

Cover Page

The following are the comprehensive nurse staffing plans for St. Elizabeth Hospital submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420 for the year 2022.

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Attestation Form

I, Anne Kent, Acute Care Services Manager for St. Elizabeth Hospital attest that 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 to the following elements:

- Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
- Level of intensity of all patients and nature of the care to be delivered on each shift; Skill mix;
- Level of experience and specialty certification or training of nursing personnel providing care;
- The need for specialized or intensive equipment;
- The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;
- Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
- Availability of other personnel supporting nursing services on the patient care unit; and
- Strategies to enable registered nurses to take meal and rest breaks as required by law or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff.

This staffing plan was adopted by the hospital on: November 15, 2022

As approved by (Name, Title)

Renee Espinosa VP/COO 11/16/22

Nurse Staffing Plan Scope

The following areas of the hospital are covered by the nurse staffing plan:

- Critical Care – 4 critical care beds that can accommodate either PCU or ICU
- Medical Surgical – 19 beds with ability to flex 2 rooms to accommodate PCU

Nurse Staffing Plan Critical Elements

The following represents critical elements about the nurse staffing plan:

Acute Care is a combined 19 bed Medical Surgical Unit, 4 bed Critical Care Unit with the ability to flex 2 Medical Surgical rooms to accommodate PCU patients.

In accordance with WAC 246-320-261, when critical care patients are present in the hospital, 2 RNs skilled and trained in critical care will be on duty and in the hospital at all times and immediately available to provide care to admitted patients. When no critical care patients are present, the hospital will strive to keep one RN on staff who is skilled and trained in critical care.

Acute Care supports Emergency Department by providing staff for one to one monitoring assignments
 Acute Care supports Rapid Response, Code Blue and Code Gray calls hospital wide
 Acute Care Charge RNs assist with discharge planning and hospital throughput
 Acute Care Charge RNs support patient placement and bed planning
 Acute Care Charge RNs assign patient care and break/lunch times
 Acute Care Charge RNs provide Pharmacy support when no Hospital Resource Nurse coverage available

Nurse Staffing Plan Matrices

Exhibit A – Acute Care Day Shift and Night Shift					
Projected Pt. Census for Combined Unit	Charge Nurse	RN	CNA (as applicable)	Health Unit Coordinator (as applicable)	Additional Support Staff/Other (as applicable)
0-3	1	2	0-1	0-1	
3-6	1	2-3	0-1	0-1	
6-9	1	2-3	0-1	0-1	
9-12	1	3-4	1-2	1	
12-15	1	3-4	2	1	
15-18	1	4-5	2	1	
18-21	1	5-6	2-3	1	
21-23	1	6	2-3	1	

- Matrices are developed as a guide for shift-by-shift unit-based staffing decisions and are adjusted up or down based on patient factors and skill-mix of hospital staff.
- Situations that may require variations in staffing may include, but are not limited to, when a local, state, and federal disaster/pandemic is called that could rapidly increase the volume of patients or limit staff's ability to either work or report to work.

Attestation Form

I, Nannette McKie, Emergency & Cardiopulmonary Services Manager for St. Elizabeth Hospital attest that 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 to the following elements:

- Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
- Level of intensity of all patients and nature of the care to be delivered on each shift;
Skill mix;
- Level of experience and specialty certification or training of nursing personnel providing care;
- The need for specialized or intensive equipment;
- The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;
- Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
- Availability of other personnel supporting nursing services on the patient care unit; and
- Strategies to enable registered nurses to take meal and rest breaks as required by law or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff.

This staffing plan was adopted by the hospital on: November 15, 2022

As approved by (Name, Title) Renee Espinosa VP/COO "1/16/22

Nurse Staffing Plan Scope

The following areas of the hospital are covered by the nurse staffing plan:

- Emergency Department – 12 ED Beds (includes 1 Trauma Bay)

Nurse Staffing Plan Critical Elements

The following represents critical elements about the nurse staffing plan:

Emergency Services takes care of any patient, of any age, with an illness or injury requiring immediate medical attention or believed to require immediate medical attention.

