2023 Staffing Plan Overview

Department: Intensive Care Unit

Date Updated: 12/20/2022

Manager: Christy Winterburn, Manager

Nursing Department Overview

Description of the types of patients served in this nursing unit, including level of intensity and nature of care delivered: The ICU is a 10 bed multi-specialty critical care unit that is open 24 hours/day; 7 days a week. This department is responsible for patients including, but not limited to frequent vasopressor management, acute cardiac intervention requiring Intra-Aortic Balloon Pump, Endotracheal intubation and mechanical ventilation, hypothermia management.

- Average Daily census – Actual FYTD 7 : Budget - 8
- Average length of stay – 3.25 (Target 3)

Key Quality Indicators

Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators, which are designated with an asterix*:

Quality Indicator	Intensive Care Unit
Patient falls prevalence*	0 FYTD 2023
Pressure Ulcer Prevalence*	1 FYTD 2023
Central Line Infection Prevalence	0 FYTD 2023
Catheter Associated UTI Prevalence	0 FYTD 2023
Hospital Onset CDiff	0 FYTD 2023 Hospital Associated
Patient Satisfaction Data* Living our Mission Dashboard	• Not measured for ICU
Budget Metric*	Hours per patient day • 17.283 budget target • 18.156 Actual FYTD
Skill Mix*	• Charge RN = 0.5 FTE – split with Progressive care unit • RNs = 4 (adc 8) will flex for volume • HUCs = 0.5 FTE – split with Progressive care unit • CNAs= will adjust based on patient safety need. Not routinely scheduled.
Level of Experience (e.g. specialty Certifications and training)	<u>Mandatory training / education:</u> • ACLS • BLS

	● NIHSS Specialty Certifications: ● CCRN = 24%
Agency / Traveler Usage	● Agency RNs from Favorites Staffing are used on a per diem basis. ● Travel RNs from Medical Solutions are contracted on a regular basis to help cover staff on long-term medical leave (e.g. maternity leave) or to cover other full-time vacancies.
Overtime costs (including end of shift, missed meal and rest breaks and incidental OT)	● FYTD Average OT Percentage =9.76% ● FYTD Average OT Hours PPE = 158.55 hours

Staffing Grid for Patient Census **Target Nursing Hours per patient day = 17.6547**

Use this section to insert staffing grid(s) developed for varying levels of patient census or attach the department staffing grid to this document.

Day Shift

Census	Charge	RNs	CAs	HUC
9-10	1	5	0	0.5
8	1	4	0	0.5
7	1	3	0	0.5
6	0.5	3	0	0.5
5	0.5	2	0	0.5
3-4	0.5	2	0	0.3 (IN AT 09)
1-2	0.5	2	0	

Night Shift

Census	Charge	RNs	CAs	Other
9-10	1	5	0	0.5
8	1	4	0	0.5
7	1	4	0	0.5
6	1	3	0	0.5
5	0.5	2	0	0.5
3-4	0.5	2	0	0.3 (OUT AT 03)
1-2	0.5	2	0	

● Flexing only occurs with a coordinated communication between charge nurse, unit leadership and the designated house supervisor.

- Staffing guidelines are governed and adopted by national nursing profession and suggestions from AACN and SCCM

Above Staffing Plan Contingent Upon the Following Supports / Considerations

List other supports that your unit either receives from other units/departments or provides to other units and departments that impact staffing.

Support Provided:

- House wide Code Blue
- House wide Mass Transfusion Protocol
- House wide Rapid Response

Support Received:

- Respiratory care supports ventilator management

What Situations Require Variations in Staffing?

Use this section to describe legitimate situations where additional staff may be required in order to provide safe patient care:

- Heavy surgery schedule/ high numbers of fresh post op patients
- IABP
- First 24 hours post TPA for CVA
- Infusion TPC for vascular occlusion
- Induction and rewarming Therapeutic Temperature Management
- Organ Donor
- Frequent (> q 15 minute) medication titration
- Suicide or Homicidal ideation

How are Deviations in the Staffing Plan Addressed?

Describe ways that day to day staffing shortages are addressed to ensure patient care and safety is not compromised:

- Utilize staffing office to access volunteers, day agency or contracted travel staff

Chain of Command / Staffing Decision Tree

Process for Staffing Variation

What process is used to determine if extra staff is needed?

- There is a review of current events with Charge nurse and house supervisor. They may choose to involve unit leadership or Administrator On Call if there is a question

Who notifies whom?

- Could be either Charge nurse or House Supervisor

When in the shift should this occur?

- As soon as the need is identified

When is extra staff scheduled for the entire shift, versus pulling staff from other areas to help nurses "catch up"

- This is based on an unit by unit and shift by shift assessment

Meal and Rest Breaks

What are the meal and rest break requirements for your department?

- The basic workday shall include a 30-minute meal period on the nurse's own time. This should be taken between the second and fifth working hour. It cannot be taken at the beginning or end of the shift and cannot be combined with rest breaks.
- Employees shall receive one 15-minute paid rest period for each 4 hours of work. It should be taken at or near the middle of each shift, but no later than 3 hours after the beginning of each half shift. They cannot be taken at the beginning or end of the shift and cannot be combined with meal breaks.

Describe what the meal and break strategies are for your area and how you measure if they are working.

- Buddy system for coverage

Annual Nurse Staff Survey

Are survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail)

- Newsletter
- Shift Huddles

What process improvement work has been completed on issues identified?

- Utilizing LEAN methodology for identifying and rectifying issues that staff raise. Current work involves access to supplies where and when staff need them

What was the results/plan of action?

- Staff survey actions are to continue with transparent feedback loop of events that occur and to stabilize staffing and leadership.

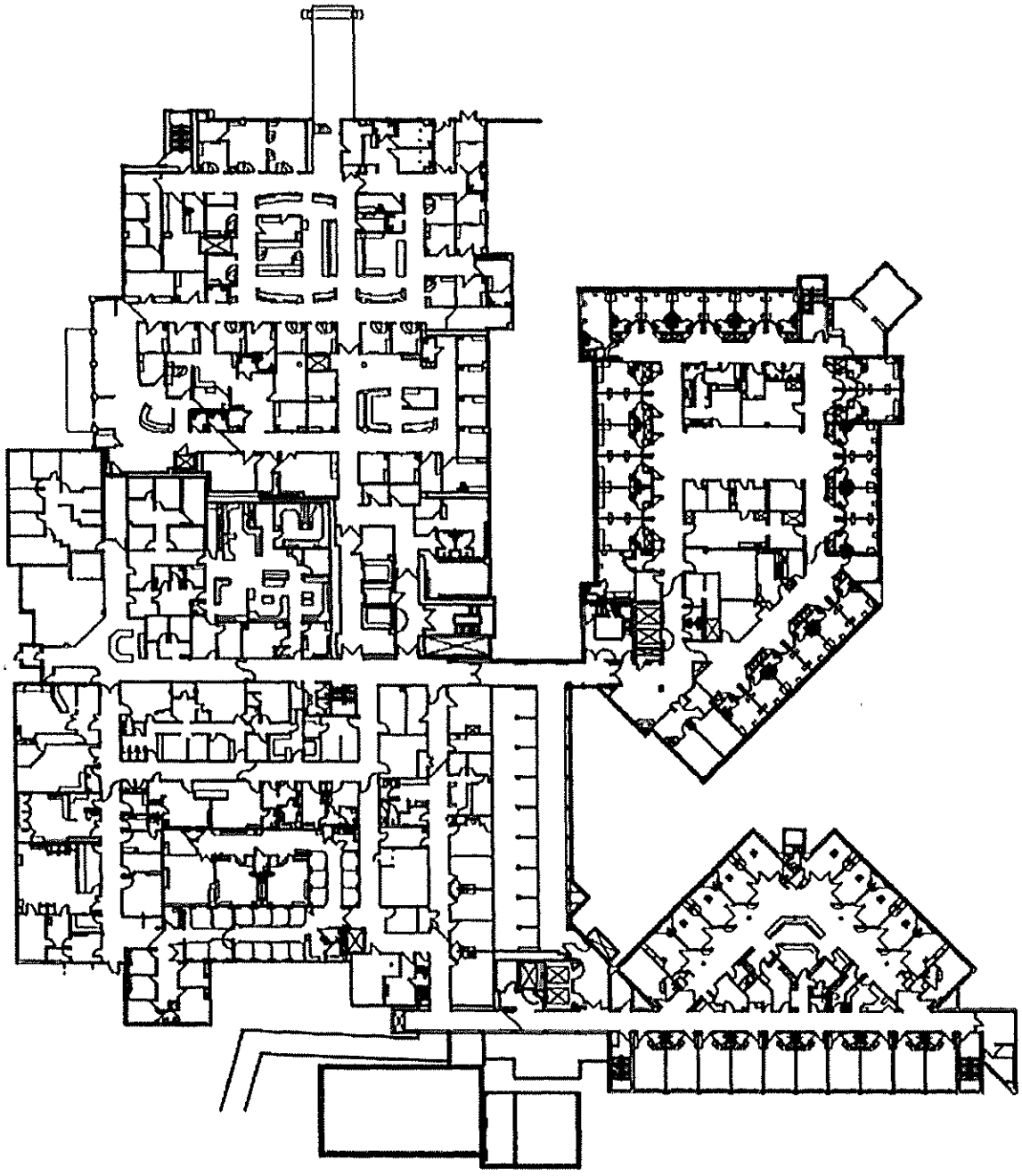
Committee Recommendations:

APPROVAL

Prepared By TONI SWENSON, DNO

Approved By Deepak Devasthali, COO__

Next Review Date _____



2023 Staffing Plan Overview

Department: Progressive Care Unit

Date Updated: 12/20/2022

Author: Christy Winterburn, Manager

Nursing Department Overview

Description of the types of patients served in this nursing unit, including level of intensity and nature of care delivered: The PCU is a 21 bed multi-specialty critical care unit that is open 24 hours/day; 7 days a week. This department is responsible for patients including, but not limited to frequent vasopressor management, post cardiac intervention management, adjunctive airway support, and management of acute withdrawal.

- Average Daily census – Actual FYTD-12 : Budget - 16
- Average length of stay – 3.5 (Target 3)

Key Quality Indicators

Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators, which are designated with an asterix*:

Quality Indicator	Progressive Care Unit
Patient falls prevalence*	0 FYTD 2023
Pressure Ulcer Prevalence*	1 FYTD 2023
Central Line Infection Prevalence	0 FYTD 2023
Catheter Associated UTI Prevalence	0 FYTD 2023
Hospital Onset CDiff	0 FYTD 2023 Hospital Associated
Patient Satisfaction Data*	74.2% Rate Hospital 0-10
Budget Metric*	Hours per patient day • 12.961 budget target • 12.384 Actual FYTD
Skill Mix*	• Charge RN = 0.5 FTE – split with Progressive care unit • RNs = 6 (adc 18) will flex for volume • HUCs = 0.5 FTE – split with Progressive care unit • CNAs= 2 – 3 based on patient volume and acutiy
Level of Experience (e.g. specialty Certifications and training)	<u>Mandatory training / education:</u> • ACLS • BLS • NIHSS <u>Specialty Certifications:</u>

	● CCRN = 22%
Agency / Traveler Usage	● Agency RNs from Favorites Staffing are used on a per diem basis. ● Travel RNs from Medical Solutions are contracted on a regular basis to help cover staff on long-term medical leave (e.g. maternity leave) or to cover other full-time vacancies.
Overtime costs (including end of shift, missed meal and rest breaks and incidental OT)	● FYTD Average OT Percentage = 11.77% ● FYTD Average OT Hours PPE hours = 292.32

Staffing Grid for Patient Census **Target Nursing Hours per patient day = 13.1719**

Use this section to insert staffing grid(s) developed for varying levels of patient census or attach the department staffing grid to this document.

Day Shift

Census	Charge	RNs	CAs	HUC
20-21	1	7	2	0.5
19	0.5	7	2	0.5
16-18	0.5	6	2	0.5
13-15	0.5	5	2	0.5
10-12	0.5	4	1	0.3 (IN AT 09)
7-9	0.5	3	1	0.3 (IN AT 09)
1-6	0.5	2	0	0

Night Shift

Census	Charge	RNs	CAs	Other
20-21	1	7	2	0.5
19	0.5	7	2	0.5
16-18	0.5	6	2	0.5
13-15	0.5	5	2	0.5
10-12	0.5	4	1	0.3 (OUT AT 03)
7-9	0.5	3	1	0
1-6	0.5	2	0	0

● Flexing only occurs with a coordinated communication between charge nurse, unit leadership and the designated house supervisor.

