Home Health & Hospice Nurse Staffing Matrix
Effective April, 2022

Role	Approved Staffing	Current Staffing	Goal Staffing
RN Case Manager	7.8	4	8
Staff RN	0.3	0.3	0.3
Per Diem Staff RN	2	2	2
Staff LPN	0	0	2
Per Diem LPN	0	0	2
TOTAL RN FTE	8.1	4.3	8.3
TOTAL LPN FTE	0	0	2

- Home Health and Hospice staff work primarily day shift 8 AM to 4:30 PM
- Weekend and holidays are rotated by all FTE staff; Per Diem staff per contract
- After hour call is rotated between all RN's
- Staff will see 6 visit equivalents per day. A visit equivalent is equal to 1.2 hours or 80 minutes. Visit types are adjusted by adding equivalents to the visit to account for a lengthier visit or travel. The following table defines the visit equivalents:

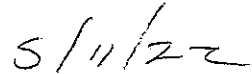| Visit Type	Home Health	Hospice
Routine Follow Up	1.0	1.5
Start of Care	2.0	3.0
Recertification of Care	2.0	2.0
Resumption of Care	1.5	1.5
Complex IV Patient	1.5	1.5
Travel > 60 miles	1.0	1.0

- Visit acuity is reviewed on a case by case basis. High acuity needs are assigned 1.5 points. The RN case manager will review acuity needs with the Clinical Manager to approve any adjustments to the visit equivalent points

- RN's working 1.0 FTE are considered Case Managers. They coordinate the care and services that the patient receives and are responsible for interdisciplinary communication and the overall patient outcomes and patient satisfaction. This means they assure the patients are on the schedule for the appropriate visit frequency and intervention, and anticipate visits needed when they are on vacation or absent. They are responsible for the discharge or transfer of the patient

- Case Management is also calculated by an acuity system where home health patients count as 1 point and hospice patients count as 2 points. Full time (1.0 FTE) RN Case Managers can carry a caseload of 16 points. RN Case Managers who are 0.8 FTE can carry a caseload of 13 points.

- Due to the nature of Home Health and Hospice, meal/rest breaks are individually scheduled by staff based on assigned patient schedule. If the staff are unable to take a rest or meal break, they will contact their clinical manager or designee to discuss options for a break
- The staffing matrix will be reviewed twice annually in the department with updates to senior leaders to request additional staff as needed to meet this matrix.
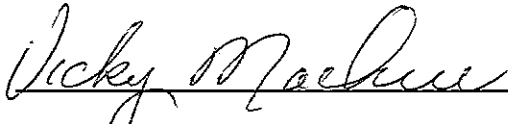- The goal staffing target will allow us to grow the home health and hospice census

Approved:
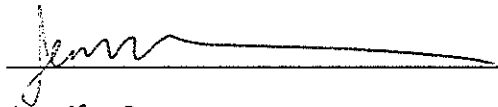
_____   _____
Julie Petersen, Chief Executive Officer   Date   5/11/22

_____   _____
Vicky Machorro, Chief Nursing Officer   Date   5-10-22

_____   _____
Jennifer Crane,   Date   5-10-22
Chair Nurse Practice Committee, Safe Staffing

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Kittitas Valley Healthcare
Your Home for Health

ED Unit
Core Staffing Matrix
Effective July 17, 2022

	F-S-S-M	T-W-TH	7 Days Week
	RN	RN	PCT
0700-0800	2	2	1
0800-0900	2	2	1
0900-1000	3	3	1
1000-1100	3	3	1
1100-1200	4	4	1
1200-1300	4	4	2
1300-1400	4	4	2
1400-1500	4	4	2
1500-1600	4	4	2
1600-1700	4	4	2
1700-1800	4	4	2
1800-1900	4	4	2
1900-2000	4	4	2
2000-2100	4	4	2
2100-2200	4	3	2
2200-2300	4	3	2
2300-0000	3	3	2
0000-0100	3	3	1
0100-0200	3	3	1
0200-0300	3	3	1
0300-0400	2	2	1
0400-0500	2	2	1
0500-0600	2	2	1
0600-0700	2	2	1

RN Shifts:

07:00 - 19:00
07:00 - 15:00
09:00 - 19:00
11:00 - 21:00
11:00 - 23:00
15:00 - 03:00
15:00 - 23:00
19:00 - 07:00

