

Cover Page

The following is the nurse staffing plan for **Confluence Health Central Washington Hospital** submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420.

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Attestation Form

Nurse Staffing Coalition

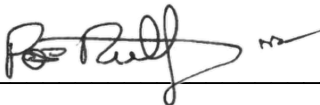
December 30, 2021

I, the undersigned with responsibility for Confluence Health Central Washington Hospital, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for 2021 and includes all units covered under our hospital license under RCW 70.41. This plan was developed with consideration given to the following elements (please check):

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

This staffing plan was adopted by the hospital on: 12-30-2021.

As approved by Peter Rutherford, MD, Confluence Health Chief Executive Officer.



Signature

Peter Rutherford, MD

Printed Name

12-30-2021

Date

Nurse Staffing Plan Purpose

This plan was developed for the management of scheduling and provision of daily staffing needs for the hospital, and to define a process that ensures the availability of qualified nursing staff to provide safe, reliable and effective care to our patients. This plan applies to all parts of the hospital licensed under RCW 70.41.

Nurse Staffing Plan Principles

- Access to high-quality nursing staff is critical to providing patients safe, reliable and effective care.
- The optimal staffing plan represents a partnership between nursing leadership and direct nursing care staff.
- Staffing is multifaceted and dynamic. The development of the plan must consider a wide range of variables.
- Data and measurable nurse sensitive indicators should help inform the staffing plan.

*These principles correspond to *The American Nursing Association Principles of Safe Staffing*.

Nurse Staffing Plan Policy

- The nurse staffing committee (committee) is responsible for the development and oversight of the nurse staffing plan to ensure the availability of qualified nursing staff to provide safe, reliable and effective care to our patients.
- The committee's work is guided by its charter.
- The committee meets on a regular basis as determined by the committee's charter.
- The committee's work is informed by information and data from individual patient care units. Appropriate staffing levels for a patient care unit reflect an analysis of:
 - Individual and aggregate patient needs;
 - Staffing guidelines developed for specific units of the hospital;
 - The skills and training of the nursing staff;
 - Resources and supports for nurses;
 - Anticipated absences and need for nursing staff to take meal and rest breaks;
 - Hospital data and outcomes from relevant quality indicators; and
 - Hospital finances.

*The American Nurses Association does not recommend a specific staffing ratio, but rather to make care assignments based on acuity, patient needs and staff competencies.

- The analysis of the above information is aggregated into the hospital's nurse staffing plan. Each individual patient care unit may use the Nurse Staffing Committee Checklist to guide their work.
- Staff continuously monitor individual and aggregate patient care needs and make adjustments to staffing per agreed upon policy and collective bargaining agreement (if applicable).
- The committee will perform a semiannual review of the staffing plan. If changes are made to the staffing plan throughout the calendar year, an updated staffing plan will be submitted to DOH.
- The hospital is committed to ensuring staff are able to take meal and rest breaks as required by law, or collective bargaining agreement (if applicable). The committee considers breaks and strategies to ensure breaks when developing the plan. A global break policy may be used, or individual patient care units may have discretion in structuring breaks to meet specific needs while meeting the requirements of the law. Data regarding missed or interrupted breaks will be reviewed by the committee to help develop strategies to ensure nurses are able to take breaks.

Nurse Staffing Plan Scope

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

- Intensive Care Unit
- Progressive Care Unit
- Medical/Oncology Unit
- Surgical/Orthopedic Unit
- Mother/Baby Unit, Labor & Delivery, Special Care Nursery
- Pediatrics Unit
- Medical Unit One
- Resource Unit
- Emergency Department
- Perioperative Services – Operating Room, Pre-op/Post-op, Recovery Room
- Endoscopy
- Cath Lab, Electrophysiology Lab, Interventional Radiology
- Home Health & Hospice
- Wound Care & Ostomy
- Inpatient Care Management
- Oncology Clinic & Infusion Center
- Internal Medicine/Infectious Diseases
- Cardiology Clinic – Wenatchee/Omak/Moses Lake
- Pulmonary Clinic
- Sleep Medicine
- Rheumatology Clinic – Wenatchee
- Endocrine Clinic - Wenatchee
- Women's Health Primary Care Clinic
- OB/GYN Clinic
- Neurosciences – Neurosurgery/Pain Block/Neuro Rehab/Physiatry/Neurology

Nurse Staffing Plan Critical Elements

The following represents critical elements about the nurse staffing plan:

- Census
- Admissions, Discharges, & Transfers
- Acuity
- Level of staff experience
- Staffing guidelines/recommendations per specialty nursing organizations
- Strategies to enable Registered Nurses to take breaks & lunches
- Availability of support staff
- The need for specialty or specialized equipment

Nurse Staffing Plan Matrices

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

Intensive Care Unit Staffing Guidelines

Unit Leadership:

Jackie Whited, RN, BSN Director

Toni Holder, RN, BSN Clinical Manager

Aura Battis, RN, Staff Representative

Day/Evening Steps:

1. 1 Charge nurse – Does not have a patient assignment
2. 1 RN for each 1:1
3. Divide the remaining patients by 2, 1 RN for each 2 patients. If an odd number, determine if:
 - a. If planned early morning OR/Cath Lab cases coming, or if no case until afternoon, do not have to staff for it in the morning
 - b. If TAVR is scheduled first case at 0730, a nurse needs to be ready to take that patient by 1000- TAVRs are *NOT 1:1's UNLESS* they receive general anesthesia
4. CNA and/or Unit Secretary – 1 Unit Secretary (or CNA/Unit Secretary) from 4 patients and up. CNA plus Unit Secretary at 6 patients and up. You can float the CNA out if no need in ICU. * This doesn't always mean there needs to be a CNA + a CNA/US, take all factors into consideration (acuity, skill mix, etc) *

Evening/Night Steps:

1. Charge nurse- Does not have a patient assignment
2. 1 RN for each 1:1
3. Divide the remaining patients by 2, 1 RN for each 2 patients. If an odd number, we probably need that extra half nurse.
4. CNA/US position for 5 patients and up. You can float the CNA out if no need in ICU. Expectation of this position is to float when needed. * This doesn't always mean there needs to be a CNA + a CNA/US, take all factors into consideration (acuity, skill mix, etc) *

CIRCULATOR RN: Refer to Circulating RN Criteria when planning staffing for the shift. Use of the Circulator will be evaluated at each staffing point.