● Staffing guidelines are governed and adopted by national nursing profession and suggestions from AACN and SCCM

Above Staffing Plan Contingent Upon the Following Supports / Considerations

List other supports that your unit either receives from other units/departments or provides to other units and departments that impact staffing.

Support Provided:

- House wide Code Blue
- House wide Mass Transfusion Protocol
- House wide Rapid Response

Support Received:

- Respiratory care supports ventilator management

What Situations Require Variations in Staffing?

Use this section to describe legitimate situations where additional staff may be required in order to provide safe patient care:

- Heavy surgery schedule/ high numbers of fresh post op patients
- Active CIWA management
- Frequent (q 30-45 minute) medication titration
- Suicide or Homicidal ideation

How are Deviations in the Staffing Plan Addressed?

Describe ways that day to day staffing shortages are addressed to ensure patient care and safety is not compromised:

- Utilize staffing office to access volunteers, day agency or contracted travel staff

Chain of Command / Staffing Decision Tree

Process for Staffing Variation

What process is used to determine if extra staff is needed?

- There is a review of current events with Charge nurse and house supervisor. They may choose to involve unit leadership or Administrator On Call if there is a question

Who notifies whom?

- Could be either Charge nurse or House Supervisor

When in the shift should this occur?

- As soon as the need is identified

When is extra staff scheduled for the entire shift, versus pulling staff from other areas to help nurses "catch up"

- This is based on an unit by unit and shift by shift assessment

Meal and Rest Breaks

What are the meal and rest break requirements for your department?

- The basic workday shall include a 30-minute meal period on the nurse's own time. This should be taken between the second and fifth working hour. It cannot be taken at the beginning or end of the shift and cannot be combined with rest breaks.

- Employees shall receive one 15-minute paid rest period for each 4 hours of work. It should be taken at or near the middle of each shift, but no later than 3 hours after the beginning of each half shift. They cannot be taken at the beginning or end of the shift and cannot be combined with meal breaks.

Describe what the meal and break strategies are for your area and how you measure if they are working.

- Buddy system for coverage

Annual Nurse Staff Survey

Are survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail)

- Newsletter
- Shift Huddles

What process improvement work has been completed on issues identified?

- Utilizing LEAN methodology for identifying and rectifying issues that staff raise. Current work involves access to supplies where and when staff need them

What was the results/plan of action?

- Staff survey actions are to continue with transparent feedback loop of events that occur and to stabilize staffing and leadership.

Committee Recommendations:

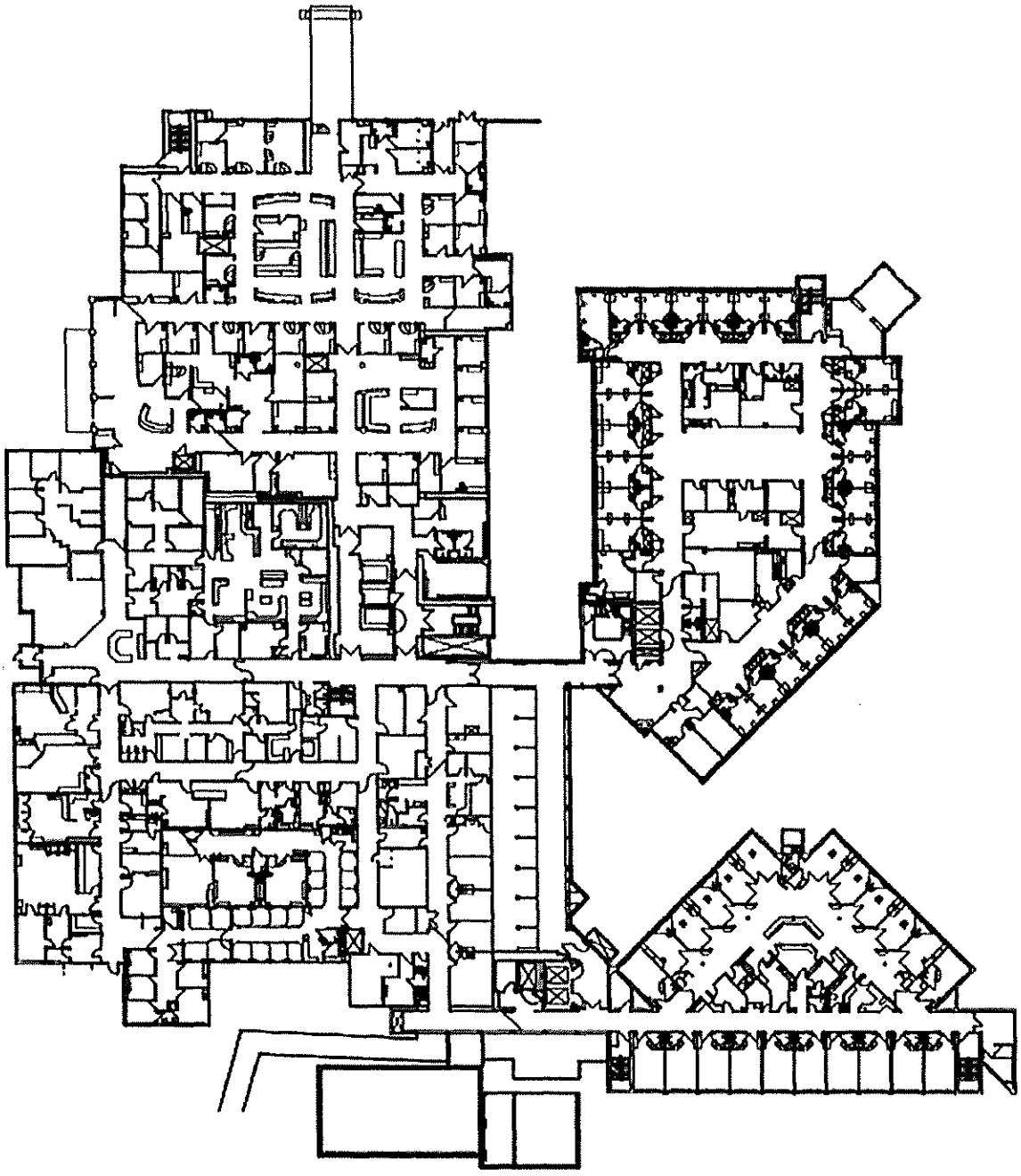
APPROVAL

Prepared By TONI SWENSON, DNO

Approved By Deepak Devasthali, COO

Next Review Date _____

Floor Plan



2023 Staffing Plan Overview

Department: Telemetry Unit

Date Updated: 12/20/2022

Author: Manager-Mandy Chow

Nursing Department Overview

Description of the types of patients served in this nursing unit, including level of intensity and nature of care delivered: The Telemetry is a 34 bed multi-specialty critical care unit that is open 24 hours/day; 7 days a week. This department is responsible for patients including, but not limited to respiratory support, continuous cardiac monitoring, management of acute cardiac events, post CVA management, and management of acute withdrawal.

- Average Daily census – Actual FYTD-28 : Budget - 28
- Average length of stay – 4 (Target 3)

Key Quality Indicators

Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators, which are designated with an asterix*:

Quality Indicator	Telemetry Unit
Patient falls prevalence*	0 FYTD 2023
Pressure Ulcer Prevalence*	2 FYTD 2023
Central Line Infection Prevalence	1 FYTD 2023
Catheter Associated UTI Prevalence	0 FYTD 2023
Hospital Onset CDiff	1 FYTD 2023 Hospital Associated
Patient Satisfaction Data*	Rate Hospital FYTD overall: 2nd %tile
Budget Metric*	Hours per patient day • 15.82 budget target • 8.73 Actual FYTD
Skill Mix*	• Charge RN = 1 FTE • RNs = 7 (adc 27) will flex for volume • HUCs = 1 FTE • CNAs= 3-4 based on patient volume and acuity
Level of Experience (e.g. specialty Certifications and training)	Mandatory training / education: • ACLS • BLS • NIHSS

	Specialty Certifications: • CCRN/PCCN = 11%
Agency / Traveler Usage	• Agency RNs from Favorites Staffing are used on a per diem basis. • Travel RNs from Medical Solutions are contracted on a regular basis to help cover staff on long-term medical leave (e.g. maternity leave) or to cover other full-time vacancies.
Overtime costs (including end of shift, missed meal and rest breaks and incidental OT)	• FYTD Average OT Percentage = 15.71% • FYTD Average OT Hours PPE = 661.78 hours

Staffing Grid for Patient Census **Target Nursing Hours per patient day =**

Use this section to insert staffing grid(s) developed for varying levels of patient census or attach the department staffing grid to this document.

Day Shift

Census	Charge	RNs	CAs	HUC
31-34	1	8	4	1
27-30	1	7	3	1
24-26	1	6	3	1
23	1	5	3	1
22	1	5	2	1
17-21	1	5	2	1
13-16	1	4	2	1
12	1	3	2	1
9-11	1	3	1	1
7-8	1	2	1	1
5-6	1	2	1	0
1-4	1	2	0	0

Night Shift

Census	Charge	RNs	CAs	HUC
31-34	1	8	4	1
27-30	1	7	3	1
24-26	1	6	3	1
23	1	5	3	1
22	1	5	2	1
17-21	1	5	2	1
13-16	1	4	2	1
12	1	3	2	1

9-11	1	3	1	1
7-8	1	2	1	1
5-6	1	2	1	0
1-4	1	2	0	0

- Flexing only occurs with a coordinated communication between charge nurse, unit leadership and the designated house supervisor.
- Staffing guidelines are governed and adopted by national nursing profession and suggestions from AACN and SCCM

Above Staffing Plan Contingent Upon the Following Supports / Considerations

List other supports that your unit either receives from other units/departments or provides to other units and departments that impact staffing.

Support Provided:

- House wide Code Blue
- House wide Mass Transfusion Protocol
- House wide Rapid Response

Support Received:

- Respiratory care supports airway and respiratory management

What Situations Require Variations in Staffing?

Use this section to describe legitimate situations where additional staff may be required in order to provide safe patient care:

- Heavy surgery schedule/ high numbers of fresh post op patients
- Active CIWA management
- Frequent (q 30-45 minute) medication titration
- Suicide or Homicidal ideation
- Detained patients

How are Deviations in the Staffing Plan Addressed?

Describe ways that day to day staffing shortages are addressed to ensure patient care and safety is not compromised:

- Utilize staffing office to access volunteers, day agency or contracted travel staff

Chain of Command / Staffing Decision Tree

Process for Staffing Variation

What process is used to determine if extra staff is needed?

- There is a review if current events with Charge nurse and house supervisor. They may choose to involve unit leadership or Administrator On Call if there is a question

Who notifies whom?

- Could be either Charge nurse or House Supervisor

When in the shift should this occur?

- As soon as the need is identified

When is extra staff scheduled for the entire shift, versus pulling staff from other areas to help nurses "catch up"

- This is based on an unit by unit and shift by shift assessment

Meal and Rest Breaks

What are the meal and rest break requirements for your department?

- The basic workday shall include a 30-minute meal period on the nurse's own time. This should be taken between the second and fifth working hour. It cannot be taken at the beginning or end of the shift and cannot be combined with rest breaks.
- Employees shall receive one 15-minute paid rest period for each 4 hours of work. It should be taken at or near the middle of each shift, but no later than 3 hours after the beginning of each half shift. They cannot be taken at the beginning or end of the shift and cannot be combined with meal breaks.

Describe what the meal and break strategies are for your area and how you measure if they are working.

- Buddy system for coverage

Annual Nurse Staff Survey

Are survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail)

- Newsletter
- Shift Huddles

What process improvement work has been completed on issues identified?

- Utilizing LEAN methodology for identifying and rectifying issues that staff raise. Current work involves access to supplies where and when staff need them

What was the results/plan of action?

- Staff survey actions are to continue with transparent feedback loop of events that occur and to stabilize staffing and leadership.