PCT Shifts:

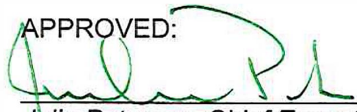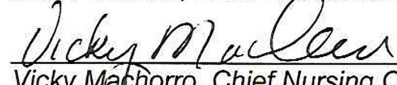| |
|---|
| 06:00 - 18:00 |
| 12:00 - 00:00 |
| 18:00 - 06:00 |

Per Diem:

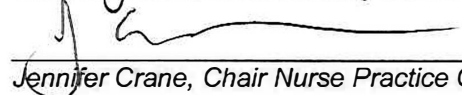| |
|---|
| ED RN = 10 |
| ED PCT = 6 |

Guidelines for ED staffing

- WAC 246-320-281 sets the standard that at least one registered nurse skilled and trained in emergency care services be on duty and in the hospital at all times who is immediately available to provide care.
- The standard for ED patients is 1 RN for every 3-4 patients. Patients may require either 1:2 or 1:1 based on patient acuity.
- Meal/rest breaks are scheduled by Charge RN. If unable to safely provide coverage with staff on duty, the Department Director or House Supervisor will facilitate coverage.
- Planned leaves to be covered by per diem/part-time staff and or trained float staff.
- Unplanned absences to be covered by per diem/part-time staff and or trained float staff.

APPROVED:

_____
Julie Petersen, Chief Executive Officer

7/11/22
_____
Date

_____
Vicky Machorro, Chief Nursing Officer

6-22-22
_____
Date

_____
Jennifer Crane, Chair Nurse Practice Committee, Safe Staffing

7-5-22
_____
Date

Critical Care Unit
Step-down/Intensive Care Mix
Staffing Matrix Effective July 1, 2022

# of Patients	RN	NAC	Tele Tech	Total Staff	Daily Productive HPPD
0	1	0	1	2	48
1	1	0-1	1	2	48
2	1	0-1	1	2	24
3	1 or 2	0 or 1	1	3 or 4	16-32
4	2	0 or 1	1	3 or 4	18-24
5	2 or 3	1	1	4 or 5	19-24
6	2 or 3	1	1	4 or 5	16-20

Shifts:

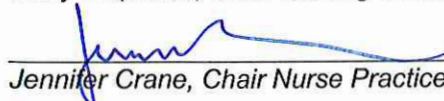| 07:00 - 19:00	Sun - Sat
19:00 - 07:00	Sun - Sat

Per Diem

RN	2

Guidelines for CCU Staffing (HPPD includes RN and tech hours)

- WAC 246-320-261 sets the standard that at least two RN's skilled and trained in critical care will be available in-house when there are patients. It does not imply that the two RN's be physically in the CCU, but be available.
- The standard for most CCU patients is 1:2. Patients with high acuity and safety concerns may be considered 1:1 nursing care after collaboration with department director, house supervisor and nursing staff.
- The standard for Observation/Step-down patients in the CCU is 1 RN for every 3 patients.
- The standard for Med/Surg patients is 1 RN for every 4 patients.
- Meal/rest breaks are scheduled by Charge RN. If unable to safely provide coverage with staff on duty, the Department Director or House Supervisor will facilitate coverage.
- Planned leaves to be covered by per diem/part-time staff and or trained float staff.
- Unplanned absences to be covered by per diem/part-time staff and or trained float staff.
- When census is 5 or 6 in CCU and there are CCU patients that require 1:1 or 1:2, RN staffing will be adjusted when acuities are reviewed.
- When census is less than 3, the NAC will be utilized based on acuity or in the event of the need for 1:1 sitter. To be assigned in collaboration with the House Supervisor or Department Director.
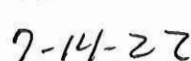- NAC's may be floated to other departments within KVH to assist in patient care when not needed in CCU.
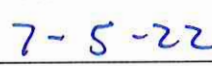
APPROVED:

Julie Petersen, Chief Executive Officer

7/15/22
Date

Vicky Machorro, Chief Nursing Officer

7-14-22
Date

Jennifer Crane, Chair Nurse Practice Committee, Safe Staffing

7-5-22
Date

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Kittitas Valley Healthcare
Your Home for Health