Notes:

5. OHS patients are 1:1s only until extubated unless on an IABP. First case open heart patients may arrive before 1100, check the surgery schedule for time allotted for each case.
6. TAVR patients are 1:1s *for the first hour IF* they have received general anesthesia
7. Impella patients are 1:1s and will need 2 RNs *for the first hour*
8. Pneumonectomy patients *are 1:1s IF* they come direct from OR *for the first hour*
9. TEVAR with lumbar drains are 1:1s *for the first hour*
10. Insulin drips are not 1:1s
11. Hyponatremia patients are 1:1s until they move to Q2h labs
12. CNA/US role –This role can be low censused just like any other CNA if it is not needed due to low census/acuties/need for higher licensure level.
13. Do not staff an extra RN to “cover codes and RRTS”. This is not acceptable.
14. The staffing grid numbers are in API

Station Fill Guidelines:

1. There must always be two ICU RNs in house. If there are zero patients in ICU, these RNs can be house floating but cannot be assigned to patients. For very low numbers:
 - 1 patient – 3RNs, no CNA, no Unit Sec
 - 2 patients – 3 RNs – no CNA, no Unit Sec

CWH Nurse Staffing Plan for Submission to DOH

- 3 patients – 3 RNs, - no CNA, no Unit Sec
- 4 patients – 4 RNs, - plus a CNA/US or a Unit Sec (not both)

Progressive Care Unit Staffing Guidelines

Unit Leadership:

Jackie Whited, RN, BSN Director

Courtney Wallace, RN, MSN Clinical Manager

Leeza Thomas, RN Clinical Supervisor

Lorna Sebastian, RN, Staff Representative

PC3 Staffing Grid						
Day/Evenings With Charge			Evening/Nights With Charge			HPPD
# Pts.	RN	CNA	# Pts.	RN	CNA	
9	4	0	9	4	0	12.00
10	4	1	10	4	1	10.80
11	5	1	11	5	1	14.18
12	5	1	12	5	1	13.00
13	5	2	13	5	2	13.85
14	5	2	14	5	2	12.86
15	5	2	15	5	2	12.27
16	6	2	16	6	2	13.00
17	6	2	17	6	2	12.24
18	7	3	18	7	3	14.22
19	7	3	19	7	3	13.47
20	7	3	20	7	3	12.80
21	7	3	21	7	3	12.19
22	8	3	22	8	3	12.73
23	8	4	23	8	4	14.09
24	8	4	24	8	4	12.67
25	8	4	25	8	4	12.16
26	9	4	26	9	4	12.62
27	9	4	27	9	4	12.15
28	9	4	28	9	4	11.71
29	9	5	29	9	5	12.14
30	10	5	30	10	5	12.53
31	10	5	31	10	5	12.13
32	10	5	32	10	5	11.75
33	10	5	33	10	5	11.39
34	11	5	34	11	5	11.76
35	11	5	35	11	5	11.43
36	11	6	36	11	6	11.78
37	11	6	37	11	6	11.46
38	12	6	38	12	6	11.79
39	12	6	39	12	6	11.49
40	12	6	40	12	6	11.20
41	13	6	41	13	6	11.51
42	13	6	42	13	6	11.24
						12.31

CWH Nurse Staffing Plan for Submission to DOH

PC1 Staffing Grid

Days 0700-1500 With Charge				Day/Evenings 1500-1930 With Charge				Evening/Nights 1900-0730 With Charge				HPPD
# Pts.	RN	CNA		# Pts.	RN	CNA		# Pts.	RN	CNA		
2	2	0		2	2	0		2	2	0		24.00
3	2	0		3	2	0		3	2	0		16.00
4	2	1		4	2	1		4	2	1		18.00
5	2	1		5	2	1		5	2	1		14.40
6	3	1		6	3	1		6	3	1		16.00
7	3	1		7	3	1		7	3	1		13.71
8	3	2		8	3	2		8	3	2		15.00
9	4	2		9	4	2		9	4	2		14.67
10	4	2		10	4	2		10	4	2		14.40
11	4	2		11	4	2		11	4	2		13.09
12	4	3		12	4	2		12	4	2		13.67
13	5	3		13	5	2		13	5	2		13.54
14	5	3		14	5	2		14	5	2		13.43
15	5	3		15	5	2		15	5	2		12.53
16	5	3		16	5	2		16	5	2		11.75
17	6	3		17	6	2		17	6	2		12.47
												14.18

CWH Nurse Staffing Plan for Submission to DOH

Medical/Oncology Unit Staffing Guidelines

Unit Leadership:

Vaishali Bhide, RN, MBA Director

Heather Curry, RN, Clinical Manager

Dawa Sherpa, RN, Staff Representative

Current Staffing Patterns (Core):

