description

Patients are located on the second, third and fourth floors of the hospital:

Medical Surgical Unit: In the Medical Unit, adult and geriatric medical patients receive nursing care via a team approach with the Registered Nurse leading and supervising Certified Nursing Assistants and Tele Tech/Unit Clerks

Intensive Care Unit: In the ICU, critically-ill adult and geriatric patients receive nursing care via a primary model with Registered Nurses supervising Certified Nursing Assistants. An ACLS certified RN is on duty at all times. The ICU unit is a 6-bed area located on the second floor.

The ICU is staffed on a 24/7 schedule. ICU staffing includes RNs and telemetry techs. CNAs can be floated to the ICU to assist with care when needed. There are per diem nurses who can be called to work when there are times of high census. When there are no patient in the ICU, the nursing staff will assist on the Medical Surgical floors/units but are available to return to the ICU for any admissions. Non-ICU patients can be placed in the 6 bed unit when staffing dictates to ensure safe staffing assignments. CNAs could be assigned to the ICU when multiple non-ICU patients are placed in ICU beds. Evaluation of this need with be performed by the House Supervisor.

CORE STAFFING BY UNIT

The schedules are based on average patient census on a daily and shift basis. Expected core needs will be 11 RNs, 4 LPNs and 6 CNAs for day shift (4 CNAs for night shift) for each shift 24/7 (ADC 56).

- Nurses will work 12 hour shifts, either 0630 to 1900 or 1830 to 0700. Each shift includes a 30 minute meal break and (3) 15 minute breaks per the collective bargaining unit agreement.
- All schedules are posted for a 6 week period of time. New schedules will be released a minimum of ten (10) days prior to the beginning of the scheduled work period via the Kronos Scheduling system.
- All Kindred employed nursing staff have access to view and request scheduled shifts directly in the Kronos scheduling system. All scheduling activities will be performed and documented in the Kronos scheduling system. Vacancies for needed staff will be posted via Open Shifts via the Kronos Scheduling system. Any shifts signed up for via Open Shifts are considered scheduled and will be part of the nurses' work week. If staffing is considered over what is needed, employees scheduled for more than their positions required hours, staffing will be cancelled in accordance with 'IV.e'. Requests to fill vacancies will be approved by DCNS/CCO.
- If cancellations are needed they will be completed 2 hours before the scheduled shift. Skill mix is always a consideration in the decision and making process. Low census is defined as a decline in patient care requirements resulting in a temporary staff decrease. During temporary periods of low census, the Employer may implement reduced staffing schedule and flex employees. If this should occur, Staff shall be flexed in the following order:
  a) Volunteers;
  b) Travelers, agency, and contract nurses (provided the Employer does not incur any cost by cancelling this work);
  c) Nurses working overtime;
  d) Per Diem;
  e) Equitable rotation among all FTE nurses on a shift starting with the least senior nurse first, providing skills, competence, ability and qualifications and credentials are considered equal as determined by the Employer. If an individual volunteers for low census, that day off shall be counted for purposes of the rotation list.
- If insufficient numbers of nurses are available for the care of patients the DCNS will attempt to fill the vacancies up to two weeks in advance. If insufficient numbers of nurses exist when planning for staffing for the next shift, the supervisor will make attempts to fill the vacancies by contacting nurses who are not scheduled in the following order: per diem staff, part time staff, then full time staff who will incur overtime, then agency per the collective bargaining unit agreement.

Targeted Unit Staffing:

Target Census				
Level of Care	**Floor**	**Beds**	**Rooms**	**Target # of Patients**
M/S	4th	30	17	20
M/S	3rd	31	18	24
M/S	2nd	13	13	8
ICU	2nd	6	6	4
Total		**80**	**54**	**56**

Variable Staff Count for Target Census of 56					
Level of Care – Floor	**Target Ratios**	**RN** (includes charge)	**LPN**	**C.N.A.**	**Total**
M/S – 4th Floor	4:1	3	2	2.5*	**7.5**
M/S – 3rd Floor	4:1	4	2	2.5*	**8.5**
M/S – 2nd Floor	4:1	2	0	1	**3**
ICU	2:1	2	0	0	**2**
Total		**11**	**4**	**6.0**	**21**

*2.5 CNA target is 3 CNAs scheduled for day shift and 2 CNAs scheduled for night shift

Non-variable Staff Count		
	Monitor Tech	**HUC**
Hospital Coverage	06:30 – 19:00: 1 18:30 – 07:00: 1	06:30 – 19:00: 1 15:00 – 23:30: 1

*Above breakdown is seven days per week coverage

Nursing Department Hours on Target Census of 56				
Level of Care - Floor	**RN**	**LPN**	**C.N.A.**	**Total**
M/S - 4th Floor	26,280	17,520	21,900	**65,700**
M/S - 3rd Floor	35,040	17,520	21,900	**74,460**
M/S	17,520	0	8,760	**26,280**
ICU	17,520	0	0	**17,520**
Total	**96,360**	**35,040**	**52,560**	**183,960**
MT/HUC	0	0	16,060	**16,060**
Wound Care	4,992	0	0	**4,992**
Total	**101,352**	**35,040**	**68,620**	**205,012**

Nursing Department HPPD						
Position	**RN**	**LPN**	**C.N.A.**	**MT/HUC**	**Wound Care**	**Total**
Total HPPD	**4.71**	**1.71**	**2.57**	**0.79**	**0.24**	**10.03**

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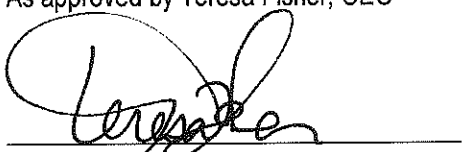
I, the undersigned with responsibility for Kindred Hospital, attest the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for 2022 and includes all units covered under our hospital license under RCW 70.41. This plan was developed with consideration given the following elements.

- Census, including total number of patients on the unit of each shift and activity such as patients discharges admissions and transfers;
- Level of intensity of all patients and nature of 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 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;
- 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;
- 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 31, 2021.

As approved by Teresa Fisher, CEO



Teresa Fisher, CEO