Virginia Mason Franciscan Health

Attestation Form

St. Francis Hospital
Nurse Staffing Committee
January 1, 2022

I, the undersigned with responsibility for St. Francis Hospital, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for the calendar year 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 (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 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.

Signature

Russell Woolley
Printed Name

January 3, 2022
Date

2022 Staffing Plan Overview

Department: 1st Surgical

Date Updated: January 01, 2022

Author: Kyle Janzen and Jovelia Mackey

Nursing Department Overview

- Average Daily census is 26
- Average number of admits/discharges/transfers are 15
- Average length of stay equals 3.0 days

Key Quality Indicators

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 error
- Staff turnover
- Patient turnover
- Overtime costs
- Agency/ Traveler Usage
- Patient Satisfaction Data

Staffing Grid for Patient Census **Target Nursing Hours per Patient Day 10.69**

Day/Eve Shifts

Census	Charge	RNs	C.N.A.'s	HUC
7-14	1	4	1	0
15-23	1	5	2	0
23-25	1	5-6	3	1
26-28	1	7	3	1

Night Shift

Census	Charge	RNs	C.N.A.'s	HUC
16-19	1	4	2	0
20-23	1	5	2	0
24-26	1	6	2-3	0
27-28	1	7	3	0

Above Staffing Plan Contingent Upon the Following Supports/Considerations

- We are staffed 20% above core to account for LOA, Sick calls, Family emergencies and PTO.
- If the unit does not have enough staff to support safe patient care, we will use qualified staff from other disciplines such as IV therapy.
- 1st Surgical RN start their own peripheral IV lines and change central line dressings. IV therapy assists floor nurses in placing difficult peripheral IVs and place/monitor PICC lines and accessed Ports.
- ER Transition nurses assist in admitting patients prior to their arrival on an inpatient unit
- Critical Care supports Rapid Response/ Code Blue throughout hospital.
- Health Unit Coordinator, Transporters provide auxiliary support to ensure safe patient care.
- Occupation, Physical and Speech Therapy provide assistance as needed and ordered.

Which Situations Require Staffing Variation?

- Heavy surgery schedule/high number of incoming post-op patients
- High acuity of patients where safety would be of great concern without extra support such as confused patients or patients on restraints requiring frequent checks
- Patient's requiring a 1:1 sitter
- High number of isolation patients
- High number of admissions/ discharges during the shift > than 8
- Full capacity
- High number of 1:1's needing break coverage
- High number of heavy care patients (skin protocol turn every 2 hours, total feeders, incontinent, multiple bed changes, comatose patient care and staff can't keep up)
- High number of patients on complex treatments (tube feedings, dressing changes, multiple drains, multiple central lines, chest tubes, pain management, multiple blood draws, trach care, frequent suctioning, Glucommander every 15 minutes for insulin drip)
- Orientation/Residency programs require 1 RN preceptor and can involve from 2 to 12

weeks to complete.

Meals and Breaks

- 1st Surgical has implemented the use of care teams, made up of 2 RNs and a CNA. A care team will cover each other's patients during meal breaks.
- Charge nurse to check in with RN to see if they are getting their breaks and if not how they can help ensure a break.

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

- Staffing and patient census is looked at on a continual basis throughout the day. The hospital supervisor, managers, charge nurses and staffing office meet (or call) at designated times throughout the day for updates on staffing needs. If the unit is short staffed, the staffing office (or hospital supervisor on the weekends) will put out calls/texts/emails asking for available people to work.
- It is the responsibility of the charge nurse to notify the staffing office or hospital supervisor of immediate needs.

Annual Nurse Staff Survey

- Staff are encouraged to fill out a staffing concern form for any staffing or safety issues identified.
- Any identified concerns are addressed at staff meetings, via email and/or at staff huddles in order to make improvements.
- Performance Culture Assessment, completed annually by nursing staff.
- Equipment needs are addressed and ordered for the unit. Encourage staff to submit work orders and notify management in a timely manner of equipment needs.

Committee Recommendations:

APPROVALS

PREPARED BY KYLE JANZEN RN STAFF
JOVELIA MACKEY RN CLINICAL MANAGER

Approved By _____

Next Review Date June 2022

2022 Staffing Plan Overview

Department: 3 West Unit

Date Updated: December 2021

Author: Carrie Beyke

Nursing Department Overview

- Average Daily census 9
- Average number of admits/discharges/transfers 2-3
- Average length of stay 2.99

Key Quality Indicators

- 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

Staffing Grid for Patient Census Target Nursing Hours per Patient Day 10.60

Day Shift 0600-1830

Census	Charge	RNs	C.N.A	Other
8 or less	1	1	1	0
9-10	1	2	1	0

Updated 11.19.21

Night Shift 1800-0630

Census	Charge	RNs	C.N.A's	Other
8 or less	1	1	1	0
9-10	1	2	1	

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

- IV Therapy department to place monitor PICC lines; 3 West staff start their own peripheral IV lines before calling the SWAT RN.
- Respiratory therapy supports more complex pulmonary issues not covered by an RN
- Physical, Occupational and Speech Therapy staff support our patient population
- Critical Care Unit supports Rapid Response/Code Blue throughout hospital
- Fresenius performs dialysis for patients under the care of our St. Francis Hospital Staff
- Virtual Companion will help support the unit with a virtual 1:1 sitter when appropriate.

Which Situations Require Staffing Variation?

- Increased number of isolation patients
- Increased number of dialysis patients
- Patients requiring a 1:1 sitter
- Increase in high acuity patients

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

- **Staffing and patient census is looked at on a continual basis throughout the day. The hospital supervisor, managers, charge nurses and staffing office will communicate at designated times throughout the day for updates on staffing needs. If the unit is under staffed, the staffing office (or hospital supervisor on weekends or after hours) will put out calls/texts/emails asking for available people to work.**
- **It is the responsibility of the charge nurse to notify the staffing office or hospital supervisor of immediate staffing needs.**
- **For any expected or unexpected leaves, opportunities will be posted in CVS for our staff to work extra shifts. The use of agency nurses may be considered as an alternative.**

- High Acuity patients
- 1:1 patients
- Increased number of isolation patients
- Some mental health patients who may require additional hours of care
- Orientation of new nurses
- Full Capacity
- High number of patients with complex treatments

- Increased number of dialysis patients

Meals and Breaks

- The care team members cover for each other for meals and breaks.
- Charge Nurse is to check in with nursing staff to ensure they are getting their breaks.
- If the RN is not able to take a break then they will get financial reimbursement for that extra time they worked.