# Pts.	DAYS 7AM-3PM		EVENINGS				NIGHTS 11PM-7AM		RN Hours	CNA Hours	Total Hours	HPPD			
	RN	CNA	3PM-7PM		7PM-11PM		RN	CNA							
			RN	CNA	RN	CNA									
12	4	2	12	4	2	12	4	2	12	4	2	96	48	144	12.0
13	5	2	13	5	2	13	4	2	13	4	2	108	48	156	12.0
14	5	2	14	5	2	14	4	2	14	4	2	108	48	156	11.1
15	5	2	15	5	2	15	4	2	15	4	2	108	48	156	10.4
16	6	2	16	6	2	16	5	2	16	5	2	132	48	180	11.3
17	6	3	17	6	3	17	5	2	17	5	2	132	60	192	11.3
18	6	3	18	6	3	18	5	3	18	5	3	132	72	204	11.3
19	6	3	19	6	3	19	5	3	19	5	3	132	72	204	10.7
20	6	3	20	6	3	20	6	3	20	6	3	144	72	216	10.8
21	7	3	21	7	3	21	6	3	21	6	3	156	72	228	10.9
22	7	3	22	7	3	22	6	3	22	6	3	156	72	228	10.4
23	7	3	23	7	3	23	7	3	23	7	3	168	72	240	10.4
24	8	4	24	8	4	24	8	3	24	8	3	192	84	276	11.5
25	9	4	25	9	4	25	8	3	25	8	3	204	84	288	11.52
26	9	4	26	9	4	26	8	4	26	8	4	204	96	300	11.5
27	9	4	27	9	4	27	8	4	27	8	4	204	96	300	11.1
28	9	4	28	9	4	28	9	4	28	9	4	216	96	312	11.1
29	10	4	29	10	4	29	9	4	29	9	4	228	96	324	11.2
30	10	4	30	10	4	30	9	4	30	9	4	228	96	324	10.8
31	10	5	31	10	5	31	9	4	31	9	4	228	108	336	10.8
32	10	5	32	10	5	32	10	4	32	10	4	240	108	348	10.875
33	11	5	33	11	5	33	10	4	33	10	4	252	108	360	10.9
34	11	5	34	11	5	34	10	4	34	10	4	252	108	360	10.6
35	11	5	35	11	5	35	10	4	35	10	4	252	108	360	10.3
36	11	5	36	11	5	36	10	5	36	10	5	252	120	372	10.3
37	12	5	37	12	5	37	11	5	37	11	5	276	120	396	10.7
38	12	5	38	12	5	38	11	5	38	11	5	276	120	396	10.4
39	12	6	39	12	6	39	12	5	39	12	5	288	132	420	10.8
40	12	6	40	12	6	40	12	5	40	12	5	288	132	420	10.5
41	13	6	41	13	6	41	12	6	41	12	6	300	144	444	10.8
42	13	6	42	13	6	42	12	6	42	12	6	300	144	444	10.571

Basic Rules - This is a guide. Talk to the charge RN re: acuity and needs.
There should be 2 Charge Nurses on the unit unless below 24 patients.

Surgical/Orthopedics Unit Staffing Guidelines

Unit Leadership:

Thea Wertman, RN, Director

Kim Kohlman, RN, Clinical Manager

Phil Davenport, RN, Staff Representative

Day/Evenings With Charge			Evening/Nights With Charge			Direct HPPD
# Pts.	RN	CNA	# Pts.	RN	CNA	
12	4	2	12	4	2	12.00
13	5	2	13	4	2	12.00
14	5	2	14	4	2	11.14
15	5	2	15	4	2	10.40
16	6	2	16	5	2	11.25
17	6	3	17	5	2	11.29
18	6	3	18	5	3	11.33
19	6	3	19	5	3	10.74
20	7	3	20	6	3	11.40
21	7	3	21	6	3	10.86
22	8	3	22	7	3	11.45
23	8	3	23	7	3	10.96
24	8	4	24	8	3	11.50
25	9	4	25	8	3	11.52
26	9	4	26	8	4	11.54
27	9	4	27	8	4	11.11
28	9	4	28	9	4	11.14
29	10	4	29	9	4	11.17
30	10	4	30	9	4	10.80
31	10	5	31	9	4	10.84
32	10	5	32	10	4	10.88
33	11	5	33	10	4	10.91
34	11	5	34	10	4	10.59
35	11	5	35	10	4	10.29
36	11	5	36	10	5	10.33
37	12	5	37	11	5	10.70
38	12	5	38	11	5	10.42
39	12	6	39	11	5	10.46
40	12	6	40	11	5	10.20
41	13	6	41	12	5	10.54
42	13	6	42	12	5	10.29

Mother/Baby Unit, Labor & Delivery, Special Care Nursery AWHONN Staffing Guidelines

Unit Leadership:
 Barb Lawson, RN, Director
 Tamaris Clark, RN, Clinical Manager
 Staff Representative - Vacant

Nurse-to-Woman or Nurse-to-Baby Ratio	Care Provided
Antepartum	
1 to 2-3	women during nonstress testing
1 to 1	woman presenting for initial obstetric triage
1 to 2-3	women in obstetric triage after initial assessment and in stable condition
1 to 3	women with antepartum complications in stable condition
1 to 1	woman with antepartum complications who is unstable
1 to 1	continuous bedside attendance for woman receiving IV magnesium sulfate for the first hour of administration for preterm labor prophylaxis and no more than 1 additional couplet or woman for a nurse caring for a woman receiving IV magnesium sulfate in a maintenance dose
1 to 2	women receiving pharmacologic agents for cervical ripening
Intrapartum	
1 to 1	woman with medical (such as diabetes, pulmonary or cardiac disease, or morbid obesity) or obstetric (such as preeclampsia, multiple gestation, fetal demise, indeterminate or abnormal FHR pattern, women having a trial of labor attempting vaginal birth after cesarean birth) complications during labor
1 to 1	woman receiving oxytocin during labor
1 to 1	woman laboring with minimal to no pain relief or medical interventions
1 to 1	woman whose fetus is being monitored via intermittent auscultation
1 to 1	continuous bedside nursing attendance to woman receiving IV magnesium sulfate for the first hour of administration; 1 nurse to 1 woman ratio during labor and until at least 2 hours postpartum and no more than 1 additional couplet or woman in the patient assignment for a nurse caring for a woman receiving IV magnesium sulfate during postpartum
1 to 1	continuous bedside nursing attendance during initiation of regional anesthesia until condition is stable (at least for the first 30 minutes after initial dose)
1 to 1	continuous bedside nursing attendance to woman during the active pushing phase of second-stage labor
1 to 2	women in labor without complications
2 to 1	birth; 1 nurse responsible for the mother and 1 nurse whose sole responsibility is the baby