- ED attends all Code Blue, Rapid Response, and Code Gray calls throughout the hospital
- ED assists with difficult IV starts and phlebotomy when needed
- ED assists with procedures and patient monitoring in Diagnostic Imaging when needed

Nurse Staffing Plan Matrices

Exhibit A – 24-hour Daily Staffing Matrix					
Projected Daily Pt. Census (based on a 24-hr period)	Charge Nurse	RN	CNA or ER Tech (as applicable)	Health Unit Coordinator (as applicable)	Additional Support Staff/Other (as applicable)
0-18	2	2	0	1	
19-21	2	3	0	1	
22-26	2	4	0	1	
27-31	2	5	0	2	
32-34	2	5	0	2	
35-42	2	5	0	2	
43-46	2	6	0	2	
47-49	2	6	1	2	
50-53	2	7	1	2	
54-57	2	8	1	2	

- Matrices are developed as a guide for shift-by-shift unit-based staffing decisions and are adjusted up or down based on patient factors and skill-mix of hospital staff.
- Staffing will flex with patient acuity and needs between RNs, ER Techs, CNAs, and HUCs based on Charge Nurse assessment of real time situation.
- Situations that may require variations in staffing may include, but are not limited to, when a local, state, and/or federal disaster/pandemic is called that could rapidly increase the volume of patients or limit staff's ability to either work or report to work.

Attestation Form

I, Karen McLean, Endoscopy Services Manager for St. Elizabeth Hospital attest that 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 to the following elements:

- Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
- Level of intensity of all patients and nature of the care to be delivered on each shift; Skill mix;
- Level of experience and specialty certification or training of nursing personnel providing care;
- The need for specialized or intensive equipment;
- The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;
- Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
- Availability of other personnel supporting nursing services on the patient care unit; and
- Strategies to enable registered nurses to take meal and rest breaks as required by law or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff.

This staffing plan was adopted by the hospital on: November 15, 2022

As approved by (Name, Title)

Renee Espinosa VP / COO 11/16/22

Nurse Staffing Plan Scope

The following areas of the hospital are covered by the nurse staffing plan:

- Endoscopy Services – 2 procedure rooms, 4 recovery rooms

Nurse Staffing Plan Critical Elements

The following represents critical elements about the nurse staffing plan:

St. Elizabeth Hospital Endoscopy Lab is a 2-procedure room endoscopy suite that provides Gastroenterology (GI) procedures for both outpatients and inpatients. Only one procedure room is used at a time. Hours of operation are Monday, Tuesday, Wednesday and Friday from 0600-1800 (department may close depending on physician availability). *Propofol is being offered as primary sedation for patients. In the event the patient does not qualify for or refuses Propofol sedation, moderate sedation is also available.

- A float person (usually a tech) has been approved for use on Mondays and Wednesdays from 0800-1630 when the procedure schedule is full
- Floats on additional days are to be requested and approved by the GI Manager
- Acute Care, ED and FBC provide support with RRT, Code Blue and Code Gray calls in GI Lab
- Propofol sedation support is provided by Anesthesia MDs and CRNAs
- In the event an Endo Tech is not available to wash scopes, this department can request resources from the Sterile Processing Department (SPD)
- Float Pool CNA can be requested to provide patient transport and bed turn around in the event of low staffing in the department
- General staffing guidelines are governed and adopted by the Society of Gastroenterology Nurses and Associates (SGNA)

Nurse Staffing Plan Matrices

Exhibit A – Endoscopy Services				
Projected Pt. Census for Combined Unit	RN	Endoscopy Tech	Float Pool CNA	Additional Support Staff/Other (as applicable)
0-3 pts	4	2	0	
4-6 pts	4	2	0	
7-9 pts	4	2	0	
10-12 pts	4	2	1 as needed	
13-15 pts	4	2	1 as needed	
16-17 pts	4	2	1 as needed	
<ul style="list-style-type: none"> • No regularly scheduled evening or night shifts • Matrices are developed as a guide for shift-by-shift unit-based staffing decisions and are adjusted up or down based on patient factors and skill-mix of hospital staff. • Situations that may require variations in staffing may include, but are not limited to, when a local, state, and/or federal disaster/pandemic is called that could rapidly increase the volume of patients or limit staff's ability to either work or report to work. 				