Annual Nurse Staff Survey

- **Survey results reviewed with staff by email and staff meetings. Any identified concerns are addressed at staff meetings, via email and /or at staff huddles in order to make improvements.**

- **Survey information from, local, Regional, & National levels are shared with the Nursing Teams at varying venues and audiences for planning unit staffing (i.e. Quality; employee/patient satisfaction; HCAHPS; Culture of Safety surveys, etc.).**

APPROVALS

Prepared By CARRIE BEYKE, CLINICAL MANAGER

Approved By _____ , RN

_____ Carrie Beyke, Clinical Manager

2022 Staffing Plan Overview

Department : 3rd Medical Unit

Date Updated : January 2022

Author : Cathy Hanson, Laura Line

Nursing Department Overview

- Average Daily census 26
- Average number of daily admits/discharges/transfers 15
- Average length of stay 3.5 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*:

- *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
- Agency/ Traveler Usage
- Patient Satisfaction Data
- Employee Satisfaction (PCA – annually)
- Data from professional organizations

Staffing Grid for Patient Census — Target Nursing Hours per Patient Day 10.69

Insert developed staffing grid for varying levels of patient census or attach to this document

Day Shift

Census	Charge	RNs	C.N.As	Other
16-19	1	4	2	0
20-23	1	5	2	0
24-26	1	6	3	1
27-28	1	7	3	1

Staffing Grid for Patient Census **Target Nursing Hours per Patient Day 10.98**

Night Shift

Census	Charge	RNs	C.N.As	Other
16-19	1	4	2	0
20-23	1	5	2	0
24-26	1	6	2	0
27-28	1	7	3	0

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Supports that our unit receives from other units/departments or provides to other units and departments that impact staffing.

- **IV Therapy department to place and monitor PICC lines; 3rd Medical RN staff start their own peripheral IV lines**
- **Respiratory therapy supports more complex pulmonary issues not covered by an RN**
- **Physical, Occupational and Speech Therapy staff support our patient population**
- **The Critical Care Unit supports Rapid Response/Code Blue throughout hospital**

Which Situations Require Staffing Variation?

Use this section to describe legitimate situations where additional staff are required to provide safe patient care

- **High Acuity patients**
- **1:1 patients**
- **Increased number of isolation patients**
- **Some mental health patients who may require additional hours of care**
- **Orientation of new nurses**
- **Full Capacity**
- **High number of heavy care patients**
- **High number of patients with complex treatments**

Meals and Breaks

- **3rd Medical Unit uses a care team model of 2 RN staff and 1 C.N.A. for every 10 patients. Care team members cover for each other for meals and breaks.**
- **Charge RN to check in with nursing staff to ensure they are getting their breaks.**

Survey information from, local, Regional, & National levels are shared with the Nursing Teams at varying venues and audiences for planning unit staffing (i.e. Quality; employee/patient satisfaction; HCAHPS; Culture of Safety surveys, etc.).

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation
• **Staffing and patient census is looked at on a continual basis throughout the day. The hospital supervisor, managers, charge nurses and staffing office meet at designated times throughout the day for updates on staffing needs. If the unit is understaffed, the staffing office (or hospital supervisor on weekends or after hours) will put out calls/texts/emails asking for available people to work.** • **It is the responsibility of the charge nurse to notify the staffing office or hospital supervisor of immediate staffing needs.**

Committee Recommendations:

APPROVALS

Prepared By CATHY HANSON, RN, CLINICAL MANAGER
LAURA LINE, RN

Approved By _____

_____

Next Review Date ___JULY 2022_____

Virginia Mason Franciscan Health

Attestation Form

St. Francis Hospital
Nurse Staffing Committee
January 1, 2022

I, the undersigned with responsibility for St. Francis Hospital, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for the calendar year 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 (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 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.

Signature

Russell Woolley
Printed Name

January 3, 2022
Date

2022 Staffing Plan Overview

Department: Emergency Services

Date Updated: December 2021

Author: Chantel Arnone, Clinical Manager, Emergency Services

Alana Nunez, Unit Base Council Co-Chair, staffing representative

Jenna Olson, Unit Base Council Co-Chair, staffing representative

Nursing Department Overview

St Francis Hospital (SFH) Emergency Department serves the Federal Way/South King County area as part of CommonSpirit Health and Virginia Mason Franciscan Health (VMFH). Emergency Services at VMFH is a patient-focused community healthcare resource. SFH Emergency Department provides emergency medical care for the community in support of the mission of CommonSpirit Health. It is the facility's entry into the health system by those individuals who do not have a physician or whose physician is unavailable, provides leadership and participation in the Emergency Medical Service System, community disaster planning, and provides education opportunities to health care students and pre-hospital providers.

Emergency care is offered 24 hours a day, with at least one board certified emergency physician and nursing staff experienced in emergency care. The Emergency Department (ED) is capable of stabilizing and caring for all types of patients. Patients requiring specialty care or a higher level of service will be transferred to a facility providing that specialty in accordance with transfer policies and procedures. Emergency Services complies with all state, federal, and regulatory agencies.

SFH Emergency Department consists of 25 treatment areas with full monitoring capabilities. Our Emergency Department serves approximately 45,000 patients per year. The following metrics are tracked:

- Average Daily Census
- Median Length of Stay for Discharged Patients
- Median Length of Stay for Admitted Patients
- Percent of Admits
- Percent of Transfers

Key Quality Indicators

The Emergency Department collects and monitors data for the purpose of assessing department function, patient care, and clinical outcomes.