CWH Nurse Staffing Plan for Submission to DOH

Nurse-to-Woman or Nurse-to-Baby Ratio	Care Provided
Postpartum and Newborn Care	
1 to 1	continuous bedside nursing attendance to woman in the immediate postoperative recovery period (for at least 2 hours)
1 to 3	mother-baby couplets after the 2-hour recovery period (with consideration for assignments with mixed acuity rather than all recent post-cesarean cases)
1 to 2	women on the immediate postoperative day who are recovering from cesarean birth as part of the nurse to patient ratio of 1 nurse to 3 mother-baby couplets
1 to 5-6	women postpartum without complications (no more than 2-3 women on the immediate postoperative day who are recovering from cesarean birth as part of the nurse to patient ratio of 1 nurse to 5-6 women without complications)
1 to 3	women postpartum with complications who are stable
1 to 5-6	healthy newborns in the nursery requiring only routine care whose mothers cannot or do not desire to keep their baby in the postpartum room
1	at least 1 nurse physically present at all times in each occupied basic care nursery when babies are physically present in the nursery
1 to 1	newborn boy undergoing circumcision or other surgical procedures during the immediate preoperative, intraoperative and immediate postoperative periods
1 to 3-4	newborns requiring continuing care
1 to 2-3	newborns requiring intermediate care
1 to 1-2	newborns requiring intensive care
1 to 1	newborn requiring multisystem support
1 to 1 or greater	unstable newborn requiring complex critical care
1	at least 1 nurse available at all times with skills to care for newborns who may develop complications and/or need resuscitation

Pediatrics Unit Staffing Guidelines

Unit Leadership:

Barb Lawson, RN, Director

Tamaris Clark, RN, Clinical Manager

Peggy Griffith, RN, Staff Representative

Nurse/patient assignment is 1:3, but acuity dependent. CNA's only as needed, not regular part of staffing.

Medical Unit One Staffing Guidelines

Unit Leadership:

Vaishali Bhide, RN, MBA, Director

Heather Curry, RN, Clinical Manager

Ericka Reinfeld, RN, Staff Representative

Current Staffing Patterns (Core):

Days 7 a.m. – 7 p.m. Evening 7 p.m. – 23 p.m. Nights 11 p.m. – 7 a.m.

# Pts.	RN	CNA		RN	CNA		RN	CNA		Total Hours	HPPD
4	2	0		2	0		2	0		48	12
5	2	1		2	1		2	1		72	14.4
6	3	1		2	1		2	1		84	14
7	3	2		2	2		2	2		108	15.42
8	3	2		3	2		3	2		120	15
9	4	2		3	2		3	2		132	14.66
10	4	2		3	2		3	2		132	13.2

Resource Unit Staffing Guidelines

Unit Leadership:

Kim Collier, RN Director

Steve Dickens, RN, Clinical Manager

Lala Romero, RN, Staff Representative

Resource Staffing Grid D/E:

3-4 RNs

2-3 CNAs

1-2 Stat RNs

1-2 Stat CNAs

1 House Supervisor

1 Staffing Office Clerk

1 PPE Trained Observer

Resource Staffing Grid E/N:

2-3 RNs

3-4 CNAs

1-2 Stat RNs

1 Stat CNA

1 House Supervisor

1 Staffing Office Clerk

1 PPE Trained Observer

Emergency Department Staffing Guidelines

Unit Leadership:

Kelly Allen, RN, ED Director

Leslie Kees, RN, Clinical Manager

Erin Schwartz, RN, Staff Representative

Day/Evening:

- 1 Charge Nurse (0645-1915): does not have an assignment
- 4 RNs (0700-1930)
- 1 RN (0900-1730)
- 2 Emergency Department Techs (EDT) (0700-1930)
- 1 Unit secretary (0630-1900)

Evening:

- 1 RN (1000-2230)
- 1 RN (1100-2330)
- 1 RN (1100-2300) Designated SANE/Break RN
- 1 RN (1300-0130)
- 1 EDT (1000-2230)
- 1 RN (1400-0230)
- 1 EDT (1500-0330)

Eves/Night:

- 1 Charge Nurse (1845-0715): does not have an assignment
- 4 RNs (1900-0730)
- 2 EDTs (1900-0730)
- 1 Unit Secretary (1830-0700)

	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800
RN	5	5	6	7	9	9	10	11	11	11	10	10
EDT	2	2	2	3	3	3	3	3	4	4	4	4
US	1	1	1	1	1	1	1	1	1	1	1	1
	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600
RN	10	10	10	9	7	7	6	6	5	5	5	5
EDT	4	4	4	3	3	3	3	3	2	2	2	2
US	1	1	1	1	1	1	1	1	1	1	1	1

Surgical Services – Operating Room Staffing Guidelines

Unit Leadership:

Liz Dittbrender, MSN RN Perioperative Service Director
Dawna Fox, BSN RN, Clinical Manager
Joleen Ochs BSN, RN Peri-Op Supervisor
Rachel Kelly, BSN RN, Peri-Op Educator/Supervisor
Vacant Position – Staff Representative

D/E Weekdays

10 rooms staffed until 1700. 5 rooms staffed until 1930. 2 rooms staffed until 2130
Including Charge, Cardiac, and SSR
21-23 RNs
18-20 CST
3-4 Anesthesia Techs
10 SST/ Core Techs
1 Perfusionist on standby
2-3 RNFA's

Friday

Including charge, Cardiac, and SSR
15-17 RNs
12 CST
3 Anesthesia Techs
10 SST/Core Techs
1 Perfusionist on standby
1-2 RNFA

Surgery Dept. Weekend D/E

2 RNs scheduled with 2 more on standby
2 Cardiac RNs on standby
1 CST scheduled with 1 more on standby
2 Cardiac CST on standby
1 Anesthesia Tech on standby
1 SST on standby
1 Perfusionist on standby

Weekend Night (Fri and Sat) Standby 1900 to 0700

2 RNs on standby
2 Cardiac RNs on standby
1 CST on standby
2 Cardiac CST on standby
1 Anesthesia Tech on standby
1 Perfusionist on standby