Attestation Form

I, Jennifer Duran, Family Birth Center Manager for St. Elizabeth Hospital attest that 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 to the following elements:

- Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
- Level of intensity of all patients and nature of the care to be delivered on each shift;
Skill mix;
- Level of experience and specialty certification or training of nursing personnel providing care;
- The need for specialized or intensive equipment;
- The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;
- Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
- Availability of other personnel supporting nursing services on the patient care unit; and
- Strategies to enable registered nurses to take meal and rest breaks as required by law or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff.

This staffing plan was adopted by the hospital on: 11/15/2022

As approved by (Name, Title)

Renee Espinosa VP/COO 11/16/22

Nurse Staffing Plan Scope

The following areas of the hospital are covered by the nurse staffing plan:

- Labor and Delivery – 3 birthing suites
- Postpartum – 5 beds with ability to flex any room to accommodate antepartum or triage patients
- Perinatal beds – 2 adjacent “flip rooms” that can be incorporated into the unit for overflow of any patient care needs
- Level 1 nursery – single bed space for short term stabilization, monitoring or procedures can accommodate 2 isolettes if needed.
- Operating room – One OR in perioperative area reserved for OB surgical needs.

Nurse Staffing Plan Critical Elements

The following represents critical elements about the nurse staffing plan:

The Family Birth Center is a combined 8 bed Level 1 Labor, Delivery, postpartum, nursery and uncomplicated medical surgical Unit with the ability to flex 2 Medical Surgical rooms to accommodate additional patients.

American College of Obstetricians and Gynecologist (ACOG) and Society for Maternal-Fetal Medicine (SMFM) jointly developed Obstetric Care consensus of 2019 defines levels of maternity care wherein Level 1 (basic care) is defined as, “Care of low to moderate risk pregnancies with ability to detect, stabilize, and initiate management of unanticipated maternal-fetal or neonatal problems that occur during the antepartum, intrapartum or postpartum period until the patient can be transferred to a facility at which specialty maternal care is available.”

Guidelines for professional nurse staffing for perinatal units is based on recommendations from The Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN).

Family Birth Center supports Acute Care and Emergency Department by providing 1:1 sitters

Family Birth Center supports Rapid Response and Code Blue calls hospital wide

Family Birth Center provides remote service and specialty assessments of Emergency Department and Acute Care patients in pregnancy and during postpartum or lactation needs.

Nurse Staffing Plan Matrices

Exhibit A – Family Birth Day Shift and Night Shift				
Projected Pt. Census Labor & Delivery	Projected Pt. Census for Postpartum	Charge RN	RN	Additional Support Staff/Other (as applicable)
0	1	1	1 (2 if no HRN or SWAT)	
1	1	1	2	
0	2	1	1	
1	2	1	2	
0	3	1	2	
1	3	1	2	
0	4	1	2	
1	4	1	2+	
0	5	1	2	
1	5	1	2+ (add additional RNs for each perinatal patient to meet AWHONN requirements)	(consider float, on-call staff etc. to ensure adequate staffing depending on acuities)

- Matrices are developed as a guide for shift-by-shift unit-based staffing decisions and are adjusted up or down based on patient factors and skill-mix of hospital staff.
- Situations that may require variations in staffing may include, but are not limited to, when a local, state, and/or federal disaster/pandemic is called that could rapidly increase the volume of patients or limit staff's ability to either work or report to work.

Attestation Form

I, Teresa Fox, Perioperative Services and Infusion Center Manager for St. Elizabeth Hospital attest that 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 to the following elements:

- Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
- Level of intensity of all patients and nature of the care to be delivered on each shift;
Skill mix;
- Level of experience and specialty certification or training of nursing personnel providing care;
- The need for specialized or intensive equipment;
- The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;
- Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
- Availability of other personnel supporting nursing services on the patient care unit; and
- Strategies to enable registered nurses to take meal and rest breaks as required by law or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff.