- Left Without Being Seen Rate (LWBS)
- Percentage of Time on ED Divert – We are a no divert ED
- Door to Provider Median time
- Acute Myocardial Indicators
- Door to EKG
- PCI within 90 minutes
- Stroke Indicators

- Head CT/MRI results with scan interpretation within 30 minutes
- Patient Satisfaction (HCHAPS)
- Courtesy/respect of doctors
- Courtesy/respect of patient care staff
- Clear Communication by patient care staff
- Communication about medication
- Staff doing everything they could to help with pain
- Overall rating

Staffing Grid for Patient Census: Productivity target 2.65

SFH Emergency Department is supported by:

- Board Certified Emergency Physicians
- Advanced Practice Providers trained in Emergency Care
- RNs specializing in Emergency Care
- Emergency Room Technicians (ERT)
- Unit Secretaries (HUC)
- Registrars
- Social Workers
- Pharmacist
- Pharmacy Medication Reconciliation Technicians
- Care Manager

The Emergency Department will flex their staffing in response to the acuity and volume of patients throughout the day. Each RN will care for 3-5 patients.

Care teams are as follows:

- Triage
- 1 or 2 RN's depending on time of day and needs
- 1 ERT, depending on time of day/needs
- ER 1, 2, and 3
- Each team supports 8-11 acute care ED treatment areas and hall spaces
- 1 Provider
- 2-3 RN's
- 1 ERT
- 2 HUCs between 1-3
- Admit RN's
- 1 Admit RN to support the entire ED focusing on admission assessments and inpatient care for patients in the ED 6 days per week

- Transition
- 1 RN
- 1 ERT

Staffing Grid

Day Shift	RN	ERT	HUC
6a-630p	1 transition RN	1 transition ERT	1
7a-730p	6	3	
7a-330p	1		
9a-530p	1		1
9a-730p	2		

Evening Shift	RN	ERT	HUC
10a-1030p	2	1	
10a-10p	1 admit RN except Saturday		
12p-1230a	2		
3p-330a	1		
530p-2a			1

Night Shift	RN	ERT	HUC
5p-530a	1		
6p-630a	1 transition RN	1 transition ERT	1
7p-730a	8	3	

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

- The Emergency Department staff MD and RN respond to Code Blue events throughout the hospital
- Patients of all admit levels are held in the Emergency Department if no inpatient bed is available
- Every effort will be made to staff inpatient's holding in the ED with inpatient trained RN's
- The ED staffs significant 1:1 hours for mental health patients being treated in the ED
- Support from the following departments/staff
- Radiology
- Cardiopulmonary
- SWAT RN
- Transporter
- Diagnostic Imaging
- CNAs from other departments
- Lab
- Chaplain
- Pharmacy
- Environmental Services

Several situations require staffing variations. These situations are discussed by the Charge Nurse with management support on an as needed basis. These include patients requiring 1:1 observation, acutely ill patients, and number of acute trauma activations, census, surge capacity and patients being held for admission beds.

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation
○ Staffing will be sufficient at all times to assure safe and effective patient care. ○ Staffing may be adjusted based on the needs of the department. ○ If the ED Manager, ED Clinical Supervisor, or Charge RN determines the need to change staffing levels they will consult each other as needed. The House Supervisor and Staffing Office will also be contacted as needed to accommodate changes in staffing needs ○ Flex positions are in place to cover vacations and leave of absences.
Meal and Rest Breaks
○ Staff will cover each other for 15 minute breaks. ○ A float nurse will cover staff members who are assigned to greater than 2 patients for 30 minute breaks. ○ Charge nurses keep a log of staff breaks.

Committee Recommendations

APPROVALS

Prepared By CHANTEL ARNONE MBA, BSN, RN, ED CLINICAL MANAGER

Approved By St Francis Staffing Committee

Department Leadership: _____

Staffing Committee Representative: _____

Staffing Committee Representative: _____

Next Review Date May 2022

2022 Staffing Plan

Department: Family Birth Center
Date Updated: January 1, 2022
Next Review Date: June 2022

Nursing Department Overview

Patients served in this unit include newborns and perinatal patients (antepartum, labor, and postpartum) and clean surgical/medical patients (usually gynecological, bariatric, or spinal surgical patients).

Family Birth Center RNs respond to orders for monitoring/assessments within any area in the hospital that a pregnant patient may be admitted. Special Care Nursery RNs respond to neonatal and pediatric codes within any area of the hospital.

FBC Staff and Providers:

- Obstetricians/Gynecologists
- Certified Nurse Midwives
- Neonatologists
- Neonatal Advanced Practice Practitioners (NNP/APP)
- Pediatricians
- Family Practice Doctors
- RNs specializing in: Labor and Delivery; Level II Special Care Nursery

FBC Support Staff:

- Health Unit Coordinators (HUC's)
- Nursing care assistants (NAC's)
- Surgical Technicians
- Lactation consultants
- Environmental services staff
- Laboratory technicians
- Respiratory therapists
- Dietary staff
- Social Services

FBC Census and Productivity Target:

- Average daily census: 15.5
- Average OB census (inpatients/outpatients): 6.3
- Average nursery daily census: 1.2
- Average number of admits/discharges/transfers: 12.2
- Average length of stay: 1.93 days
- Productivity target (target worked hours per unit): 16.98

Meals and Rest Breaks

- The charge nurse is responsible for facilitating staff breaks, and can cover for staff on breaks
- RNs can cover for each other during rest and meal breaks

Situations that Require Additional Staff to Provide Safe Patient Care

- **High acuity patients, including, but not limited to:**
  - Post-op patients for the first 24 hours after surgery
  - Isolation patients
  - Patients requiring translation services
  - Patients with severe pre-eclampsia
  - Late preterm newborns
  - Newborns undergoing in-room phototherapy
  - Magnesium therapy
  - Insulin Drips
  - Eat Sleep Console
  - MAT patients
- **Lack of support staff on unit**
- **The following nurse characteristics should also be considered:**
  - Level of experience
  - Professional certification
  - Organizational experience

Staffing Decision Tree

- **The charge nurse reviews staffing needs and patient census every two hours**
- **When acuity or census requires additional staff members:**
  - The charge nurse will call in any RNs on standby
  - The charge nurse will put out calls/texts asking for available staff to work
  - The charge nurse may take an assignment
  - The charge nurse will notify the manager on call or house supervisor of immediate needs
  - Any elective or non-medically necessary cesarean sections, inductions, and procedures will be delayed until adequate staffing is available

Staffing Grid

The staffing plan for the unit includes 12 hour shifts. A staffing grid is established for patient care, based on an average of 4 deliveries per 24-hour day. Staffing follows the, "Guidelines for Professional Registered Nurse Staffing for Perinatal Units", published by the Association of Women's Health, Obstetrics, and Neonatal Nurses (AWHONN) in 2010, and includes allowance for minimal core staffing during low census.