Weeknight (Sun-Thurs) 2100-0700

- 1 RN on standby
- 2 Cardiac RNs on standby
- 1 CST on standby
- 2 Cardiac CST on standby
- 1 Anesthesia Tech on standby
- 1 Perfusionist on standby
- 1 SST on COVID standby- when able to staff

Holiday D/E 0700 to 1930

- 3 RNs on standby
- 2 Cardiac RNs on standby
- 2 CST on standby
- 2 Cardiac CST on standby
- 1 Anesthesia Tech on standby
- 1 SST on standby
- 1 Perfusionist on standby

Surgical Services – Pre-Op and Post-Op Unit Staffing Guidelines

Unit Leadership:

Liz Dittbrender, RN, MSN, Director of Perioperative Services

Tonya Rivera, RN, Peri-Op Clinical Manager

Billie Ritzke, RN, Peri-Op Supervisor

Cynthia Konicke, RN, Staff Representative

Pre-Admit Office Hours 0800-1830

RNs (used to backfill for sick calls and as staffing resource when patient census is high)

Staff	Monday	Tuesday	Wednesday	Thursday	Friday
RNs	3	3	3	3	3

Pre-Op Hours 0500-1700

Charge RNs (0530-1800)

RNs (Shift start times – 0515, 0530, 0545, 0600)

HUC (0500-1330)

CNA (Shift start times – 0530, 0545)

Staff	Monday	Tuesday	Wednesday	Thursday	Friday
Charge RN	1	1	1	1	1
RNs	7	5	7	5	5
HUC	1	1	1	1	1
CNA	2	2	2	2	2

*Mondays & Wednesdays Cataract/Eye block (3 additional RNs needed and 1 additional CNA)

Post-Op Hours 0800-2130

RNs (Shift start times – 0800, 0900, 1030)

CNA

HUC

Staff	Monday	Tuesday	Wednesday	Thursday	Friday
RNs	7	6	7	6	6
CNA	3	2	3	2	2
HUC	2	2	2	2	2

Total RNs	17	15	17	15	15
Total Staff	26	22	26	22	22

CWH Nurse Staffing Plan for Submission to DOH

- Pre-Op breaks/lunches during the gaps of patients arriving
- Post-Op breaks/lunches – RNs assigned to cover
- Staffing Office is not utilized in this area for ill calls
- Increase in NORA block approved on Fridays
- Same day D/C for Total Joints, Spines, GYN & Cardiac cases that used to go to inpatient
- Staffing adjustments based on patient census expected to come through the department from Recovery Phase I, OR, NORA (non-anesthesia procedures)

1 patient: 2 RNs
2 patients: 2 RNs
3 patients: 2 RNs
4 patients: 2 RNs and 1 CNA
5 patients: 2 RNs and 1 CNA
6 patients: 2 RNs and 1 CNA
7 patients: 3 RNs and 2 CNAs
8 patients: 3 RNs and 2 CNAs
9 patients: 3 RNs and 2 CNAs
10 patients: 4 RNs and 2 CNAs
11 patients: 4 RNs and 2 CNAs
12 patients: 4 RNs and 2 CNAs
13 patients: 5 RNs and 3 CNAs
14 patients: 5 RNs and 3 CNAs
15 patients: 5 RNs and 3 CNAs
16 patients: 6 RNs and 3 CNAs
17 patients: 6 RNs and 3 CNAs
18 patients: 6 RNs and 3 CNAs
19 patients: 7 RNs and 3 CNAs

Recovery Room Staffing Guidelines

Unit Leadership:

Liz Dittbrender, RN, MSN, Director of Perioperative Services
 Tonya Rivera, RN, Peri-Op Clinical Manager
 Billie Ritzke, RN, Peri-Op Supervisor

Recovery Hours 24/7 for 365 days

Mandatory Call Department

RNs (0730, 0800, 0830, 0900, 0930)

RNs (2100-0730 Friday-Saturday Eve/Night On Call)

RNs (2100-0730 Sunday-Thursday Eve/Night Call LOU)

Staff	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
RNs (Day)	8	8	8	8	7	2	2
RNs (E/N Friday-Sat On Call)					2	2	
RNs (E/N Sun-Thurs Call-LOU)	2	2	2	2			2
Total	10	10	10	10	9	4	4

- Recovery breaks/lunches during the gaps of patients arriving
- RNs work 10 and 12 hours shifts with weekend and holiday standby and call back
- 2 RNs work mandatory on call weekday E/N shift on Sunday at 2100 until Friday at 0730-LOU
- Follow ASPAN Guidelines (Ratio RN/Patient):
 - 1:2 extubated stable patients
 - 1:1 for intubated patients
 - 2:1 ICU unstable patient overflow
 - 2:1 Pediatric patients
- Charge RN takes patient assignments
- No transport - RNs transport their own patients to the next level of care
- Staffing adjustments based on patient census in the Recovery Phase I and OR

1 patient: 2 RNs

2 patients: 2 RNs – Need assistance to transport patient to keep 2 liscensed staff with patient in Recovery

3 patients: 3 RNs

4 patients: 4 RNs

5 patients: 5 RNs

6 patients: 6 RNs

7 patients: 7 RNs

8 patients: 8 RNs

9 patients: 8 RNs with 1 RN doubling with a low acuity 1st patient and regular acuity patient as the 2nd patient

10 patients: 8 RNs with 2 RNs doubling with a low acuity 1st patient and regular acuity patient as the 2nd patient

11 patients: 8 RNs with 3 RNs doubling with a low acuity 1st patient and regular acuity patient as the 2nd patient

Endoscopy Staffing Guidelines

Unit Leadership:

Liz Dittbrender, RN, MSN, Director of Perioperative Services

Tonya Rivera, RN, Peri-Op Clinical Manager

Endoscopy Hours 24/7 for 365 days

Mandatory On Call weeknights, weekends, and holidays

Staff	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN (0700-1730)	1	1	1	1	1		
RNs (0700-1930)	2	3	2	3	3	1	1
Techs (0700-1930)	3	3	3	3	3	1	1