Surgical Services
Core Staffing Matrix
Effective 1/1/2022

Role	Staffing:
Operating Room Charge RN	1
Operating Room RN	3-5
Operating Room Scrub	4-6
Pre-Ops Services RN	1-2
Pre-Ops Services PSR	1
Surgical Outpatient Charge RN	1
Surgical Outpatient RN	3-6
Divisional Coordinator	1
Endoscopy RN	2
Endoscopy TECH	1
Post Anesthesia Care Unit RN	2
Central Sterile TECH	3-5
Pre Op/Procedural RN	1
Wound Care RN	1
Wound Care Divisional Coordinator	1
OR per diem RN	4
SOP per diem RN	6

Shifts:		
OR		
07:00 - 15:30	Mon - Fri	
07:00 - 17:30	Mon - Fri	
POS		
08:30 - 17:00	Mon - Fri	
SOP		
06:30 - 15:00	Mon - Fri	
06:00 - 16:30	Mon - Fri	
07:30-18:00	Mon - Fri	
CS		
07:00 - 15:30	Mon - Fri	
10:30 - 19:00	Mon - Fri	
Wound Care		
08:30-12:00	Mon - Fri	

Guidelines for Surgical Services Staffing

- Charge role should be in a separate position not included in patient care staffing. Charge may need to fill in staffing role for some situations: sick calls, unexpected life events, emergencies, staff working extended hours (overnight etc.), breaks, meal breaks.
- Pre-Op Services may require 2nd RN to assist with patient interviews as workload demands. 2nd RN would float from Surgical Outpatient.
- Patient Service Representative will assist the Pre-Ops Services RN with the Pre-Op Process, as well as scheduling procedures.
- Day of Procedure: staffing will be based according to scheduled block time and volumes, number of patients to be admitted, number of operating rooms anticipated to run concurrently, patient acuity and intensity of care (inpatient, outpatient, GI Lab, pediatric and special needs patients).
  - At all times, 2 RN's, 1 of which is competent in Phase II nursing are present whenever a patient is receiving Phase II nursing care.
  - 1:1 for patients requiring thoracentesis, epidural blocks, phlebotomy, PICC lines, sterile dressing changes, MRSA patients, and may be needed for complicated patients with multiple needs.
  - 1:3 for patients greater than 13 years of age or 13 years and younger with family present.
  - 1:2 for patient's 13 years and younger without family or support staff present.
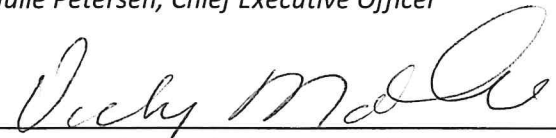 - 1:2 for initial admission of patient into Phase II recovery.

- o 1:3-5 Patients waiting to be discharged, waiting for rides home, extended post-op care for pain and nausea/vomiting management.
- Divisional Coordinator will manage central communication for all Surgical Services, schedule medical out patients, re-occurring medical out patients, manage patient tracking boards, and daily schedule.
- Per "ASGE Minimum staffing requirements for the performance of GI endoscopy"
  - o 1 RN with ACLS and moderate conscious sedation competency present for each procedure a 2nd RN depending on census if using 2 Endo Suite Sequencing.
  - o For Upper Endoscopy, a 3rd person may be required to provide patient position and safety, who is trained to work in Endo Suite.
- 1 Tech to assist physician (may be Endoscopy Tech, RN, or OR Tech).
- Each patient requires a minimum of 1 Operating Room RN Circulator. Secondary RNs may be utilized to expedite efficiencies for room sequencing or rapid turnover (i.e. eyes). 1 RN Circulator on call.
- Each patient requires a minimum of 1 Scrub Tech/Nurse. Secondary Scrub may be utilized to expedite efficiencies for room sequencing or rapid turnover, hold retractors, etc. 1 Scrub Tech/Nurse on call.
- The American Society of PeriAnesthesia Nurses (ASPAN) Recommendations:
  - o Two Registered Nurses are in the same room as the patient receiving Phase I level of care at all times until critical elements are met (Safe Hand-off), then the second nurse may leave the Post Anesthesia Care Unit as long as the door is open and the second nurse can directly hear a call for assistance and be immediately available to assist.
  - o 1:1 care with a second nurse present with Pediatric patients.
  - o On call 2 RN's to cover all call back Phase I and Phase II Recovery
- Central Sterile Staff includes 1 Supervisor, Certified in Sterile Processing. Central Sterile Staff provide processing instrumentation for clinics, Hospital, and Vendor "Loaner" Items and high level disinfection of endoscopes.
- Wound Care Services employs an ARNP as the primary provider for those patients.
- Meal/rest breaks to be facilitated by Scheduled staff. If unable to safely provide coverage, the department director or House Supervisor will facilitate coverage.
- Planned leaves to be covered by per diem/part-time staff and or trained float staff.
- Unplanned absences to be covered by per diem/part-time staff and or trained float staff.