Staffing is reviewed and adjusted to census every two hours by the charge nurse and documented on the Women's Infant's Staffing tool (WIPS) then sent to the director at midnight. Determination for more staff is based on current census, patient acuity, and competency of available staff as determined by the charge nurse and manager. The charge nurse will follow the Family Birth staffing plan.

Staffing Plan Considerations

- Nurses caring for stable patients on magnesium therapy maintenance doses after delivery will be assigned one additional couplet or one additional woman to care for
- Nurses caring for babies undergoing in-room phototherapy will be assigned one other couplet or woman to care for
- At least two RNs with Special Care Nursery training and experience will be staffed on the unit, unless in minimal staffing.
- **A minimum of 2 staff members** must be assigned to the postpartum unit when the unit is open. When there are 6 patients or fewer, the second staff member may be an RN, NAC, ORT, or HUC (FBC or Surgical)

L&D Staffing Grid (When All Patients are 1:1)

Census	Charge	Labor RNs	Triage RN	ORT	NAC/HUC *or* Additional RN	Total # of Staff
0 -1	1	1	1	1	0	4
2	1	2	1	1	0	5
3	1	3	1	1	1	7
4	1	4	1	1	1	8
5	1	5	1	1	1	9
6	1	6	2	1	1	11
7+	1	7	2	1	1	12

Postpartum Staffing Grid: 0700-1900

Census	RNs	NAC/HUC *or* Additional RN	Total # of Staff
1-6	1	1	2
7-12	2	0	2
13-18	3	1	4
19-24	4	1	5

Postpartum Staffing Grid 1900-0700

Census	RNs
1-8	1*
8-12	2
13-18	3
19-24	4

Newborns

- 1:5 to six neonates requiring only routine care
- 1:4 recently born neonates and those requiring close observation
- 1:3 to 4 neonates requiring continuing care
- 1:2 to 3 neonates requiring intermediate care
- 2:1 for unstable neonates requiring multisystem support
- 2:1 or greater for unstable neonates requiring complex critical care
- If 3 or more neonates in the nursery, consider staffing a NAC
- If 4 or more neonates in the nursery, either a NAC or additional RN is required
- ESC 1:2

Approvals

_____ Staff Nurse

_____ Manager FBC

Approved By: _____

SFH Staffing Committee

2022 Staffing Plan Overview

Department: Intensive Care Unit

Date Updated: January 1st, 2022

Author: Rachael Smith & Julie Reynolds

Nursing Department Overview

Description of the types of patients served in this nursing unit,

- Average Daily Census: **13.0 patients**
- Average length of stay: **3.0 (varies each week)**
- Shift times are from 6:00 – 18:30 and 18:00 – 6:30

RNs in the ICU are responsible for directing and coordinating members of the care team, focusing on the provision of individualized quality patient care consistent with organizational standards. Develop patients' plan of care in partnership with physicians, interdisciplinary teams, and patient/family members. This position is responsible for providing care to the patient who is hemodynamically compromised and requires monitoring of multiple systems and/or nursing interventions every two to four hours.

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 with injury*
- Patient falls prevalence*
- Pressure ulcer rate and prevalence*
- Nursing care hours per patient day*
- Nursing Skill Set*
- Medication Errors/Incident Reporting- IRIS
- Staff turnover
- Overtime/orientation costs
- Agency and/or Traveler Usage
- Patient Satisfaction
- Performance Culture Assessment- Annually
- Ventilator Bundle
- HAI prevalence including Hospital acquired C.Diff, CAUTI, and CLABSI within department
- Prevalence of Hospital Acquired Pressure Injury within department

Staffing Grid for Patient Census **Target Nursing Hours per Patient Day: 18.181**

Census	Charge	RNs	HUC
1-2	1	1	0
3-4	1	2	0
5-6	1	3	1
7-8	1	4	1
9-10	1	5	1
11-12 *ADC	1	6	1
13	1	7 - 8	1
14	1	8	1

2:1 nurse ratio with 14 total beds in ICU.

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

- Critical care charge nurses and pharmacists respond to any Code Blue and/or Rapid Response throughout the hospital.
- SWAT nurses place PICC and/or central line IVs, peripheral lines started upon request. ICU RNs attempt to start IVs prior to calling the SWAT nurse for help.
- CNA can be requested to help with 1:1 patients as sitter and/or heavy patient care.
- ICU RNs float to PCU and PCU RNs float to ICU to help with staffing needs as necessary
- A critical care pharmacist is available on the floor to help with medication needs and/or questions. Pharmacists monitor and manage IV antibiotics, PPN/TPN, anticoagulation drips, and provide STAT medications when needed.
- Respiratory therapists (RT) work closely with RNs in managing ventilators, drawing arterial blood gases, and completing scheduled breathing treatments. RTs manage airway and ventilation of respiratory dependent patients transferring to and from ICU.
- Care management provides support with discharges, patient placement, discharge appointments and medications, patient transportation, etc.
- Environmental Services provides patient room cleaning and other services
- Lab services available as ordered/needed
- Dialysis treatment performed by Fresenious staff for all patients cared for by St Francis Staff

Which Situations Require Staffing Variation?

- 1:1 RN monitoring is required for, post cardiac hypothermia patients, rotoprone or manually proned patients, direct OR to ICU admits, sepsis, hemodynamic instability example: >3 titrating vasopressors and transfusions, and Intra-Aortic Balloon Pump management, and post stroke TPA care, and CRRT monitoring
- Orientation and/or preceptorship scheduling (varies with each nurse)
- Inadequate staffing with patient census
- Post procedural sedation at bedside requires 1:1 RN monitoring for 1-2 hours, varies per patient.
- Increased number of isolation patients, 1:1 feeds, frequent turning and oral care, post-procedure vital signs, etc.