Committee Recommendations:

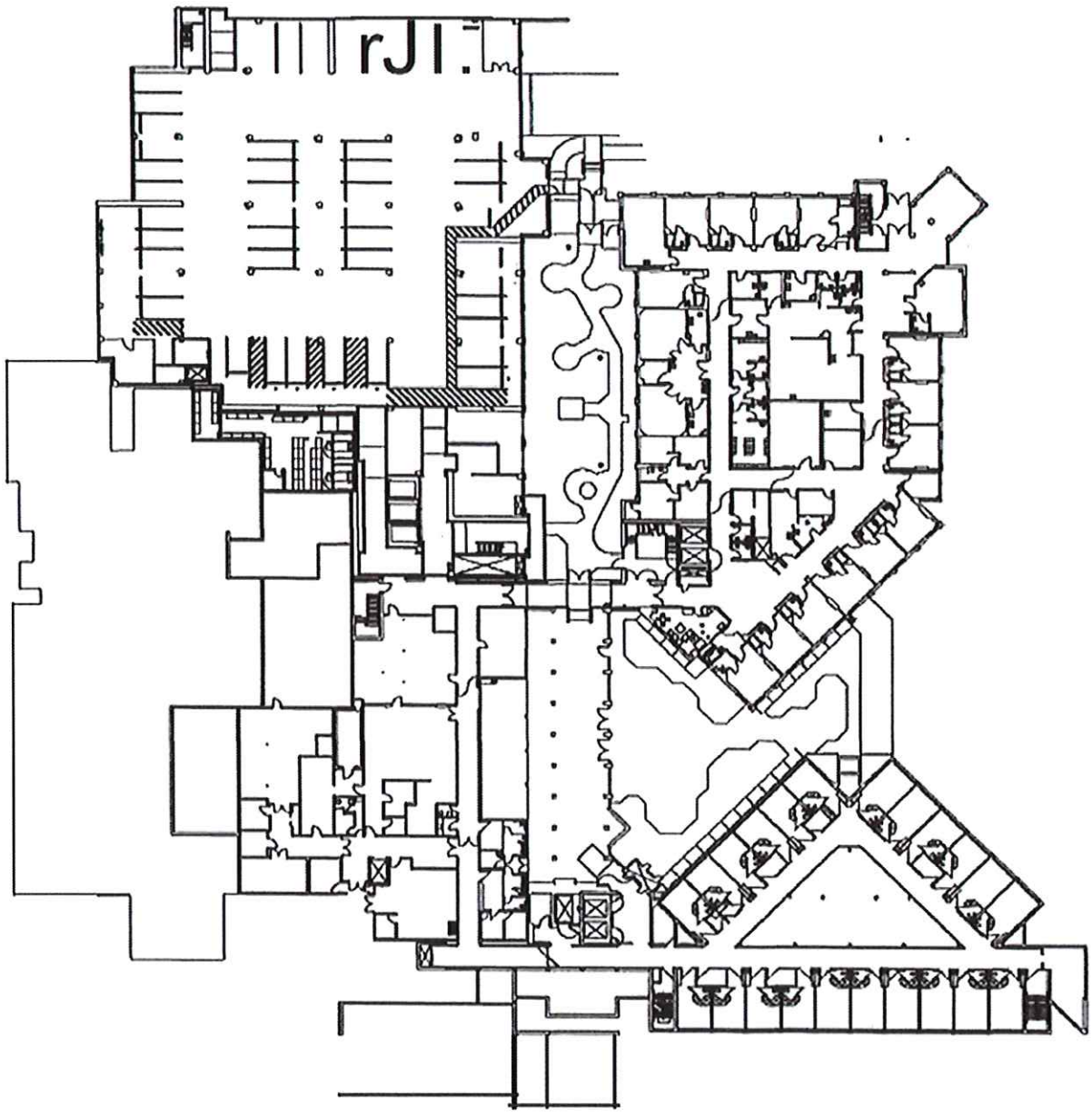
APPROVAL

Prepared By MANDY CHOW, RN MANAGER

Approved By Deepak Devasthali, COO

Next Review Date July 2023

4 Alder Floor Plan



2023 Staffing Plan Overview

Department: Acute Care Services

Date Updated: 12/20/2022

Author: Manager

Nursing Department Overview

Description of the types of patients served in this nursing unit, including level of intensity and nature of care delivered: Patients with wide variety of medical/surgical conditions who are able to be cared for with a 5:1 patient care ratio

- Average Daily census – 26
- Average number of admits per day – 4
- Average number of transfers per day - 7
- Average number of discharges per day - 6.2
- Average length of stay – 5.5

Key Quality Indicators

Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators, which are designated with an asterisk*:

Quality Indicator	Med/surg Outcomes		
Patient falls prevalence*	15		
Patient falls with injury*	Falls with NO injury	Falls with MINOR injury	Falls with Major Injury
	10	3	2
Pressure Ulcer Prevalence*	1		
Central Line Infection Prevalence	0		
Catheter Associated UTI Prevalence	1		
Hospital Onset CDiff	0		

<table>
<tr><td rowspan="2">Medication Errors</td><td colspan="5">5</td></tr>
<tr><td>A = Near Miss</td><td>B = Error, Did Not Reach Pt</td><td>C = Reached Pt, No Harm</td><td>D = Reached Pt, No Harm, Required Monitoring/Intervention</td><td>E= Reached Pt, Caused Harm, Required Monitoring/Intervention</td></tr>
<tr><td></td><td>3</td><td></td><td>2</td><td>0</td><td></td></tr>
<tr><td>Mislabeled Specimens</td><td colspan="5"></td></tr>
<tr><td>Patient Satisfaction Data*</td><td colspan="5">● Communication with Nurses =
● Responsiveness of Hospital Staff =
● Pain Management =
● Communication about Medicines =
● Discharge Information =
● Overall Rating of Hospital =</td></tr>
<tr><td>Budget Metric*</td><td colspan="5">Worked hours per unit of service budgeted: 10.6
Worked hours per unit of service actual: 9.6</td></tr>
<tr><td>Skill Mix*</td><td colspan="5">● Charge RN =1
● RNs = 6
● CNAs = 4
● Techs = 0
● HUCs = 1</td></tr>
<tr><td>Level of Experience (e.g. specialty Certifications and training)</td><td colspan="5"><u>Mandatory training / education:</u>
● BLS
● Aggression class
<u>Specialty Certifications:</u>
● Stroke certification</td></tr>
<tr><td>Agency / Traveler Usage</td><td colspan="5">● FYTD Average Contract Staff Hours = 149.11</td></tr>
<tr><td>Overtime costs (including end of shift, missed meal and rest breaks and incidental OT)</td><td colspan="5">● FYTD Average OT Percentage = 11.32%
● FYTD Average OT Hours PPE = 385.73</td></tr>
</table>

Staff turnover (Note: does not include transfers to other departments or other CHI-FH facilities)	30%

Staffing Grid for Patient Census **Target Nursing Hours**

Use this section to insert staffing grid(s) developed for varying levels of patient census or attach the department staffing grid to this document.

The charge RN in collaboration with the House Supervisor is responsible for flexing staff

Nights	Charge	RN	CNA	HUC
11-15	1	3	1	0
16	1	4	1	0
17-20	1	4	2	0
21-23	1	5	2	1
24-25	1	5	3	1
26-31	1	6	4	1

Day	Charge	RN	CNA	HUC
11-14	1	3	1	0
15	1	3	1	1
16-20	1	4	2	1
21	1	5	2	1
22-25	1	5	3	1
26-27	1	6	3	1
28-31	1	6	4	1

Above Staffing Plan Contingent Upon the Following Supports / Considerations

What Situations Require Variations in Staffing?

Use this section to describe legitimate situations where additional staff may be required in order to provide safe patient care:

Variation in staffing is dependent upon the census

How are Deviations in the Staffing Plan Addressed?

Deviations are escalated up the chain of command for problem solving – Manager, Director

Chain of Command / Staffing Decision Tree

Process for Staffing Variation

What process is used to determine if extra staff is needed?

- Staffing grid is used to determine staffing based on census

Who notifies whom?

- Charge RN notifies House Supervisor

When in the shift should this occur?

- 3-4 hours before the start of the next shift

When is extra staff scheduled for the entire shift, versus pulling staff from other areas to help nurses "catch up"

- Staff are scheduled based on census

Meal and Rest Breaks

What are the meal and rest break requirements for your department?

- The basic workday shall include a 30-minute meal period on the nurse's own time. This should be taken between the second and fifth working hour. It cannot be taken at the beginning or end of the shift and cannot be combined with rest breaks.
- Employees shall receive one 15-minute paid rest period for each 4 hours of work. It should be taken at or near the middle of each shift, but no later than 3 hours after the beginning of each half shift. They cannot be taken at the beginning or end of the shift and cannot be combined with meal breaks.

Describe what the meal and break strategies are for your area and how you measure if they are working.

If staff are having difficulty getting to their breaks, they notify the charge RN who finds coverage for individual so that he/she can get his/her breaks

Annual Nurse Staff Survey

Are survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail)

Layout of Patient Care Unit

- See Addendum A – Floor plan for [insert department name] including, placement of patient rooms, treatment areas, nursing stations, medication prep areas, and equipment.

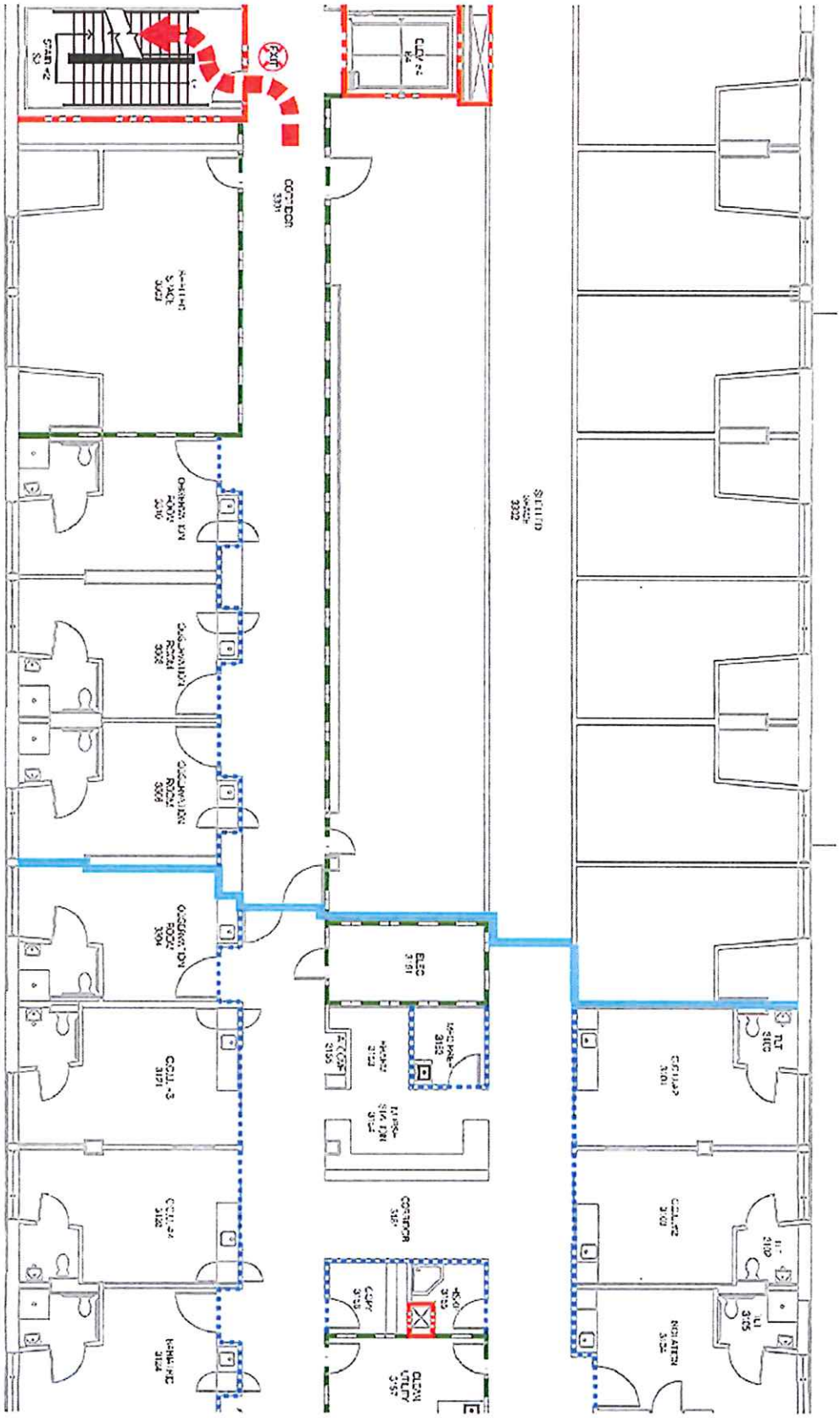
Committee Recommendations:

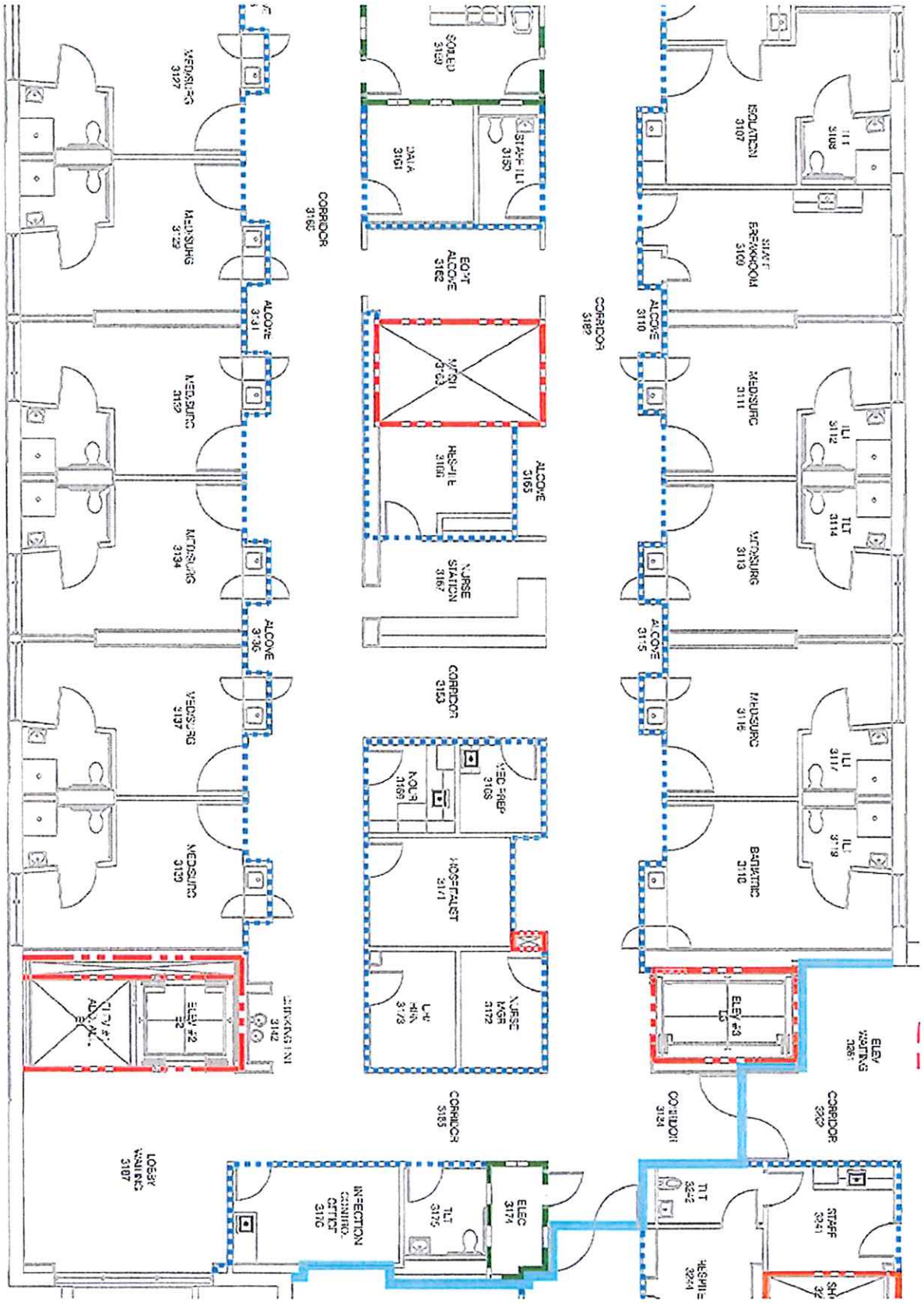
APPROVAL

Prepared By TONI SWENSON, DNO

Approved By Deepak Devasthali, COO

Next Review Date

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ILI 3108
SHARE BATHROOM 3109
CORRIDOR 3189
ALCOVE 3110
MEDSURG 3111
ILI 3112
TLT 3114
MEDSURG 3113
ALCOVE 3115
MEDSURG 3116
ILI 3117
ILI 3119
BARIATRIC 3118
ELEV #3
ELEV WAITING 3181
CORRIDOR 3182
CORRIDOR 3124
TLT 3042
STAFF 3041
SOILED 3159
STAFF TLT 3150
DIALYSIS 3161
CORRIDOR 3160
EQUIP ALCOVE 3162
MEDSURG 3127
MEDSURG 3129
ALCOVE 3131
MEDSURG 3132
MEDSURG 3134
ALCOVE 3136
MEDSURG 3137
MEDSURG 3139
ALCOVE 3165
NURSE STATION 3167
CORRIDOR 3153
MED PREP 3168
NOURISHMENT 3169
HOSPITALIST 3171
NURSE MGR 3172
CORRIDOR 3185
ELEV #2
ELEC 3174
TLT 3175
INFECTION CONTROL OFFICE 3176
LOBBY WAITING 3107

2023 Staffing Plan Overview

Department: Emergency Department

Date Updated: 12/5/2022

Author: Stephen Pettit, BSN, RN, CEN Emergency Department Manager

Nursing Department Overview

Description of the types of patients served in this nursing unit, including level of intensity and nature of care delivered:

32 bed Emergency department for community hospital. Level 4 trauma center. 10% pediatrics. 17% mental health patients. ESI levels from Level 1 to Level 5.

ESI 1 = 1% (near death)

ESI Level 2 = 25 % (Suicidal and Homicidal patients are a level 2 otherwise these are patient that are in fear of losing life or limb)

ESI /3 = 48%

ESI – 4 = 24%

ESI 5 = 1%

Primary Stroke Center

Level 2 Cardiac Center

- Average Daily census – 121
- Average number of admits per day – 15%
- Average number of transfers per day – 2.5%
- Average number of discharges per day - 74%
- Average length of stay – 249 minutes

Key Quality Indicators

Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators which are designated with an asterisk*:

- *Patient falls prevalence
- *Patient falls with injury
- *Pressure ulcer rate/prevalence
- *Nursing care hours per patient day
- *Skill Mix
- Medication errors
- Staff turnover/orientation costs
- Overtime costs / end of shift overtime / missed breaks incidental overtime

- Agency/ Traveler Usage
- Patient Satisfaction Data
- Data from professional organizations

Quality Indicator	Emergency Services
Patient Falls	Instituted sitting protocols and chair/bed alarms in the ED/Decreased falls
Patient Falls W/Injury	Instituted sitting protocols and chair/bed alarms in the ED/Have seen a decrease in falls with injury
Pressure Ulcer Rate	Doing skin checks on all transition patients with in 4 hours of admission and documenting pre existing pressure ulcers early upon admission
Nursing Care Hour Per Patient Visits	Closely monitor and utilizing agency staff as needed to keep safe nurse to patient ratios at a safe level
Skill Mix	Have a combination of licensed RNS and ED Techs to compliment care and provide safe care
Medication Errors	Review as close to real time as possible and review at monthly medication safety meetings. Share learnings with other units and other hospitals in our system when appropriate. Instituted formal coaching program house wide to address medication errors
Data From Professional Organizations	Incorporate and utilize the latest EBP from the ENA and ANA to guide safe and efficient care.
PEX Data	Utilize IHR and BSR as well as monitor and adjust guidance on monthly patient experience data.
Budget Metric*	2.7 WHPPV
Skill Mix*	● Charge RN = 1 per shift ● RNs = 4:1 ratio ● Techs = 8:1 ● HUCs = 1 per shift
Level of Experience (e.g. specialty Certifications and training)	<u>Mandatory training / education:</u> ● ACLS, PALS, NIHSS, TNCC <u>Specialty Certifications:</u> ● CEN
Agency / Traveler Usage	● Currently ED has 8 travelers to fill open core positions

Overtime costs (including end of shift, missed meal and rest breaks and incidental OT)	● Sign-up sheet used for breaks ● No meal clocked if staff did not get their breaks ● Staffed for break nurse ● Every attempt is made to ensure the staff get all of their breaks. At times due to patient care needs these breaks may be missed at which time the nurse is compensated for that missed rest period
Turnover	● 22%

Staffing Grid for Patient Census **Target Nursing Hours per 2.65**

Use this section to insert staffing grid(s) developed for varying levels of patient census or attach the department staffing grid to this document.

●

1 charge nurse per shift
1 triage nurse per shift
1 Float
1 break relief nurse
4:1 RN ratio
1 tech per 8 patients

Above Staffing Plan Contingent Upon the Following Supports / Considerations

This plan is contingent on staff caring for ED patients only. When boarding a high number of patients it sometimes becomes necessary to flex to 5:1 staffing in the ED. Float nurses may get pulled to help ease the load on the nurses with assignments.

Tech staffing is flexed as well based on the number of behavioral health patients in the department. Techs must be utilized to be constant observers of patients who are at harm to themselves or others.

What Situations Require Variations in Staffing?

Use this section to describe legitimate situations where additional staff may be required in order to provide safe patient care:

Department is staffed according to the arrival of patients based on arrival peak times of the day. When High levels of boarding and detained patients are in the department we staff to meet those needs to the

best of our ability. In extreme situations due to factors out of our control, such as excessive call outs or inability to fill core positions, we at times flex ratios.

How are Deviations in the Staffing Plan Addressed?

Describe ways that day to day staffing shortages are addressed to ensure patient care and safety is not compromised: Every effort is made to fill all ED core staffing openings. Manager and supervisor help in the department as need arises. Core positions filled with agency or travelers when available. Staffing incentives are also offered to entice core staff to pick up extra to fill needs. In addition leadership and staff meet monthly to discuss staffing challenges and recommendations for improvement based on the last month's data.

Chain of Command / Staffing Decision Tree

Process for Staffing Variation

What process is used to determine if extra staff is needed?

- ED charge nurses make daily assignments based on staffing plans. Charge nurse sends out staffing requests to all staff if volume and acuity dictate need. Consultation with either the manager or supervisor if the need is felt.

Who notifies whom?

- Email and call to staff. Manager and supervisor made aware of situation. Either Charge NUrse, Manager or Supervisor contact staff.

When in the shift should this occur?

- Calls are sent out at the beginning of shift or when need is noted by the charge nurse. Reevaluation of need is completed every 4 hours by the charge nurse.

Meal and Rest Breaks

What are the meal and rest break requirements for your department?

- The basic workday shall include a 30-minute meal period on the nurse's own time. This should be taken between the second and fifth working hour. It cannot be taken at the beginning or end of the shift and cannot be combined with rest breaks.
- Employees shall receive one 15-minute paid rest period for each 4 hours of work. It should be taken at or near the middle of each shift, but no later than 3 hours after the beginning of each half shift. They cannot be taken at the beginning or end of the shift and cannot be combined with meal breaks.

Annual Nurse Staff Survey

Are survey results reviewed with staff? What format was used? ● Staff meetings, shift huddles, e-mail, posted in the department
Layout of Patient Care Unit
● See Addendum A – Floor plan for Emergency Department including, placement of patient rooms, treatment areas, nursing stations, medication prep areas, and equipment.