This staffing plan was adopted by the hospital on: November 15, 2022

As approved by (Name, Title)

Renee Espinosa VP/COO 11/16/22

Nurse Staffing Plan Scope

The following areas of the hospital are covered by the nurse staffing plan:

- Surgery Admit & Discharge Unit (SADU)/Infusion Center – 8 Bays
- Post-Anesthesia Care Unit (PACU) – 4 Bays
- Operating Rooms (ORs) – 3 Rooms
- Sterile Processing Department – Decontamination, Sterile Processing, and Storage

Nurse Staffing Plan Critical Elements

The following represents critical elements about the nurse staffing plan:

- The American Society of Perianesthesia Nurses (ASPN), Association for Operating Room Nurses (AORN), International Association of Healthcare Central Service Materials Management (IAHCSCMM), and Association for the Advancement of Medical Instrumentation (AAMI) support staffing guidelines for Perioperative Services
- Perioperative Services runs a two operating room schedule daily from Monday through Friday with a third OR used for flipping rooms to facilitate the surgery schedule or for urgent/emergent add on cases.
- Staff in OR, SADU, PACU, and SPD are flexed daily depending on the patient census.
- SADU/Infusion Center balances surgery patient census with pre-scheduled infusion center patients. Infusion Center supports referral patients from primary care practitioners in the surrounding region.
- SADU supports IV and sedation needs in the Diagnostic Imaging Department.
- SADU supports regional Cardiology by performing elective Cardioversion in the PACU and CTCA treatments in DI.
- Perioperative services supports regional pediatric GI needs by performing outpatient GI procedures on pediatric patients ages 3 and up.
- One staff member for each job classification in each area are rotated and designated daily as break relief.
- Situations that may require variations in staffing may include, but are not limited to, when a local, state, and/or federal disaster/pandemic is called that could rapidly increase the volume of patients or limit staff's ability to either work or report to work.

Nurse Staffing Plan Matrices

***Matrices are developed as a guide for shift-by-shift unit-based staffing decisions and are adjusted up or down based on patient factors and skill-mix of hospital staff.**

Nurse Staffing Plan Submission – St. Elizabeth Hospital 2022

Exhibit A – SADU/PACU Staffing Plan					
Projected Patient Census	Charge Nurse	RN	Pre-Admit	Nursing Assistant/HUC	Anesthesia Support Coordinator
1-4 pts	1	1-2	1	0	0
5-10 pts	1	3-4	1	0	0
10-20 pts	1	4-5	1	0	0

- No regularly scheduled evenings or night shifts
- SADU RNs have limited call from 5:00PM or 6:30PM to 11:00PM on weekdays and from 8:00AM to 8:00PM on weekends
- PACU RNs have secondary call from 4:30PM to 6:00PM. They have first call on weekdays from 4:30PM to 7:00AM. PACU RN weekend call is from Friday at 4:30PM to 7:00AM Monday.

Exhibit B – OR Staffing Plan					
Projected Patient Census	Charge Nurse	RN	Surg Tech	Health Unit Coordinator (as applicable)	Anesthesia Support Coordinator
1-4 pts (One OR)	1	2	2	0	1
5-16 pts (Two ORs)	1	3-4	4-5	0	1

- No regularly scheduled evenings or night shifts
- OR RNs rotate call from 3:00PM to 7:00AM the following morning on weekdays and from 3:00PM Friday to 7:00AM Monday to cover weekends
- OR Techs also rotate call from 3:00PM to 7:00AM the following morning on weekdays and from 3:00 Friday to 7:00AM Monday to cover weekends
- When there are no surgery patients for the next day (projected patient census of zero), the OR RN and Surg Tech pulls and prepares for future surgery cases. For zero patients the team is placed on low census / standby. Office staff and pre-admit staff are also rotated for low census for zero to one surgery patient.

Exhibit C – SPD Staffing Plan					
SPD staffing	SPD Tech				
1-4 pts	2 techs Mon; 3 techs Tues - Fri				
5-16 pts	2 techs Mon; 3 techs Tues - Fri				

- No regularly scheduled evenings or night shifts for any unit in Perioperative Services.
- SPD Techs have limited call from 7:00AM to 3:30PM on weekends