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

- Staffing may be adjusted according to acuity of the patient, type and/or skill set of the caregivers, and availability of staff.
- The charge nurse will round on the unit every four hours to assess acuity of the floor and facilitate problem solving with patient care. In addition, the charge RN will communicate the needs of their unit to the House Supervisor and/or Manager at the morning and evening meetings.
- Patient assignments are made to provide appropriate and quality care for each patient.
- Staffing changes are based on staffing concerns, patient acuity, and procedures.
- Extra shifts are available for staff through the care value system and are approved by the staffing office or manager.
- Unexpected leaves and absences are managed by staffing department to 20% above core needs for the department's average daily census
- Disaster planning includes areas of where to expand ICU capacity to PCU, utilization of cross trained staff, crisis staffing implementation and standards, and utilization of disaster planning model for assigning. This includes both team nursing, ratio adjustment, and use of staff that have participated in cross training program.

Meals and Breaks

- Staff are provided breaks and two 30-minute breaks and 3 15 minute breaks throughout each 12-hour shift.
- Currently using the break partner assignment that is planned and coordinated by charge RN each shift with break schedule template.
- Charge nurse is to check in with the floor RNs to ensure they are getting their breaks and if not, how they can help to ensure breaks.

Annual Nurse Staff Survey

- Any identified concerns are addressed at staff meetings, via email and/or at staff huddles to make improvements.
- Performance Culture Assessment (PCA) completed annually by nursing staff.
- Equipment needs are addressed and ordered for the unit as needed. Staff are encouraged to submit work orders and notify management in a timely manner of equipment needs.

Approvals

Approved By: _____ RN/manager

ICU Manager

_____

Director of Nursing Operations

Rachael Smith RN

Department Staffing Committee Representative

2022 Staffing Plan Overview

Department: **Franciscan Endoscopy Center - Tacoma**

Effective Date: January 1, 2022

Authors/Reviewers: Casandra Downey – Market Director, Jessica Miranda - RN

Nursing Department Overview

Franciscan Endoscopy Center – Tacoma (FEC-T) is an outpatient department of St Francis Hospital that provides outpatient Gastroenterology (GI) procedures for patients in the South Puget Sound area.

The facility has three (3) procedure rooms and twelve (12) admit/recovery bays. The gastroenterologists perform both diagnostic and therapeutic colonoscopy and esophagogastroduodenoscopy (EGD) at this facility.

- Average number of admits/discharges: Procedures are scheduled for 30 minutes. Each procedure room can accommodate up to 22 patients per day.
- Average length of stay: 2 hours from check-in to discharge
- Hours of operation: Monday-Friday, 0600-1800

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 unit of service
- *Skill Mix
- Medication errors
- Staff turnover/orientation costs
- Overtime costs / end of shift overtime / missed breaks
- Productivity
- Patient Satisfaction Data
- Data from professional organizations (SGNA, ASGE)
- Employee satisfaction scores

Staffing Grid — Target Nursing Hours per Procedure = 3.0837

Staffing is determined on the number of procedure rooms in operation.

- Each room requires an admit nurse (LPN/RN), procedure nurse (RN), procedure assistant (LPN/Endo Tech), and recovery nurse (RN).
- Two additional Endo Techs are scheduled to perform cleaning and high-level disinfection of endoscopes.
- A float nurse is scheduled for break coverage.

Certifications:

- All staff maintain BLS certification.
- All physicians and RNs maintain BLS and ACLS certification.

There is one manager that oversees the outpatient endoscopy centers and a department support assistant who is responsible for charge entry and inventory management.

Day Shift

Procedure Room	RNs	LPNs	Endo Techs	Other
#1	3 RNs	1 LPN	2 Endo Techs	
#2	3 RNs	1 LPN	2 Endo Techs	
#3	2 RNs	1 LPN	1 Endo Tech	

Evening Shift – N/A
Night Shift – N/A

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Support received from other units/departments or provides to other units and departments that impact staffing.

- Staff for this endoscopy center can also provide staffing coverage to Franciscan Endoscopy Center - Gig Harbor and Franciscan Endoscopy Center – Federal Way.
- This department cannot be staffed by other resources from the hospital due to skill and ability requirements.

Which Situations Require Staffing Variation?

Use this section to describe legitimate situations where additional staff are required to provide safe patient care.

- none

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

Manager will:

- Review procedure schedule daily to determine staffing needs
- Flex shift times up or down depending on procedure schedule
- Provide additional assistance when staffing shortage exists

Meals and Breaks

- Procedure schedules are designed to allow for meal breaks between the AM and PM procedure sessions. (AM session = 0700-1130, PM session – 1230-1700)
- Float nurse is available to provide breaks for staff who are unable to break themselves.
- If a float nurse and/or manager are not available to break staff for their meal or break, they are to record this on the edit log.

Planned and Unplanned Leave

Coverage for planned and unplanned leave will be provided by:

- Utilizing per diem staff and part time staff who wish to work above their FTE

Annual Nurse Staff Survey

- Survey results are shared with staff during staff meetings.
- Staff are asked for their top 3 areas of concern/most urgent needs to focus on in the coming year.
- Leadership and staff will collaboratively develop action plans for how to address the top 3 concerns.
- Action plans to be shared with staff at staff meetings.

Committee Recommendations:

APPROVALS

Approved By N/A, Clinical Manager – Endoscopy Services

_____, Staff Member, Franciscan Endoscopy

Approved By _____, Market Director – Digestive Services

Approved By _____, Staffing Committee Representative

Next Review Date: May 2022

2022 Staffing Plan Overview

Department: **Franciscan Endoscopy Center – Gig Harbor**

Effective Date: January 1, 2022

Authors/Reviewers: Casandra Downey – Market Director, Jessica Miranda - RN

Nursing Department Overview

Franciscan Endoscopy Center – Gig Harbor (FEC-GH) is an outpatient department of St Francis Hospital that provides outpatient Gastroenterology (GI) procedures for patients in the South Puget Sound and Kitsap/Olympic Peninsula area.

The facility has one (1) procedure room and five (5) admit/recovery bays. The gastroenterologists perform both diagnostic and therapeutic colonoscopy and esophagogastroduodenoscopy (EGD) at this facility.

- Average number of admits/discharges: Procedures are scheduled for 30 minutes. The procedure room can accommodate up to 22 patients per day.
- Average length of stay: 2 hours from check-in to discharge
- Hours of operation: Monday-Friday, 0600-1800

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 unit of service
- *Skill Mix
- Medication errors
- Staff turnover/orientation costs
- Overtime costs / end of shift overtime / missed breaks
- Productivity
- Patient Satisfaction Data
- Data from professional organizations (SGNA, ASGE)
- Employee satisfaction (PCA-annually)

Staffing Grid — Target Nursing Hours per Procedure = 3.0842

Staffing is determined on the number of procedure room in operation.