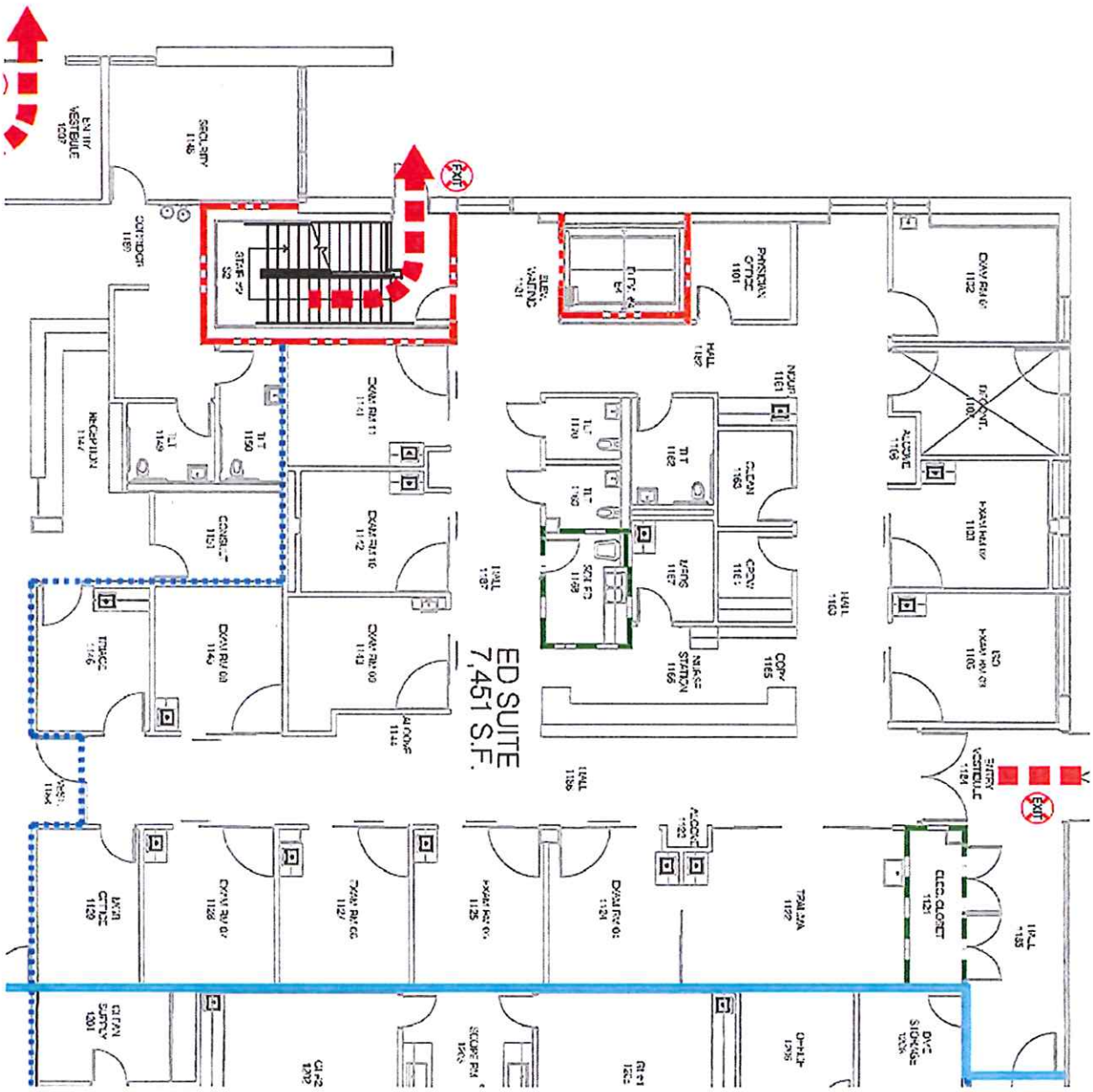
Committee Recommendations:

APPROVAL

Prepared By STEPHEN PETTIT, RN- EMERGENCY DEPT MANAGER

Approved By Deepak Devasthali- Chief Operating Officer

Next Review Date December 2023


ED SUITE
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2023 Staffing Plan Overview

Department: Perioperative Services

Date Updated: 12/21/2022

Authors: Tomlin, Stephanie; Manjarrez Delgado, Jaqueline

Nursing Department Overview

Description of the types of patients served in this nursing unit, including level of intensity and nature of care delivered: Pre/post and intraoperative care for surgical intervention: Orthopedic, General, Urology, Gynecology, ENT, Neurosurgery, Podiatry, Plastic, and Robotic surgical procedures.

- Average Daily census – This is a variable department ranging from 8-25 surgery procedures daily. This includes weekends where there are no elective surgical patients.
- Hours of operation for the department 0530-2300 with staff available on call after hours and on weekends for urgent/emergent cases. Sterile processing until 0130 weekdays.
- Weekday daily staffing support:
    1. 4 rooms until 1530
    2. 1 room until 1900
    3. Urgent add ons thereafter.

- Surgery Cases range from 30 minutes to 6 hours +
- Acuity of patients range from very healthy to critically ill
- Age: 6 months and older.
- ***Pediatric cases are scheduled as early morning cases and are screened according to the pediatric matrix. Exclusion criteria are:
    1. No one younger than 1 year of age that requires airway instrumentation
    2. No tonsillectomy cases on children with obstructive sleep apnea under age 4 due to risk of post op breathing complications.
    3. No children with known respiratory or cardiac disease.
    4. Children with genetic disorders.
    5. No inpatients younger than 15 years.
    6. History of RSV within 8 weeks prior to surgery

Key Quality Indicators

Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators, which are designated with an asterix*:

Quality Indicator	Emergency Services
Patient falls	0

<table>
<tr><td>prevalence*</td><td colspan="5"></td></tr>
<tr><td>Patient falls with injury*</td><td>Falls with NO injury</td><td colspan="2">Falls with MINOR injury</td><td colspan="2">Falls with Major Injury</td></tr>
<tr><td></td><td>0</td><td colspan="2">0</td><td colspan="2">0</td></tr>
<tr><td>Pressure Ulcer Prevalence*</td><td colspan="5">0</td></tr>
<tr><td>Central Line Infection Prevalence</td><td colspan="5">0</td></tr>
<tr><td>Catheter Associated UTI Prevalence</td><td colspan="5">0</td></tr>
<tr><td>Hospital Onset CDiff</td><td colspan="5">0</td></tr>
<tr><td>Medication Errors</td><td colspan="5">0</td></tr>
<tr><td></td><td>A = Near Miss</td><td>B = Error, Did Not Reach Pt</td><td>C = Reached Pt, No Harm</td><td>D = Reached Pt, No Harm, Required Monitoring/Intervention</td><td>E= Reached Pt, Caused Harm, Required Monitoring/Intervention</td></tr>
<tr><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Mislabeled Specimens</td><td colspan="5">0</td></tr>
<tr><td>Budget Metric*</td><td colspan="5">OR Case Hours
• Budgeted Volume 238 per Pay Period
• Target WHpU: 6.47</td></tr>
<tr><td>Skill Mix*</td><td colspan="5">• Charge RN = 2
• RNs = 17
• CNAs = 1
• Techs = 10
• HUCs = 2
• PSTs= 1
• Anesthesia Tech= 2</td></tr>
<tr><td>Level of Experience (e.g. specialty Certifications and training)</td><td colspan="5">• OR RNs: (minimum) associate degree in nursing, previous OR experience and/or residency in OR (Periop 101), prefer CNOR, Accucheck Glucometer, Anesthetic Waste Gases, Emergency Robot Undocking, COEMIGs, COE for orthopedic and spinal surgery, Tissue Storage & Issuance, Lipid Rescue, Blood Transport, CAPR, Nursing Care Bundles, Radiation Safety Training for Workers in the Dosimetry Program, Epic Intra-Op, Clinical Orientation (2 days)</td></tr>
</table>

	• OR STs: graduate of certified ST program or previous ST experience or documentation of OJT, prefer CST, Anesthetic Waste Gases, Emergency Robot Undocking COEMIGs, COE for orthopedic and spinal surgery, Tissue Storage & Issuance, Lipid Rescue, Blood Transport, CAPR, Radiation Safety Training for Workers in the Dosimetry Program, Epic for Techs • PACU/SADU RNs: (minimum) associate degree in nursing, previous PACU/SADU experience or minimum of 2 years' experience in critical care and PACU/SADU residency, prefer CPAN/CAPA. ACLS & PALS required, Urine HCG, Accucheck Glucometer, Anesthetic Waste Gases, COEMIGs, COE for orthopedic and spinal surgery, EOAM, Lipid Rescue, Blood Transport, CAPR, Swallow Screen, Nursing Care Bundles, Epic Pre-/Post-/PACU, Clinical Orientation (2 days) • ALL Periop Staff (OR, PACU/SADU, SPU): BLS, Safe Patient Handling and Movement, Fire Safety Training, Massive Transfusion Protocol, Malignant Hyperthermia, COEMIGs, COE for orthopedic and spinal surgery, Hazardous Drug Handling and Spill Clean Up, Blood Borne Pathogens, Globally Harmonized System of Classification and Labeling of Chemicals, Assistive Devices Training (one time), Highline Culture Day, HIV training • SPD techs: graduate from accredited program, previous SPD tech experience or documentation of OJT, prefer CRCST, Epic for Techs, Fire Safety Training, Blood Borne Pathogens, Globally Harmonized System of Classification and Labeling of Chemicals, Highline Culture Day, Quality Control, HIV training <u>Specialty Certifications:</u> • OR STs: CST 33% • SPD Techs: CRCST 60% • OR RNs: CNOR 70% • PACU/SADU & SPU RN: CCRN 7%; 7% are certified in non-related specialties (RN-BC and CNRN), also (none of the recovery services nurses are certified CPAN and/or CAPA, which is the PACU/SADU specialty certification; CCRN is recognized as related)
Agency / Traveler Usage	• FYTD Average Contract Staff Hours = 13.9% • Agency RNs from Favorites Staffing are used on a per diem basis. There is/are 0] RN(s) who pick up an average of 0 shifts each month. • Travel RNs from Medical Solutions are contracted on a regular basis to help cover staff on long-term medical leave (e.g. maternity leave) or to cover other full-time vacancies.
Overtime costs (including end of shift, missed meal and rest breaks and incidental OT)	• FYTD Average OT Percentage = 0.74%
Staff turnover (Note: does not include	Total Turnover = 10 • Voluntary Turnover = 8

transfers to other departments or other CHI-FH facilities)	• Involuntary Turnover = 1 • Internal Transfers = 1

Staffing Grid for Patient Census **Target Nursing Hours per OR staffing 1:1, Phase 1 Staffing 1:2; phase 2 staffing 1:3**

Use this section to insert staffing grid(s) developed for varying levels of patient census or attach the department staffing grid to this document.

[Insert matrix/staffing guidelines here] **OR staffing 1:1, Phase 1 Staffing 1:2; phase 2 staffing 1:3**

- Charge RN
- NA
- AORN

Above Staffing Plan Contingent Upon the Following Supports / Considerations

List other supports that your unit either receives from other units/departments or provides to other units and departments that impact staffing.

Support Provided:

- PACU is currently assisting Cardiac Cath in preop and recovery on Mondays and Fridays until staffing is more robust.
- PACU recovers GI patients for EBUS, ERCP and EGDs performed under full sedation.

Support Received:

- Materials Management provides a CS tech to periop.

What Situations Require Variations in Staffing?

Use this section to describe legitimate situations where additional staff may be required in order to provide safe patient care:

- 1:1 staffing in phase 1 recovery e.g. ICU or contact precaution patients.
- Ex: Multiple high acuity patients with complex treatments (e.g. blood transfusions, insulin drips, cardiac drips, pain management issues, Codes such as Neuro, Sepsis, STEMI, Trauma etc.)

How are Deviations in the Staffing Plan Addressed?

Describe ways that day to day staffing shortages are addressed to ensure patient care and safety is not

compromised:

- Cancel OR cases or consolidate prep/recovery staffing to one geographic area.

Chain of Command / Staffing Decision Tree

Process for Staffing Variation

What process is used to determine if extra staff is needed?

- Charge RN contact unit manager.

Who notifies whom?

- Charge RN to unit manager.

When in the shift should this occur?

- Beginning and every four hours.

When is extra staff scheduled for the entire shift, versus pulling staff from other areas to help nurses "catch up"

- Extra staff is never scheduled. Periop does not pull extra staff.

Meal and Rest Breaks

What are the meal and rest break requirements for your department?

- The basic workday shall include a 30-minute meal period on the nurse's own time. This should be taken between the second and fifth working hour. It cannot be taken at the beginning or end of the shift and cannot be combined with rest breaks.
- Employees shall receive one 15-minute paid rest period for each 4 hours of work. It should be taken at or near the middle of each shift, but no later than 3 hours after the beginning of each half shift. They cannot be taken at the beginning or end of the shift and cannot be combined with meal breaks.
- Acknowledgement of breaks and lunches are done prior to leaving at the end of shift in KRONOS.

Describe what the meal and break strategies are for your area and how you measure if they are working.

- OR uses a staggered staffing model. Evening shift will give breaks to day shift. Recovery services also uses a staggered staffing model. Sterile Processing take scheduled breaks and notify SPD Lead of lack of availability.

Annual Nurse Staff Survey

Are survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail)

- Reviewed at huddles and in newsletter
- Staff meeting via power point in morning 1 hour staff meeting in Cedar 1 & 2 monthly.

Layout of Patient Care Unit

- See Addendum A – Floor plan for [insert department name] including, placement of patient rooms, treatment areas, nursing stations, medication prep areas, and equipment.