RNs (1930-0700)	1	1	1	1	1	1	1
Techs (1930-0700)	1	1	1	1	1	1	1

- Procedures are done in OR #12, main OR, and at patient bedside
- 1 Team = 1 RN and 1 Tech
- 1 Team on call at all times when department has no scheduled cases
- Staffing plan updated to reflect additional block time effective 7/1/2021
- Breaks/lunches are covered by float team if available. Procedure room pauses if no coverage available.
- Will be scheduling 1 RN and 1 Tech in addition to the On Call Team on Saturdays and Sundays

Interventional Lab Services:
Electrophysiology Lab, Interventional Radiology and Cath Lab Staffing Guidelines

Unit Leadership:
Brenda Yost, Director
Ashleigh Zutter, RN, Manager
Madeline Orr, RN, Staff Representative

Intervention Lab Staffing Grid Mon-Fri Days

8 RNs
8 CVT/RTs
1 Scheduler

Interventional Lab Staffing Grid Mon-Fri Call

2 RNs
2 CVT/RTs

Interventional Lab Staffing Grid Sat/Sun Call

2 RNs
2 CVT/RTs

Home Care Services Staffing Guidelines

Unit Leadership:

Megan Collyer, MSW, Director Home Care Services
 Tana White, OT, Clinical Manager
 Randi Marshall, RN, Clinical Supervisor
 Lisa Bauer, RN, Staff Representative

Skill Mix:

- Admission RN
- RN Case Managers
- Charge RN
- Weekend Relief Charge RN
- RN Wound Specialists
- LPN Visiting Nurse
- Physical Therapy
- Occupational Therapy
- Speech Language Pathology
- Medical Social Workers
- Certified Nursing Assistant

*Staffing Grid – Calculated by Caseload. (RNs manage approximately 65% of total HH caseload)

Role	Hours/PP	Core Caseload
Charge RN	80	1
Admission RN	80	3
Admission RN	80	5
Weekend Admission (Pool)	20	0
Admission RN/Lymphedema	80	0
W/E Charge/Palliative Care	48	0
Wound RN Lead	80	3
Wound Team RN	80	0
Case Manager	64	13
Case Manager/LPN Partner	70	24
LPN (orientation)	64	
Case manager	70	13
Case Manager	60	19
Case Manager (Chelan)	80	17
Case Manager	24	7
2 Pool RNs		

Call Nights

- 1 Primary Call RN weekdays 4:30 PM to 0800 the next day with 1 back up standby RN covering the same hours. (This role covers both HH and Hospice).

Call Weekends

- 1 Primary Call RN for 24 hours (0800 to 0800 the next day) with 1 RN back up standby Call for the same hours (This role covers both HH and Hospice)

Charge RN Weekends

- A 10-hour relief Charge RN every Saturday and Sunday. Duties to include rest breaks for Primary Call RN, scheduling and PRN visits.

Other Personnel Assigned to Support Nursing Services:

- Clinical Manager
- RN Clinical Supervisor
- Medical Assistant – Care Coordinator
- Administrative Assistant
- Department Secretary
- Intake RN and MA
- Quality Specialist RN (shared with Hospice)
- Utilization Review RN
- 2 Clinical Documentation RNs (shared with Hospice)
- Certified Coding Specialist (shared with Hospice)

Specialized Equipment:

- Infant Phototherapy Units (DME is now covering this equipment)
- Electrical Stimulation
- Doppler
- Ultrasound
- Vital Stim

Report on Last Year's Action Plan:

We have seen a decrease in RN FTEs, with 3 current RN Case Manager openings and 1 RN Pool.

Request Changes for 2022:

Do not anticipate needing additional FTEs (other than current openings) to meet census demands.

Hospice Staffing Guidelines

Unit Leadership:

Megan Collyer, MSW, Director Home Care Services

Tana White, OT, Clinical Manager

Randi Marshall, RN, Clinical Supervisor

Lisa Bauer, RN, Staff Representative

Skill Mix:

- Admission RN
- RN Case Managers
- Charge RN
- RN On Call Position
- RN Pool
- Hospice Medical Director
- Hospice Team Physicians
- Medical Social Workers
- Chaplains
- Certified Nursing Assistants
- MSW Volunteer Coordinator
- PT, OT, SLP for Consultation

*Staffing Grid – Calculated by Caseload.

Role	Hours/PP	Core Caseload
Charge RN	80	
Primary Admit W/E	60	
Primary Admit W/E	70	
Every Weekend RN	70	
Weekend/Backup Admission/GIP	70	
Weekend/Backup Admission/GIP	70	
Weekend Relief Charge	60	
Backup Admission/Float	60	
Case Manager	80	15
Case Manager	80	13
Case Manager	80	16
Case Manager	80	13
Case Manager (Chelan)	80	11
Case Manager	80	12
Case Manager	64	13
Case manager/Shared	60	11
Case Manager/Shared	72	15
Traveler RN	80	16
Pool RN/Shared CM Team		17
On Call RN	80	0

Call Nights

- 1 Primary Call RN weekdays 4:30 PM to 0800 the next day with 1 back up standby RN covering the same hours. (This role covers both HH and Hospice).

Call Weekends

- 1 Primary Call RN for 24 hours (0800 to 0800 the next day) with 1 RN back up standby Call for the same hours (This role covers both HH and Hospice)

Charge RN Weekends

- A 10-hour relief Charge RN was added every Saturday and Sunday. Duties include assuming primary triage when OC RN requires rest, coordination of staff schedules and assignments and as needed visits.

Current On Call Model

- 4 80-hour salaried RNs that rotate 7 days of call and 7 days off call. Call starts at 1630 on Tuesday and ends Tuesday AM at 0800.

Requested Changes for 2022

- We currently have 3 open RN Case Manager positions in Hospice. When filled, we should be able to meet census demands.