- The endoscopy center requires an admit nurse (LPN/RN), procedure nurse (RN), procedure assistant (LPN/Endo Tech), and recovery nurse (RN).
- One additional Endo Tech is scheduled to perform cleaning and high-level disinfection of endoscopes.
- A float nurse is scheduled for break coverage.

Certifications:

- All staff maintain BLS certification.
- All physicians and RNs maintain BLS and ACLS certification.

There is one manager that oversees the outpatient endoscopy centers and a department support assistant who is responsible for charge entry and inventory management.

Day Shift

Number of procedure rooms	RNs	LPNs	Endo Techs	Other
1	3 RNs	1 LPN (or RN)	2 Endo Techs	

Evening Shift – N/A
Night Shift – N/A

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Support received from other units/departments or provides to other units and departments that impact staffing.

- Staff for this endoscopy center can also provide staffing coverage to Franciscan Endoscopy Center - Tacoma and Franciscan Endoscopy Center – Federal Way.
- This department cannot be staffed by other resources from the hospital due to skill and ability requirements.

Which Situations Require Staffing Variation?

Use this section to describe legitimate situations where additional staff are required to provide safe patient care.

- none

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

Manager will:

- Review of procedure schedule daily to determine staffing needs
- Flex shift times up or down depending on procedure schedule
- Provide additional assistance when staffing shortage exists

Meals and Breaks

- Procedure schedules are designed to allow for meal breaks between the AM and PM procedure sessions. (AM session = 0700-1130, PM session – 1230-1700)
- Float nurse is available to provide breaks for staff who are unable to break themselves.
- If a float nurse and/or manager are not available to break staff for their meal or break, they are to record this on the edit log.

Planned and Unplanned Leave

Coverage for planned and unplanned leave will be provided by:

- Utilizing per diem staff and part time staff who wish to work above their FTE

Annual Nurse Staff Survey

- Survey results are shared with staff during staff meetings.
- Staff are asked for their top 3 areas of concern/most urgent needs to focus on in the coming year.
- Leadership and staff will collaboratively develop action plans for how to address the top 3 concerns.
- Action plans to be shared with staff at staff meetings.

Committee Recommendations:

APPROVALS

Approved By NA, Clinical Manager – Endoscopy Services

_____, Staff Member, Franciscan Endoscopy

Approved By _____, Market Director – Digestive Services

Approved By _____, Staffing Committee Representative

Next Review Date: May 2022

2022 Staffing Plan Overview

Department: **Franciscan Endoscopy Center – Federal Way**

Effective Date: January 1, 2022

Authors/Reviewers: Casandra Downey – Market Director, Jessica Miranda – RN

Nursing Department Overview

Franciscan Endoscopy Center – Federal Way (FEC-FW) is an outpatient department of St Francis Hospital that provides outpatient Gastroenterology (GI) procedures for patients in the South King County area.

The facility has two (2) procedure rooms and eight (8) admit/recovery bays. The gastroenterologists perform both diagnostic and therapeutic colonoscopy and esophagogastroduodenoscopy (EGD) at this facility. This facility also performs manometry studies and Fibroscan Procedures in the second procedure room.

- Average number of admits/discharges: Procedures are scheduled for 30 minutes. Each procedure room can accommodate up to 22 patients per day.
- Average length of stay: 2 hours
- Hours of operation: Monday-Friday, 0600-1800

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 unit of service
- *Skill Mix
- Medication errors
- Staff turnover/orientation costs
- Overtime costs / end of shift overtime / missed breaks
- Productivity
- Patient Satisfaction Data
- Data from professional organizations (SGNA, ASGE)
- Employee satisfaction scores

Staffing Grid — Target Nursing Hours per Procedure = 3.0452

Staffing is determined on the number of procedure rooms in operation.

- The endoscopy center requires an admit nurse (LPN/RN), procedure nurse (RN), procedure assistant (LPN/Endo Tech), and recovery nurse (RN).
- One additional Endo Tech is scheduled to perform cleaning and high-level disinfection of endoscopes.

- A float nurse is scheduled for break coverage.

Certifications:

- All staff maintain BLS certification.
- All physicians and RNs maintain BLS and ACLS certification.

There is one manager that oversees the outpatient endoscopy centers and a department support assistant who is responsible for charge entry and inventory management.

Day Shift

Number of procedure room	RNs	LPNs	Endo Techs	Other
Procedure Room 1	3 RNs	1 LPN	2 Endo Techs	Endoscopy
Procedure Room 2	1 RN	Or 1 LPN		Special procedures

Evening Shift – N/A
Night Shift – N/A

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Support received from other units/departments or provides to other units and departments that impact staffing.

- Staff for this endoscopy center can also provide staffing coverage to Franciscan Endoscopy Center – Tacoma and Franciscan Endoscopy Center – Gig Harbor.
- This department cannot be staffed by other resources from the hospital due to skill and ability requirements.

Which Situations Require Staffing Variation?

Use this section to describe legitimate situations where additional staff are required to provide safe patient care.

- none

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

Manager will:

- Review of procedure schedule daily to determine staffing needs
- Flex shift times up or down depending on procedure schedule
- Provide additional assistance when staffing shortage exists

Meals and Breaks

- Procedure schedules are designed to allow for meal breaks between the AM and PM procedure sessions. (AM session = 0700-1130, PM session – 1230-1700)
- Float nurse is available to provide breaks for staff who are unable to break themselves.
- If a float nurse and/or manager are not available to break staff for their meal or break, they are to record this on the edit log.

Planned and Unplanned Leave

Coverage for planned and unplanned leave will be provided by:

- Utilizing per diem staff and part time staff who wish to work above their FTE

Annual Nurse Staff Survey

- Survey results are shared with staff during staff meetings.
- Staff are asked for their top 3 areas of concern/most urgent needs to focus on in the coming year.
- Leadership and staff will collaboratively develop action plans for how to address the top 3 concerns.
- Action plans to be shared with staff at staff meetings.