Committee Recommendations:

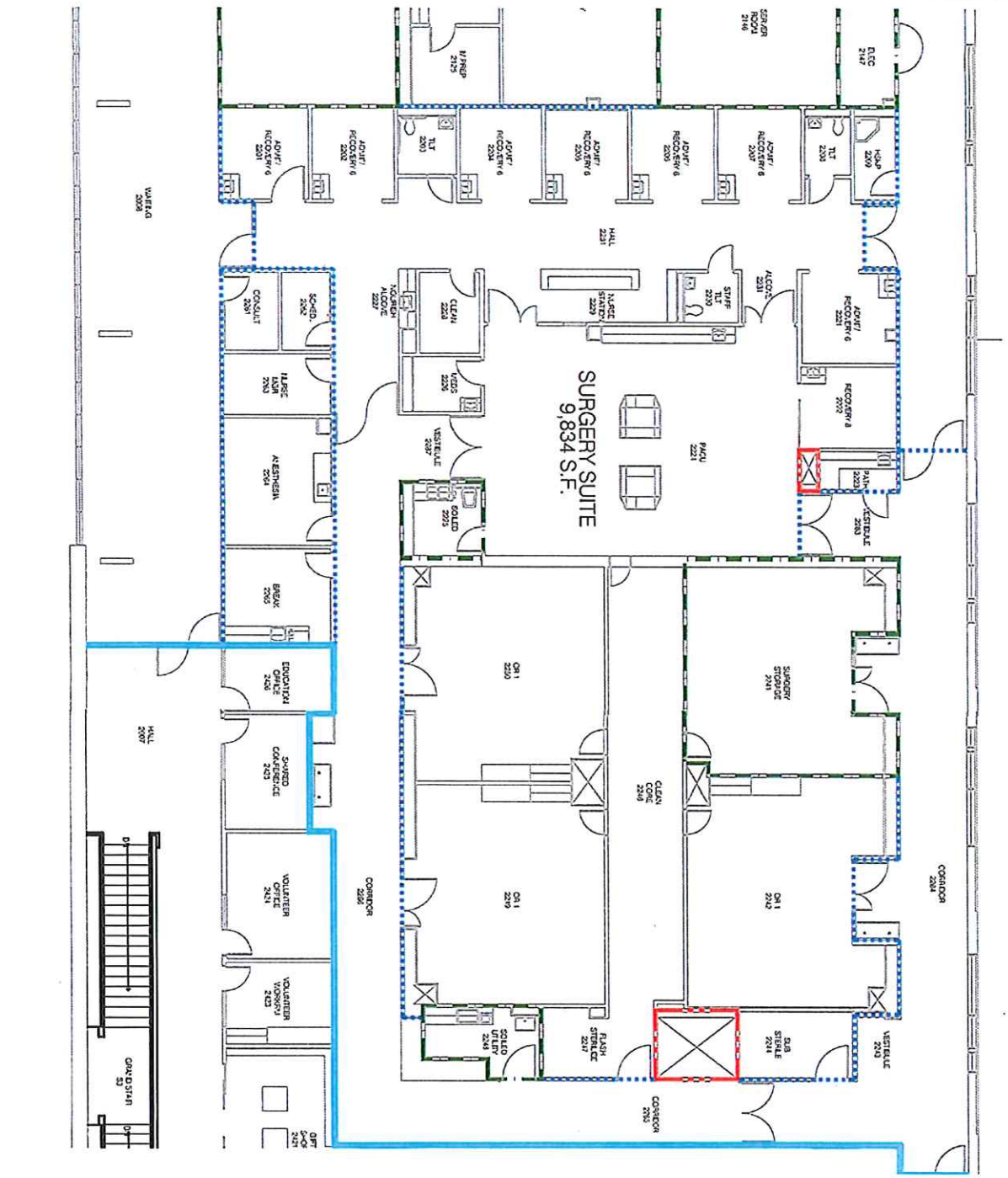
APPROVAL

Prepared By STEPHANIE TOMLIN, DIRECTOR, PERIOP SERVICES

DEEPAK DEVASTHALI, COO

APPROVED BY

Next Review Date June 30, 2023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RECOVERY 8
PACU
OR 1
SURGERY STORAGE
CLEAN CORE
SOILED UTILITY
FLASH STERILE
SUB STERILE
VESTIBULE
CORRIDOR
HALL
NURSE STATION
STAFF TLT
CLEAN
SOILED
ANESTHESIA
CONSULT
BREAK
EDUCATION OFFICE
SHARED CONFERENCE
VOLUNTEER OFFICE
VOLUNTEER WORKSPACE
GRAND STAIR
M PREP
SCRUB ROOM
ELEC
HSKP
TLT
WAITING

2023 Staffing Plan Overview

Department: **Family Birth Center**

Date Updated 12/14/2022

Author: Heather Olenik

Nursing Department Overview

Description of the types of patients served in this nursing unit, including level of intensity and nature of care delivered:

- Perinatal patients including:
  - Outpatient evaluation, treatment, as well as scheduled procedures
  - Labor, Delivery, Recovery of Vaginal and C-Section deliveries
  - Intra-operative C-Section deliveries and other maternity related operative procedures
  - Special Care Nursery (Level 2)
  - Mother and Newborn care from completion of birth recovery to discharge
  - Re-admission of Postpartum or Newborn patients with complications
  - Gynecological Surgical patients
  - Occasional off service patients that meet other criteria for admission and are appropriate for skill mix of nursing staff on this unit (i.e. Appendectomy, Pain Control)

- Average Daily census – 11
- Average length of stay – 2 days

Key Quality Indicators

Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators, which are designated with an asterisk*:

Quality Indicator	Emergency Services		
Patient falls prevalence*	Zero patient falls with injury FY2023 YTD		
Patient falls with injury*	Falls with NO injury	Falls with MINOR injury 0	Falls with Major Injury 0
	2		
Pressure Ulcer Prevalence*	0		

<table>
<tr><td>Central Line Infection Prevalence</td><td colspan="5">0</td></tr>
<tr><td>Catheter Associated UTI Prevalence</td><td colspan="5">0</td></tr>
<tr><td>Hospital Onset C. Diff</td><td colspan="5">0</td></tr>
<tr><td rowspan="3">Medication Errors</td><td colspan="5"></td></tr>
<tr><td>A = Near Miss</td><td>B = Error, Did Not Reach Pt</td><td>C = Reached Pt, No Harm</td><td>D = Reached Pt, No Harm, Required Monitoring/Intervention</td><td>E= Reached Pt, Caused Harm, Required Monitoring/Intervention</td></tr>
<tr><td>4</td><td>4</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Mislabeled Specimens</td><td colspan="5">2</td></tr>
<tr><td>Patient Satisfaction Data*</td><td colspan="5">• Communication with Nurses = FY2023 YTD = 58th percentile
• Responsiveness of Hospital Staff = FY2023 YTD = 87th percentile
• Hospital Cleanliness and Quietness = 98th percentile
• Overall Rating= 72rd percentile</td></tr>
<tr><td>Budget Metric*</td><td colspan="5">• 17.59 Hours per Adjusted Patient Day = FY2023 Budget
• 18.6 Hours per Adjusted Patient Day = FY2023 YTD Actual</td></tr>
<tr><td>Skill Mix*</td><td colspan="5">• Charge RN = 1 per shift
• Triage RN = 1 per shift
• RNs = Variable based on census and type/acuity of patients
• CNAs = 0
• Techs =1 per shift
• HUCs = 12 hours per day</td></tr>
<tr><td>Level of Experience (e.g. specialty Certifications and training)</td><td colspan="5">Mandatory training / education:
• BLS, NRP certification for RNs
• Fetal monitoring competency, STABLE (most staff), ACLS-OB (most staff), AWHONN MFTI, emergency drill participation, annual FAIRE participation
Specialty Certifications (Not Required):
• RNC – OB; IBCLC; Fetal Monitoring Cert</td></tr>
<tr><td>Agency / Traveler Usage</td><td colspan="5">• FYTD Average Contract Staff Hours = 256.36 YTD (Travelers)
• Agency RNs from Medical Solutions</td></tr>
</table>

Overtime costs (including end of shift, missed meal and rest breaks and incidental OT)	• FYTD Average OT Percentage = 5.21% • FYTD Average OT Hours PPE 163.71 hours
Staff turnover (Note: does not include transfers to other departments or other CHI-FH facilities)	Total Turnover = 1 • Voluntary Turnover = 1 • Involuntary Turnover =0 • Internal Transfers = 0

Staffing Grid for Patient Census **Target Nursing Hours per**

Use this section to insert staffing grid(s) developed for varying levels of patient census or attach the department staffing grid to this document.

See Addendum: Staffing Tool

- Charge RN flexes staffing as necessary during the shift and shift to shift
- As patient volumes/types/circumstances change, Charge RN may flex staffing up or down as needed
- Staffing guidelines are governed and adopted by national nursing profession: AWHONN

Above Staffing Plan Contingent Upon the Following Supports / Considerations

List other supports that your unit either receives from other units/departments or provides to other units and departments that impact staffing.

Support Provided:

- FBC Nursing staff respond to assist ED staff when patients present to ED and deliver precipitously or arrive in ED delivered
- FBC nursing staff also go to ED and provide fetal monitoring if pregnant patients present to ED with non-pregnancy related chief complaint
- FBC nursing staff go to other units to provide fetal monitoring/assessment when pregnant patients are admitted to acute care units for non-pregnancy related reasons

Support Received:

- Supported by hospital-wide emergency response team such as Code Blue and Rapid

Response
- Supported by nursing supervisor

What Situations Require Variations in Staffing?

Use this section to describe legitimate situations where additional staff may be required in order to provide safe patient care:

- Number and/or acuity of unplanned admissions exceeds capacity for staff already on duty to safely absorb until staffing turns over with next shift

How are Deviations in the Staffing Plan Addressed?

Describe ways that day to day staffing shortages are addressed to ensure patient care and safety is not compromised:

- Use this section to describe what process is used to determine if extra staff is needed.
  - Published AWHONN Staffing Standards (2022) guide staffing needed
  - Charge RN determines if extra staff needed based on current status of the department and criteria set forth in staffing guidelines
- Who notifies whom?
  - If Charge RN determines extra staff needed, she either seeks that help herself or delegates this work to a coworker
  - If Charge RN needs assistance, she seeks assistance from nursing sup or manager
- When in the shift should this occur?
  - Staffing reviewed/revised q 4 hours, but needs for additional staffing can be determined at whatever point it becomes necessary
- When is extra staff for the entire shift scheduled, versus pulling staff from other areas to help nurses "catch up"
  - Not typical for other areas to contribute staffing to FBC

Chain of Command / Staffing Decision Tree

Process for Staffing Variation

- Staff RNs work with Charge RN for workload re-distribution as unit flow of volume and acuity changes. Charge RNs can seek help from hospital supervisor and/or escalate to Family Birth Center leader resource (manager or director of nursing) for assistance to create safe staffing plan for real time situation for which the Charge RN requires assistance
-

Meal and Rest Breaks

What are the meal and rest break requirements for your department?

- The basic workday shall include a 30-minute meal period on the nurse's own time. This should be taken between the second and fifth working hour. It cannot be taken at the beginning or end of the shift and cannot be combined with rest breaks.
- Employees subject to WA HB 1155 will receive meal and rest periods in accordance with the statute.

Describe what the meal and break strategies are for your area and how you measure if they are working.

- There is a long established process that each staff member will work with coworkers to cover one another for break times. If the circumstances are such that an individual cannot, by working with coworkers, make this happen for herself, she must notify the Charge RN. It then becomes the responsibility of the Charge RN to assist the RN to make a plan for breaks. It might be the charge RN or the Triage nurse providing relief, or a nurse whose assignment may not be currently at full capacity (this is a fluid situation in obstetrics)
- In a circumstance where the Charge RN exhausts all options and cannot provide relief for a particular staff person's break, Charge RN will validate by noting on staffing sheet with initials

Annual Nurse Staff Survey

Are survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail)

- Annual MyVoice survey is conducted. Results are shared via written electronic communication, oral communication in huddles and discussion in staff meetings

What process improvement work has been completed on issues identified?

- Meal break process, use of triage RN, balancing of schedules

What was the results/plan of action?