Wound Care and Ostomy Specialist Staffing Guidelines

Unit Leadership:

Susanne Cushman, MS, CCC-SLP, Director of Rehabilitation Services

Stacey Malstead, Rehabilitation Services Manager

Monday Through Friday (day shift only):

Monday: 3 RNs, 2 Rehab Aides

Tuesday: 3-4 RNs, 2 Rehab Aides

Wednesday: 3 RNs, 2 Rehab Aides

Thursday: 3 RNs, 2 Rehab Aides

Friday: 3 RNs, 2 Rehab Aides

Saturday (day shift only):

1 RN OR 1 Wound Certified Physical Therapist & 1 Rehab Aide

Inpatient Care Management Staffing Guidelines

Unit Leadership:

Stacy Canada, RN, MSN, Director of Care Management

Heather Hubbs, MSW, Supervisor

Taleah Lankhaar, RN, Staff Representative

Days: Monday-Friday 8am-5pm

- 1 RN Case Manager/ PC1 and MU1, PCU, ICU, SOU, Team Surgical, 5 E, 5 W. Pediatrics and Mother/Baby by referral only
- 1 RN Charge
- 1 MSW / ED, MU1 and Pediatrics, ICU, PC1 and SOU, 5 E and 5 W
- 1 Administrative Assistant
- 3 Discharge Coordinators cover the hospital
- 1 CMA/ PC1 and MU1, PCU and ICU, SOU and Team surgical, 5 E, 5 W, Insurance Pre-Authorization/ Admin Assistant coverage
- 3 Pool RNCM
- 1 Pool MSW

Days: Saturday and Sunday 8am-5pm

- 2-3 RN CMs, 1 CMA, 1 MSW

Holidays: 8am-5pm

- 1-2 RN CMs

Staffing Ratios:

- 1 RN CM/20-25 beds
- 1 MSW/35-45 beds
- 1 DCC/50-75 beds
- 1 CMA per 25-35 beds

Oncology Clinic & Infusion Center Staffing Guidelines

Staffing for Infusion is based on acuity. Each patient is assigned acuity based on time of infusion, number of drugs in treatment, interventions required by RN and potential for adverse reaction to medications in treatment. The acuity levels assigned are 1-5. The standard is to have a ratio of one nurse to 15-22 acuity level.

- A. There are 6 Medical Oncologists and 3 ARNPs who provide service at all three locations of Wenatchee, Moses Lake and Omak.
- B. Wenatchee Oncology:**
 - a. 3 – 7 Oncology Providers (MD/ARNP/DNP) depending on outreach needs and vacation
 - b. 3 - 7 Medical Assistants depending on number of providers
 - c. 1 Triage RN
 - d. 3-5 Nurse Navigators 5 days per week
- C. Wenatchee Infusion:**
 - a. 6-7 Infusion Nurses depending on acuity and number of patients
- D. Moses Lake Oncology:**
 - a. 1 Oncology Provider 3-4 days per week
 - b. 1 MA
 - c. 1 Nurse Navigator 4-5 days per week
- E. Moses Lake Infusion:**
 - a. 2-3 Infusion Nurses depending on acuity and number of patients
- F. Omak Oncology:**
 - a. 1 Oncology Provider 4-5 days per week
 - b. 1 Nurse Navigator 4-5 days per week
 - c. 1 MA 4-5 days per week
- G. Omak Infusion:**
 - a. 2-3 Infusion Nurses depending on acuity and number of patients

Internal Medicine and Infectious Diseases

Internal Medicine

Number of patients per day: Average 70 patients per day

Requirements of Staff/Skill Mix:

- Daily Staffing: (the range shows the minimum number required up to the maximum available)
 - 2 - 4 Physicians staff the department
 - 6 - 7 MAs depending on number of providers scheduled per day
 - 1 - 2 RN's, minimum of one RN needed to cover department. ARNP to cover RN if needed.

Support staff to include receptionists and Case Management

Infectious Diseases

Number of patients per day: Average 10 patients per day

Requirements of Staff/Skill Mix:

- Daily Staffing: (the range shows the minimum number required up to the maximum available)
 - 1-2 Physicians staff the department
 - 1-2 MAs depending on number of providers scheduled per day
 - 1 RN's, minimum of one RN needed to cover department. ARNP to cover RN staffing if needed.

Support staff to include receptionists and Case Management.

Cardiovascular Outpatient Clinic Staffing Guidelines

Number of patients per/day: 80-220 in Wenatchee; 10-20 in Omak; 10-30 in Moses Lake

Requirements of Staff/Skill Mix:

There are 5 General Cardiologists, 5 Interventional Cardiologists, 2 Electrophysiologists and 8 Cardiology APPs who may provide services at any of our three locations in Wenatchee, Moses Lake, and Omak.

- 2 Vascular Surgeons, who provide services in Wenatchee and Moses Lake.
- 2 Cardiothoracic Surgeons and three CTS APPs who provide services in Wenatchee.
- 3 Interventional Radiologists and one IR APP who provide services in Wenatchee.
- Daily Staffing ranges include the minimum to maximum based on the number of providers scheduled each day.

Wenatchee Cardiovascular:

- 3-9 Cardiovascular Providers (MD/PA-C/ARNP/DNP) depending on outreach needs and vacation
- 4 RN – Nurse Navigators
- 2 RN – Device Clinic
- 1 RN – Nurse Clinician – Vascular/CT Surgery/IR
- 1 RN – Structural Heart Coordinator
- 8-15 MAs depending on number of providers

Moses Lake Cardiovascular:

- 1-2 Providers (3-5 days per week)
- 1 permanent APP 5 days a week
- 1 RN – Nurse Navigator
- 1 Device RN – Wednesday Only
- 1-2 MAs

Omak:

- 1-2 Providers (3-4 days per week)
- 1 RN – Nurse Navigator
- 1 Device RN – Monday Only
- 1 MA

Support Services available in departments by referral:

- Echo Sonography
- Vascular Sonography
- Nuclear Medicine
- Device Clinic
- Ambulatory Monitors

Staffing Plan to cover RNs for planned and unplanned leave is to utilize other RN staff in the department to perform necessary duties.