Committee Recommendations:

APPROVALS

Approved By NA _____, Clinical Manager – Endoscopy Services

_____, Staff Member, Franciscan Endoscopy

Approved By _____, Market Director – Digestive Services

Approved By _____, Staffing Committee Representative

Next Review Date: May 2022

2022 Staffing Plan Overview

Department: Progressive Care Unit

Date Updated: December 2021

Author: Carrie Beyke

Nursing Department Overview

Description of the types of patients served in this nursing unit

- Average Daily Census: **22.63 patients**
- Average length of stay: **3.2 (varies each week)**
- Shift times are from 6:00 – 18:30 and 18:00 – 6:30

RNs in the PCU are responsible for directing and coordinating members of the care team, focusing on the provision of individualized quality patient care consistent with organizational standards. Develops patients' plan of care in partnership with physicians, interdisciplinary teams, and patient/family members. This position is responsible for providing care to the patient who is hemodynamically compromised and requires monitoring of multiple systems and/or nursing interventions every four hours.

Key Quality Indicators

- Patient falls with injury
- Patient falls prevalence*
- Pressure ulcer rate and prevalence
- Nursing care hours per patient day
- Nursing Skill Set
- Medication errors/ Incident Reporting- IRIS
- Staff turnover
- Overtime costs
- Agency and/or Traveler Usage
- Patient Satisfaction
- Performance Culture Assessment- Annually

Target Nursing Hours per Patient Day:13.06

Staffing Grid

Census	Charge RN	RNs	CNAs	HUC	Resource Nurse
24	1	8	2	1	1
23	1	8	2	1	0.5
22	1	7	2	1	0.5
19-21	1	7	2	1	-
18-16	1	6	2	1	-
15-13	1	5	1	1	-
12-10	1	4	1	1	-
9-7	1	3	1	1	-
6-1	1	2	1	1	

3:1 or 4:1 nurse ratio with 24 total beds in PCU depending on staffing availability.

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

- Critical care charge nurses and pharmacists respond to any Code Blue and/or Rapid Response.
- SWAT nurses place PICC and/or central line IVs, peripheral lines started upon request. PCU RNs attempt to start IVs prior to calling the SWAT nurse for help.
- A third CNA is requested for the floor to help with 1:1 patients as sitter and/or high acuity patient loads.
- PCU staff float to other units to help with staffing issues present within each shift.
- A critical care pharmacist is available on the floor to help with medication needs and/or questions. Pharmacists monitor and manage IV antibiotics, PPN/TPN, anticoagulation drips, and provide STAT medications when needed.
- Respiratory therapists (RT) work closely with RNs in completing scheduled breathing treatments and respond to codes. RTs also complete EKGs, arterial blood gases, and manage BIPAP/CIPAP orders.
- Care management provides support with discharges, patient placement, discharge appointments and medications, patient transportation, etc.
- Environmental Services provides patient room cleaning and other services
- Lab services available as ordered/needed

Which Situations Require Staffing Variation?

- Alcohol withdrawal patients depending on medication with monitoring requirements.
- Orientation and/or preceptorship scheduling (varies with each nurse)
- Post procedural assessments and/or sedation at bedside requires 1:1 RN monitoring for 1-2 hours and variable.
- Increased number of isolation patients, 1:1 feeds, frequent turning and oral care, post-procedure vital signs, etc.

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

- Staffing may be adjusted according to acuity of the patient, type and/or skill set of the caregivers, and availability of staff.
- The charge nurse will round on the unit every four hours to assess acuity of the floor and facilitate problem solving with patient care. In addition, the charge RN will communicate the needs of their unit to the House Supervisor and/or Manager at the morning and evening meetings.
- Patient assignments are made to provide appropriate and quality care for each patient.
- Staffing changes are based on staffing concerns, patient acuity, and procedures.
- Extra shifts are available for pick-up by staff through care values and are approved by the staffing office and/or manager.

Meals and Breaks

- Staff are provided breaks and two 30-minute breaks and 3-15 minute breaks throughout each 12-hour shift.
- Currently utilizing a "break partner" assignment that is planned and coordinated by charge RN each shift.
- Charge nurse is to check in with the floor RNs to ensure they are getting their breaks and if not, how they can help to ensure breaks.

Annual Nurse Staff Survey

- Any identified concerns are addressed at staff meetings, via email and/or at staff huddles to make improvements.
- Performance Culture Assessment (PCA) completed annually by nursing staff.
- Equipment needs are addressed and ordered for the unit as needed. Staff are encouraged to submit work orders and notify management in a timely manner of equipment needs.

Approvals

Approved By: Carrie Boyle
PCU Manager

Molly M. O'Brien-Lawrence RN
Department Staffing Committee Representative

2022 Staffing Plan Overview

Department: Observation Unit

Date Updated: 1/1/2022

Author: Chantel Arnone

Nursing Department Overview

This unit will serve patients who are "observation" status and are in need of observation or further evaluation/treatment of symptoms.

- Average Daily Arrivals – 5.0
- Average length of stay Discharged Patients – 23.1 hours
- Percent of Admits – 15%

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
- Overtime costs
- Agency/ Traveler Usage
- Patient Satisfaction Data

Staffing Grid for Patient Census Target Nursing Hours per Patient Day 12.5

Day Shift 0700-1930

Census	Charge	RNs	ERTs	Other
<5	1	1	0	
5-6	1	1	0-1	
7-8	1	1-2	0-1	
9-10	1	1-2	0-1	

Night Shift 1900-0730

Census	Charge	RNs	ERTs	Other
<5	1	1	0	
5-6	1	1	0-1	
7-8	1	1-2	0-1	
9-10	1	1-2	0-1	

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Use this area to list other supports that your unit either receives from other units/departments or provides to other units and departments that impact staffing.

- IV Therapy department to place and monitor PICC lines; Observation Unit RN staff start their own peripheral IV lines.
- Respiratory Therapy supports more complex pulmonary issues not covered by a RN
- If the unit does not have enough staff to support safe patient care, we will use qualified staff from other departments
- Critical Care supports Rapid Response/ Code Blue throughout hospital

Which Situations Require Staffing Variation?