- Scheduling process is led by staff RN with supervisory back up. All staff have the opportunity to ask questions and seek clarification. Less experienced staff can rely on Charge RN for help with breaks and work completion

Layout of Patient Care Unit

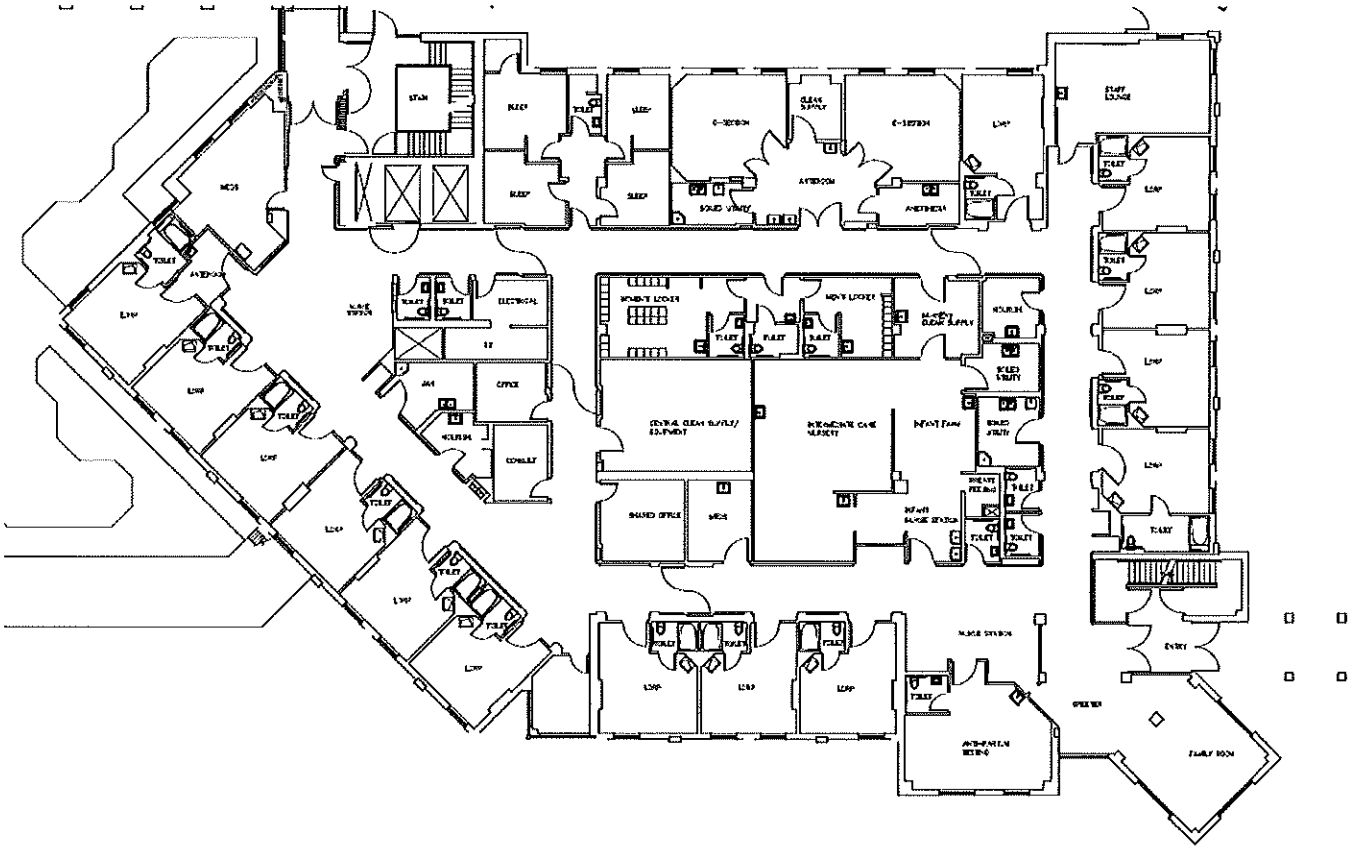
- **See Addendum – Family Birth Center floor plan and Staffing Guidelines**

Committee Recommendations:

APPROVAL

Prepared By	HEATHER OLENIK
APPROVED BY	DEEPAK DEVASTHALI
Next Review Date	12/2024

Floor Plan


NORTH
FOURTH CEDAR FLOOR PLA
1/16" = 1'-0" IF PRINTED ON 11X17 PAPER

FCBC Staffing Guidelines			Patient Type Code	RN:PT
Antepartum Complications: Stable (Examples)		Antepartum Complications: Unstable (Examples)	Triage stable	1:3
Gestational Diabetic, stable		MgSO4 unstable	VD (during deliv)	2:1
Preterm Labor, stable		Preterm Labor (cervix dilating)	C Section (during surg)	2:1
Pyelonephritis at viable GA		Gestational Diabetic, unstable	Recovery of Mom/Babe stable	1:1
Hyperemesis		Continuous monitoring, unstable	During Procedure (e.g. Ext Version)	1:1
			1:2 Labor	1:2
Examples of Labor where 1:2 RN to Patient ratio is appropriate		Examples of Labor where 1:1 RN ratio is indicated	1:1 Labor	1:1
Prodromal spontaneous labor		Active labor	Critical Patient Transfer	2:1
Cervical ripening		VBAC	Adv. Labor/Pushing	1:1
Morphine sleep		MgSO4	Demise (during deliv)	1:1-2
		Pitocin	Ante Complications:	
		Morbidly obese	Unstable	1:1
		Medical, Obstetrical complications	Complex MB Pair	1:1-3
Complex MB Pair		Insulin	Normal MB Pair	1:3
MgSO4		Uncontrolled pain	Special Care Nursery	1:3
PP Hemorrhage		Multiples birth	GYN or Gen Surg	1:4-5
VS every hour		Monitoring with Intermittent Ausc	Off service	1:3-6
Gyn or Gen Surgical (Examples)				
Hyst, Appe, D&C				

2023 Staffing Plan Overview

Department: Cath/IR Procedure Labs

Date Updated: 12/20/2022

Author: Toni Swenson, Director of Nursing Operations

Nursing Department Overview

Description of the types of patients served in this nursing unit, including level of intensity and nature of care delivered: Patients with wide variety of medical/surgical conditions who are able to be cared for with a 5:1 patient care ratio

- Average Daily census
  - 1-8 cath and IR procedures, both outpatient and inpatient
  - Team consists of 4 RNs and 2 techs
- Average number of admits per day
  - 2
- Average number of transfers per day
  - 0
- Average length of stay
  - 90 minutes

Key Quality Indicators

Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators, which are designated with an asterix*:

- Medication errors
- Universal protocol (time out) for every procedure
- Patient perception of pain management
- Staff turnover/orientation costs
- Agency Traveler use
- Patient satisfaction data

Budget Metric*	Worked hours per unit of service budgeted: 6.8040 Worked hours per unit of service actual: 5.6653
Skill Mix*	• RNs = 2 procedural, 2 pre/post recovery • Techs = 2

Level of Experience (e.g. specialty Certifications and training)	Mandatory training / education: • BLS • ACLS • Maintain licensure
Agency / Traveler Usage	• FYTD Average Contract Staff Hours = 121.25 per pay period ○ Nursing staff is all agency
Overtime costs (including end of shift, missed meal and rest breaks and incidental OT)	• FYTD Average OT Percentage = 2.03% • FYTD Average OT Hours PPE = 4.13

Staffing Grid for Patient Census Target Nursing Hours

Use this section to insert staffing grid(s) developed for varying levels of patient census or attach the department staffing grid to this document.

The charge RN in collaboration with the House Supervisor is responsible for flexing staff

Labs are staffed with two techs and four RNs Monday through Friday (Closed weekends and holidays)

Minimum staffing = 3 staff per procedure room (one RN and two techs)

Prep/recovery area staffed with 2 RNs M-F during normal business hours.

Above Staffing Plan Contingent Upon the Following Supports / Considerations

- Support DI/CT procedures requiring procedural sedation
- Nursing support for CVSN, TEE and bronchoscopy procedures

What Situations Require Variations in Staffing?

Use this section to describe legitimate situations where additional staff may be required in order to provide safe patient care: leaders function is patient care to replace for sick call, FMLA, PTO

How are Deviations in the Staffing Plan Addressed?

Deviations are escalated up the chain of command for problem solving – Manager, Director

Meal and Rest Breaks

What are the meal and rest break requirements for your department?

- The basic workday shall include a 30-minute meal period on the nurse's own time. This should be taken between the second and fifth working hour. It cannot be taken at the beginning or end of the shift and cannot be combined with rest breaks.
- Employees shall receive one 15-minute paid rest period for each 4 hours of work. It should be taken at or near the middle of each shift, but no later than 3 hours after the beginning of each half shift. They cannot be taken at the beginning or end of the shift and cannot be combined with meal breaks.

Describe what the meal and break strategies are for your area and how you measure if they are working.

Staff are rotated out for rest and meal breaks, if RN was primary for last case then next RN assumes care for the case that follows. CVT/IRT alternate scrub and monitor role to all for rest breaks. Department manager is able to give breaks.

Annual Nurse Staff Survey

Are survey results reviewed with staff? What format was used?

- Yes via staff meetings, shift huddles, and e-mail

Layout of Patient Care Unit

- See Addendum A – Floor plan

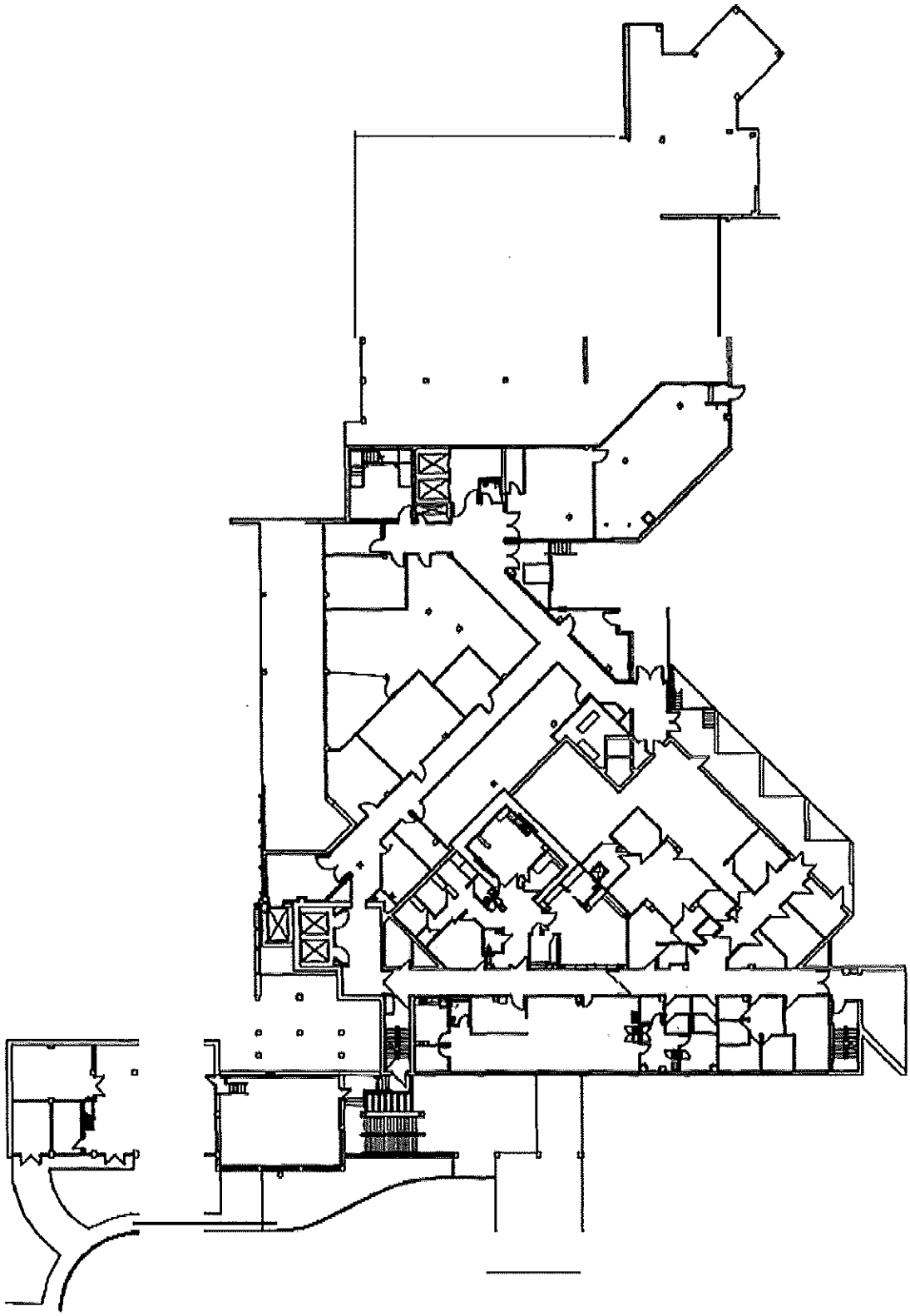
Committee Recommendations:

APPROVAL

Prepared By TONI SWENSON

Approved By Deepak Devasthali, COO

Next Review Date 12/2023



2023 Staffing Plan Overview

Department: Cancer Center

Date Updated: 12/20/2022

Author: Thuy Han, Manager

Nursing Department Overview

Description of the types of patients served in this nursing unit, including level of intensity and nature of care delivered: Ambulatory Hematology/Oncology and Infusion Center

- Average Daily census – Oncology Clinic: 35-45/day. Infusion: 14-20. Radiation Oncology: 14-20
- Average number of admits per day – n/a
- Average number of transfers per day – n/a
- Average number of discharges per day – n/a
- Average length of stay – n/a

Key Quality Indicators

Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators, which are designated with an asterix*:

Quality Indicator	Emergency Services		
Patient falls prevalence*	0		
Patient falls with injury*	Falls with NO injury	Falls with MINOR injury	Falls with Major Injury
	0	0	0
Pressure Ulcer Prevalence*	n/a		
Central Line Infection Prevalence	n/a		
Catheter Associated UTI Prevalence	n/a		
Hospital Onset CDiff	n/a		

<table>
<tr><td>Medication Errors</td><td colspan="5">1 from omitting medications.
4 from adverse reaction<table>
<tr><td>A = Near Miss</td><td>B = Error, Did Not Reach Pt</td><td>C = Reached Pt, No Harm</td><td>D = Reached Pt, No Harm, Required Monitoring/Intervention</td><td>E= Reached Pt, Caused Harm, Required Monitoring/Intervention</td></tr>
<tr><td></td><td></td><td>0</td><td>0</td><td>0</td></tr>
</table></td></tr>
<tr><td>Mislabeled Specimens</td><td colspan="5">0</td></tr>
<tr><td>Patient Satisfaction Data*
Living our Mission Dashboard</td><td colspan="5">• Wait time in RT area = [5-15 minutes, Goal is less than 5 minutes
• Managing RT side effects explained = 100 %, Goal is 100%
• Wait time in chemo area = [74% , goal is 100%
• Comfort of the chemo treatment area = [85-92% , goal is 100%
• Chemo staff courtesy = [100% , goal is 100%</td></tr>
<tr><td>Budget Metric*</td><td colspan="5">• Medical Oncology: 14 budget/Actual YTD – varies month to month
• Infusion (CPT): 396 budget/ Actual YTD –varies month to month
• Radiation Oncology (CPT): 309 budget/ Actual YTD varies month to month</td></tr>
<tr><td>Skill Mix*</td><td colspan="5">• Charge RN = 1
• RNs = 8 + 1 Nurse Navigator
• MAs = 3
• Radiation Therapist = 2.8
• Front Desk/check-in = 4 + 1 Referral Coordinator</td></tr>
<tr><td>Level of Experience (e.g. specialty Certifications and training)</td><td colspan="5"><u>Mandatory training / education:</u>
• Initial Chemotherapy Certification
• Annual Chemotherapy Certification
• Fundamental of Oncology
• Radiation Therapy Certification (ARRT)
<u>Specialty Certifications:</u>
• Oncology Nurse Certification = 2
• Oncology Nurse Navigator Certification = 1</td></tr>
<tr><td>Agency / Traveler Usage</td><td colspan="5">• FYTD Average Contract Staff Hours = 800
• Agency RNs from Favorites Staffing are used on a per diem basis. There is/are [0] RN(s) who pick up an average of [0] shifts each month.
• Travel RNs from HealthTrust are contracted on a regular basis to help cover staff on long-term medical leave (e.g. maternity leave) or to cover other full-time vacancies.</td></tr>
</table>

Overtime costs (including end of shift, missed meal and rest breaks and incidental OT)	• FYTD Average OT Percentage = MedOnc: 1.09%. Infusion: .88%. Radiation: 1.50 • FYTD Average OT Hours PPE = Medonc: 6.96. Infusion: 3.25. Radonc: 3.68 hours
Staff turnover (Note: does not include transfers to other departments or other CHI-FH facilities)	Total Turnover = [4 %] • Voluntary Turnover = [1 FYTD] • Involuntary Turnover = [0 FYTD] • Internal Transfers = [1 FYTD]

Staffing Grid for Patient Census **Target Nursing Hours per [Insert metric here] = [Insert target here]**

Use this section to insert staffing grid(s) developed for varying levels of patient census or attach the department staffing grid to this document.

[Insert matrix/staffing guidelines here]

Infusion Clinic

Census	Charge	RNs	MA
6	1	1	1
12	1	2	1
18	1	3	1
24	1	4	1

Clinic

Provider	RN	MA
Prov 1	1	1
Prov 2	1	1
Prov 3	1	1

Radiation Oncology

Census	RN	RTT
8	1	2
16-20		3

- [Insert who is responsible for flexing of staff] : Charge RN and Manager
- [Insert flexing guidelines, if applicable]: Calendar to track who is next on the list
- Staffing guidelines are governed and adopted by national nursing profession and [OCN, NCCN]

Above Staffing Plan Contingent Upon the Following Supports / Considerations

List other supports that your unit either receives from other units/departments or provides to other units and departments that impact staffing.

Support Provided:

- Assist with Vaccine clinic, Epic recovery

Support Received:

- Oncology Traveler RN from sister facilities (St. Francis, St. Clare)

What Situations Require Variations in Staffing?

Use this section to describe legitimate situations where additional staff may be required in order to provide safe patient care:

- Unexpected add on cases or complex cases requiring one on one care. Example first time chemotherapy requiring 4-6 hours one on one monitoring for reaction.
- Complex brain, head and neck patient requiring multiple set up for radiation treatment.

How are Deviations in the Staffing Plan Addressed?

Describe ways that day to day staffing shortages are addressed to ensure patient care and safety is not compromised:

- Call in per diem staffing
- Pull nurses from another department as they have been trained to cross-cover.
- Traveler Nurses

Chain of Command / Staffing Decision Tree

Process for Staffing Variation

What process is used to determine if extra staff is needed?

- Patient needing continuous treatment extending to Saturday and Sunday. Charge RN and Nurse Manager notify staff to volunteer or through rotation log.

When in the shift should this occur?

- Beginning of the shift and usually a week in advance notice and planning.

When is extra staff scheduled for the entire shift, versus pulling staff from other areas to help nurses "catch up"

- Extra staff scheduled for entire shift we have exceeded patients to staff ratio and to relieve others for lunches/breaks etc..

Meal and Rest Breaks

What are the meal and rest break requirements for your department?

- The basic workday shall include a 30-minute meal period on the nurse's own time. This should be taken between the second and fifth working hour. It cannot be taken at the beginning or end of the shift and cannot be combined with rest breaks.
- Employees shall receive one 15-minute paid rest period for each 4 hours of work. It should be taken at or near the middle of each shift, but no later than 3 hours after the beginning of each half shift. They cannot be taken at the beginning or end of the shift and cannot be combined with meal breaks.

Describe what the meal and break strategies are for your area and how you measure if they are working.

- Lunch breaks are stagger between 11 am – 2 pm and charge RN or extra RN relieve nurses for lunch.

Annual Nurse Staff Survey

Are survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail)

- Staff meetings, shift huddles and email.

What process improvement work has been completed on issues identified?

- New tasks and expectations are incorporated into daily workflow.
- Managers and charge RN audits weekly, monthly, quarterly and annually.

What was the results/plan of action?

- 90-100% compliance as staff are being held accountable.

Layout of Patient Care Unit

- See Addendum A – Floor plan for [insert department name] including, placement of patient rooms, treatment areas, nursing stations, medication prep areas, and equipment.

Committee Recommendations:

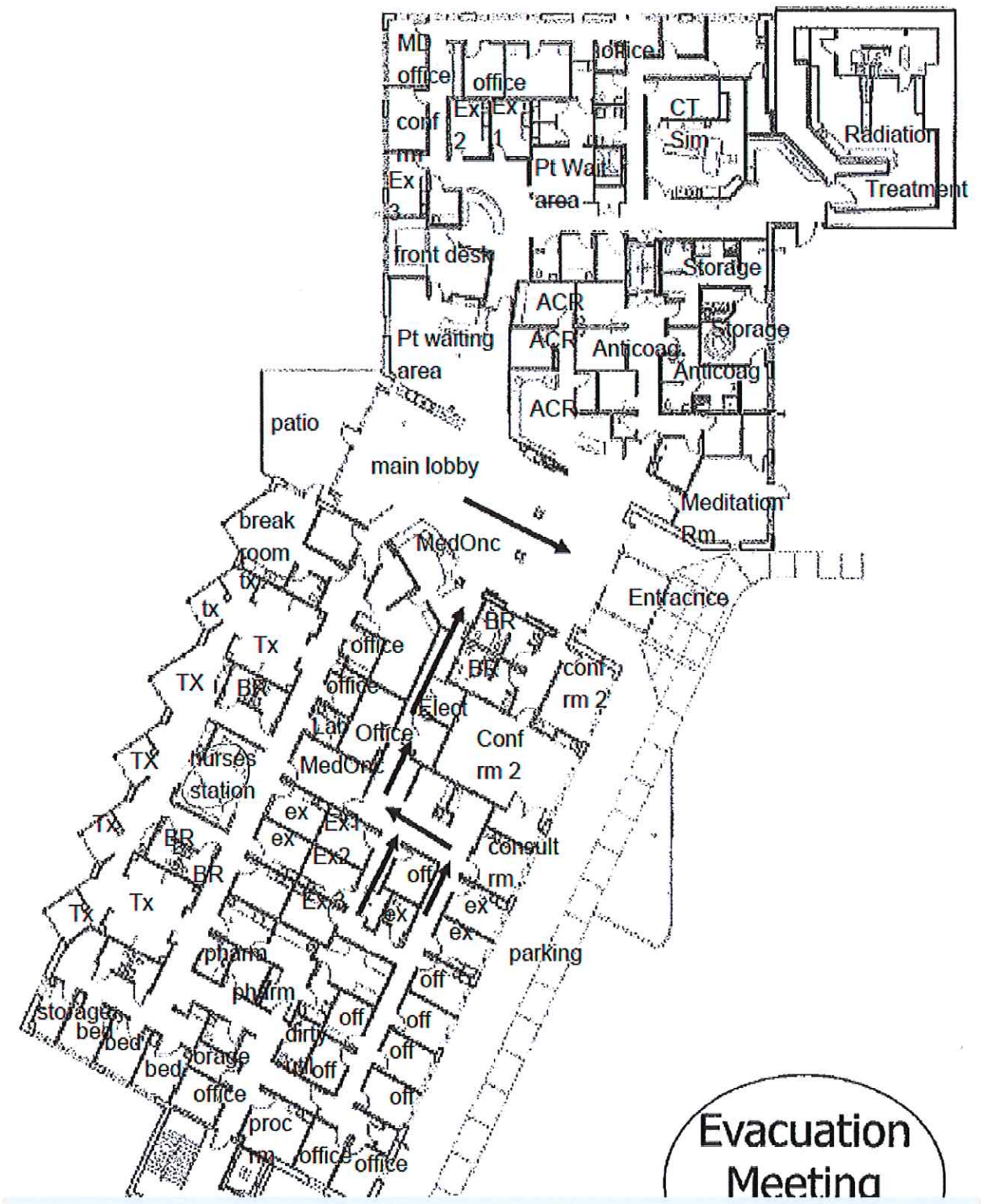
APPROVAL

Prepared By THUY HAN , MANAGER

Approved By _____

_____

Next Review Date _____


MD office
office
office
conf rm
Ex 2
Ex 1
Ex 3
Pt Wait area
CT Sim
Radiation Treatment
front desk
Storage
ACR
ACR
Anticoag
Storage
Anticoag
Pt waiting area
ACR
patio
main lobby
Meditation Rm
break room
MedOnc
Entrance
tx
tx
Tx
TX
BR
office
office
BR
BR
conf rm 2
Lab
Office
Conf rm 2
TX
nurses station
MedOnc
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Ex2
Ex3
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off
bed
storage
off
office
off
proc rm
office
office
Evacuation Meeting