APPROVED:

_____   1 - 3- 22
Julie Petersen, Chief Executive Officer   Date

_____   1-3-22
Vicky Machorro, Chief Nursing Officer   Date

_____   1-4-22
Jennifer Crane, RN Chair Nurse Practice Committee, Safe Staffing   Date

Family Birthing Place
Core Staffing Matrix

Effective January 1, 2022

D/E Census # of Mom/ Baby Rooms	RN	PCT	Total Staff	Shift HPPD		E/N Census # of Mom/ Baby Rooms	RN	PCT	Total Staff	Shift HPPD	24 hour Total Productive HPPD
0	1	0	1	12.00		0	1	0	1	12.00	24.00
1	1	0-1	2	24.00		1	1	0-1	2	24.00	48.00
2	1	1	2	12.00		2	1	1	2	12.00	24.00
3	1	1	2	8.00		3	1	1	2	8.00	16.00
4	2	0-1	3	9.00		4	2	0-1	3	9.00	18.00
5	2	1	3	7.20		5	2	1	3	7.20	14.40
6	2	1	3	6.00		6	2	1	3	6.00	12.00

D/E or E/N Census # of Labor/ Induction Patients	RN	Total Staff	Shift HPPD	24 hour Total Productive HPPD
0	1	1	12.00	24.00
1	2	2	24.00	48.00
2	2	2	12.00	24.00
3	2	2	8.00	16.00
4	3	3	9.00	18.00
5	3	3	7.20	14.40
6	4	4	8.0	16.00

D/E or E/N Census # Nursery Patients	RN	Total Staff	Shift HPPD	24 hour Total Productive HPPD
0	0	0	0	0
1	1	1	12.00	24.00
2	1-2	2	12.00-24.00	24.00-48.00

Shifts:

07:00 - 1900	Sun - Sat
19:00 - 07:00	Sun - Sat

Per Diem:

RN	6

Additional Guidelines for FBP Staffing

- One RN will always be in-house when the unit is empty. This does not imply the RN will be physically in FBP but will be available to return to FBP to check/admit patients.
- The decision to staff a PCT should be a collaboration between the Charge RN and House Supervisor.
- The minimum staffing for a Cesarean Section will be 1 RN to attend the patient/recover the baby and 1 RN to cover the unit.
- The minimum staffing for a baby in the Nursery will be 1-RN to attend the baby.
- The minimum staffing for an induction is 2 RN's, second RN may be utilized in another unit but immediately available to return.
- 1:1 RN assignments per pertinent policies, i.e. Pitocin, Mag, Insulin drip, active labor.
- Outpatient or Observation patients may require 1:1 care until stable or transferred. The minimum evaluation time will be 30 minutes for an NST and 60 minutes to rule out labor. The standard for stable antepartum patients is 1 RN for up to 3 antepartum patients.
- Breastfeeding consults are managed by the lactation consultant. If the lactation consultant is not available, the RN may provide this service which takes a minimum of 60 minutes.
- Hearing Screening takes approximately 15 minutes. A trained PCT may perform the screen.
- Meal/rest breaks are scheduled by Charge RN. If unable to safely provide coverage with staff on duty, the Department Director or House Supervisor will facilitate coverage.
- Planned leaves to be covered by per diem/part-time staff and or trained float staff.
- Unplanned absences to be covered by per diem/part-time staff and or trained float staff.