Pulmonary Staffing Guidelines

Number of patients per day: 35-55 in Wenatchee; 10-15 in Omak and Moses Lake

Pulmonary Requirements of Staff/Skill Mix:

- There are 4 Pulmonologists and 1 PA-C who provide services between Wenatchee, Moses Lake, and Omak.
- Daily Staffing ranges include the minimum to maximum based on the number of providers scheduled each day.

- **Wenatchee Pulmonary:**
 - 2 - 5 Pulmonary Providers
 - PA-C split between pulmonary and sleep medicine 25/75.
 - 4-5 MA-Cs depending on number of scheduled providers
 - 1 Resource MA-C
 - 1 Consult/Triage RN
 - 2 Pulmonary Technicians (RT)
- **Moses Lake Pulmonary**
 - 1 Pulmonary Provider (MD/PA-C) 1-2 days per week. Virtual visits being utilized.
- **Omak Pulmonary**
 - 1 Pulmonary Provider or MD 2 days per month. Virtual visits being utilized
 - 1 MA

- Support services available in department includes reception staff and RT for Pulmonary function lab.

Sleep Medicine

Number of patients per day: 0 - 50

Requirements of Staff/Skill Mix:

- There are 2 physicians and 2 APPs who provide services: 1-4 providers per day
- 0-6 Sleep Techs
- Provider will cover triage
- 1-5 MA-Cs

Rheumatology Staffing Guidelines

Number of patients per day: 80-100 in Wenatchee; 25-35 in Omak; 35-55 in Moses Lake

Requirements of Staff/Skill Mix:

- There are 2 Rheumatologists who provide service between Wenatchee, Moses Lake and Omak.
- Daily Staffing ranges include the minimum to maximum based on the number of providers scheduled each day.
- Wenatchee
 - 2-3 Rheumatology physicians
 - 2-4 MA-Cs
 - 1 Consult/Triage RN
- Moses Lake
 - 1 Rheumatology Provider 3 days per month. Virtual options being utilized.
- Omak
 - 1 Rheumatology Provider 2 days per month. Virtual options being utilized.
 - 1-2 Medical Assistants
- Support services available in department includes reception and prior authorization staff.

Staffing Plan to cover Triage RN for planned and unplanned leave: Staff with Medical Specialty pool RN.

Endocrinology Staffing Guidelines

Number of patients per day: 30-50 in Wenatchee

Requirements of Staff/Skill Mix:

- Daily Staffing ranges include the minimum to maximum based on the number of providers scheduled each day.
- There are 2 Endocrinologists who provide service in Wenatchee
- Wenatchee Endocrinology:
 - 3 Endocrinologists
 - 3 MA-Cs
 - 1 Consult/Triage RN
- Support services available in department include reception staff, and Diabetic Educator.

Staffing Plan to cover Triage RN for planned and unplanned leave: Staff with Medical Specialty pool RN

Women's Health Primary Care Staffing Guidelines

Number of patients per day: 17-51

Requirements of Staff/Skill Mix:

- There are 2 Physicians and 3 PA-C's
- Daily Staffing: (the range shows the minimum number required up to the maximum available)
 - 1 - 2 Physicians
 - 0 - 3 PA-C's
 - 2 - 5 Medical Assistants depending on number of providers
 - 1 - 2 RNs
 - 0 – 1 RN Supervisor
 - 1 – 4 receptionists
- Support Services available in department:
 - Integrated Behavioral Health
 - Case Manager

Staffing Plan to cover Triage RN's for planned and unplanned leave: Utilize the RN in OBGYN. RN supervisor to cover Triage if needed.

OBGYN Staffing Guidelines

Number of patients per day: 60-140

Requirements of Staff/Skill Mix:

- There are 8 Physicians and 1 ARNP/Midwife
- Daily Staffing: (the range shows the minimum number required up to the maximum available)
 - 3 - 8 Physicians
 - 0 – 1 ARNP/Midwife
 - 3 - 6 Medical Assistants depending on number of providers
 - 0 – 1 LPN's
 - 1 - 3 RN's
 - 0 – 1 RN Supervisor
 - 1 – 7 Support staff to include receptionists, staffing coordinator, scheduler, and interpreter
 - 0-1 Lactation RN
- Support Services available in department:
 - Integrated Behavioral Health
 - Maternity Support Services Case Manager
 - Ultrasound Sonographer
 - Genetic Counselor
 - Certified Lactation consult Nurse

Neurosciences:

Neurosurgery/Pain Block/Neuro Rehab/Physiatry/Neurology Staffing Guidelines

Neurosurgery:

Number of patients per day: 0 – 70

Requirements of Staff/Skill Mix:

- There are 3 physicians and 4 APPs who provide services; 0 – 7 total providers per day
- 1 Triage RN. Providers cover triage when RN unavailable
- 1 – 6 MAs
- 1 Referral coordinator
- 1 Prior Auth Specialist

Pain Block:

Number of patients per day: 1 – 14

Requirements of Staff/Skill Mix:

- 1 physician per day
- 1 – 2 triage RNs per day with a minimum of 1 triage RN
- 1 Radiology Tech provided by DI department
- 1 – CNA if needed to assist with staffing needs

Neuro Rehab Physiatry:

Number of patients per day: 0 - 21

Requirements of Staff/Skill Mix:

- 0 – 2 physicians per day
- 1 Triage RN. Provider will cover triage when RN unavailable
- 0 – 3 MAs
- Reception staff shared by all Neurosciences departments

Neurology:

Number of patients per day: 0 – 100

Requirements of Staff/Skill Mix:

- There are 6 physicians and 2 APPs who provide services; 1 – 8 providers per day
- 0 – 3 Neurodiagnostic Techs
- 1 Triage RN. Provider will cover triage when RN unavailable
- 1 – 8 MAs
- 1 Prior Auth Specialist
- Reception staff shared by all Neurosciences departments
- Integrated Behavioral Health Provider