APPROVED:

_____
Julie Petersen, Chief Executive Officer

1-5-22
Date

_____
Vicky Machorro, Chief Nursing Officer

12-20-21
Date

_____
Jennifer Crane, Chair Nurse Practice Committee, Safe Staffing

12-20-21
Date

Medical/Surgical Unit
Core Staffing Matrix
Effective January 1, 2022

KVH Kittitas Valley Healthcare
Your Home for Health

D/E Census	RN	NAC	Unit Secretary	Total Staff	Shift HPPD		E/N Census	RN	NAC	Total Staff	Shift HPPD	24 hour Total Productive HPPD
0	1	0	0	1	0		0	1	0	1	0	0
1	1	0	0	1	12.00		1	1	1	2	24.00	36.00
2	1	1	0	2	12.00		2	1	1	2	12.00	24.00
3	1	1	0	2	8.00		3	1	1	2	8.00	16.00
4	1	1	1	3	9.00		4	1	1	2	6.00	15.00
5	2	1	1	4	9.60		5	2	1	3	7.20	16.80
6	2	1	1	4	8.00		6	2	1	3	6.00	14.00
7	2	1	1	4	6.86		7	2	1	3	5.14	12.00
8	2	2	1	5	7.50		8	2	1	3	4.50	12.00
9	2	2	1	5	6.66		9	2	2	4	5.33	11.93
10	2	2	1	5	6.00		10	2	2	4	4.80	10.8
11	3	2	1	6	6.50		11	3	2	5	5.45	11.95
12	3	2	1	6	6.00		12	3	2	5	5.00	11.00
13	3	2	1	6	5.54		13	3	2	5	4.61	10.15

Shifts:

07:00 - 19:00	Sun - Sat
19:00 - 07:00	Sun - Sat

Per Diem

RN	3

Guidelines of Implementing Acuity and Staffing Matrix (RN/ NAC/US hours used to calculate HPPD)

- One-to-one patients may require additional NAC staffing as sitters.
- During low census, keep in mind core staffing needs for Code Team.
- Planned admissions will be considered into daily and shift staffing plans.
- Meal/rest breaks are scheduled by Charge RN. If unable to safely provide coverage with staff on duty, the Department Director or House Supervisor will facilitate coverage.
- Planned leaves to be covered by per diem/part-time staff and or trained float staff.
- Unplanned absences to be covered by per diem/part-time staff and or trained float staff.

Pediatric Guidelines of Implementing Acuity and Staffing Matrix

- The American Academy of Pediatrics recommends the following Nursing Patient staffing ratio: 1 RN for every 3-4 pediatric patients.
- Patient Acuity, based on collaborative assessment of patient care requirements between designated Charge RN, Nurse Director and/or House Supervisor will determine increased staffing hour requirements.
  Example: RSV – Potential need for 1:1 staffing first 24-48 hours or 1:2 after 48 hours and until patient condition is stable.

APPROVED:

_____
Julie Petersen, Chief Executive Officer

1.3.22
Date

_____
Vicky Machorro, Chief Nursing Officer

12 - -20 - 21
Date

_____
Jennifer Crane, Chair Nurse Practice Committee, Safe Staffing

12 - 20 - 21
Date

![KVH Kittitas Valley Healthcare — Your Home for Health logo]

Urgent Care – Cle Elum Unit
Core Staffing Matrix
Effective January 1, 2022

	Sun-Sat RN	Sun-Sat Urgent Care Technician	Sun-Sat Registration Clerk
1000-1100	1	1	1
1100-1200	1	1	1
1200-1300	1	1	1
1300-1400	1	1	1
1400-1500	1	1	1
1500-1600	1	1	1
1600-1700	1	1	1
1700-1800	1	1	1
1800-1900	1	1	0
1900-2000	1	1	0
2000-2100	1	1	0
2100-2200	1	1	0

RN Shifts:

10:00 - 22:00

Urgent Care Technician Shifts:

10:00 – 22:00

Registration Clerk Shifts:

10:00 - 1800

Per Diem

UC RN = 1

UC Technician = 1

Guidelines for Urgent Care Staffing

- At least one registered nurse skilled and trained in emergency care services be on duty who is immediately available to provide care.
- Planned leaves to be covered by per diem/part-time staff and or trained float staff.
- Unplanned absences to be covered by per diem/part-time staff and or trained float staff.

APPROVED:

Julie Petersen, Chief Executive Officer   Date   1.3.22

Vicky Machorro, Chief Nursing Officer   Date   12-20-21

Jennifer Crane, Chair Nurse Practice Committee, Safe Staffing   Date   12-20-21