- Increased number of isolation patients
- High acuity patients
- Orientation of new nurses
- Full capacity or disaster
- Patients who require 1:1 care/status
- Holding patients waiting for admission

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

- Staffing and patient census is looked at on a continual basis throughout the day. The hospital supervisor, managers, charge nurses meet (or call) at throughout the day for updates on staffing needs. If the unit is short staffed, the charge nurse or manager will put out calls/texts/emails asking for available people to work.
- It is the responsibility of the charge nurse to notify the hospital supervisor of immediate needs.

Meals and Breaks

- Care team members cover each other for meals and breaks.
- Charge RN to check in with nursing staff to ensure they are getting their breaks.
- If unable to cover breaks and meals staff will be paid for this time.

Planned and Unplanned Laves

- The Observation Unit uses per diem employees, overtime, extra shifts to cover leaves. If unable to cover planned and unplanned leaves for an extended period of time travelers would be considered.

Annual Nurse Staff Survey

- Survey information from, local, Regional, & National levels are shared with the Nursing Teams at varying venues and audiences for planning unit staffing (i.e. Quality; employee/patient satisfaction; Press Ganey; Culture of Safety surveys, etc.).

Committee Recommendations:

APPROVALS

Prepared By CHANTEL ARNONE AND MICHELLE CHANEY

Approved By

Chantel Arnone, Manager, Observation Unit

RN

Michelle Chaney, RN, Observation Unit

Staffing Committee

Next Review Date: May 2022

2022 Staffing Plan Overview

Department: SFH Outpatient Oncology Care Clinic

Date Updated: 1/1/2022

Author: Lori McArdle, Manager and Suzanne Martin Charge RN

Nursing Department Overview

Description of the types of patients served in this nursing unit,

- Average Daily census = 10-19 patients/day
- Clinic Hours 0800-1630
- Average length of stay = 30 minutes to 7 hours
- Services include administration of chemotherapy, antibiotics, biologics/immunologics, bisphosphonates, blood and blood product transfusion, Darbepoetin alfa, Denusomab, hydration, Iron infusions, Lasix, IVIG, SQ and IM injections, therapeutic phlebotomy, patient teaching and education, vaccination.
- Serving patients age 14 and up and weighing at least 100 pounds.

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
- *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 Oncology Nursing Society
- Staff satisfaction assessment annually
- *HCAHPS

Staffing Grid for Patient Census

Target Nursing Hours per Patient Day 1.25

Day Shift

Census	Charge	RNs	PAR	C.N.A-HUC
Up to 15-16 Acuity Dependent	1 Takes 6-7 patients	1 RN 7- 8 pts. Acuity dependent	1 PAR	1 review for reduction
16 -21 Acuity Dependent	1 Takes 6-7 patients	2 RN's take approx 7 pts, acuity dependent. Then review for potential reduction	1 PAR	1 and review for reduction
21+ unlikely due to space availability	1 Takes 6-7 patients	2 RN's take 7-8 pts acuity dependent. Review for potential reduction	1 PAR	1 and review for reduction

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Use this area to list other supports that your unit either receives from other units/departments or provides to other units and departments that impact staffing.

- Patient Service Representative 0800-1630 Monday through Friday
- Pharmacist and Pharmacy Tech for medication preparation
- Laboratory Services
- Diagnostic Imaging
- Environmental Services
- Dietary Services
- Central supply

Which Situations Require Staffing Variation?

Use this section to describe legitimate situations where additional staff are required to provide safe patient care

- New Patient with High Alert Medication requiring frequent monitoring
- Treatment cancellation, patient reschedule or no show
- Sick employee or sick family member
- Pt acuity other than expected.
- Level of experience and specialty is considered when making assignments

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

- The charge nurse reviews the schedule the day before to determine appropriate staffing levels.
- Charge nurse evaluates the volume and staffing throughout the day and will flex up or down staffing depending on patient volume and acuity
- Employees that will not be able to come to work notify the manager at least two hours prior to the start of shift.
- The manager/charge nurse are notified when staffing shortages exist and every attempt is made to ensure staffing does not affect the care of the patients. Efforts may include calling other staff to come in, checking for agency staff to come in.
- Schedule may be adjusted if the department is not able to accommodate the volume due to a low staffing level
- Planned leave is requested by staff and approved by the manager according to the needs of the clinic. Every attempt is made to cover and approve the requested time off if the schedule is not already posted. If the schedule is already posted, staff are required to find their own coverage for time off.
- When unplanned time off occurs, every attempt is made to ensure staffing does not affect the care of the patients. Efforts may include calling other staff to come in, checking for agency staff to come in. Patient schedule may need to be adjusted. Manager may also cover for staff if properly licensed.

Meals and Breaks
Use this section to describe what the meal and break strategies are for your area and how you measure if they are working. • Staffs are provided breaks and lunches as required and are encouraged to do so after safely handing off their patients to another RN. • Charge nurse assigns mealtime and breaks for nurses. Charge nurse covers for break • No appts made between 12 pm and 1 pm to allow charge RN to cover staff for lunch. • If staffing does not allow for breaks and/or lunches, the manager will provide back-up, or the employee will be paid for their missed break.
Unit Layout considerations
Use this section to describe what the effects of the layout of the unit are on patient care. • The clinic is in separate building from hospital laboratory and pharmacy requiring trips back and forth to pick up medications, blood and drop off labs. • Environmental services must be called to come to building if needed, otherwise cleaned at end of workday only. • Patient meals must be delivered from hospital building
Annual Nurse Staff Survey
• **Are survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail)** Staff meetings • **Process Improvement work completed on issues identified?** 1. Safe and secure environment, PPE 2. Competence of dept, Filling FTE's • **What were the results/plan of action? Safe environment:** COVID19 precautions and PPE implemented. Competency: 100% of FTE RN are credentialed in their specialty. Faire day, Fire training, earthquake and evacuation drills completed by staff.

Committee Recommendations:

APPROVALS

Prepared By Lori McArdle Manager, Clinical Services

Approved By Holly Cook, Director of Nursing

Staff Approver *Suzanne Martin Relief Charge RN*

Next Review May 2022

2022 Staffing Plan Overview

Department: SFH Radiation Oncology

Date Updated: 1/1/2022

Author: Lori McArdle, Manager, Beth Go Staff RN

Nursing Department Overview

Description of the types of patients served in this nursing unit,

- Clinic hours 0800-1630
- Average Daily census = 15-30 patients/day
- Average length of stay = 30 minutes to 2 hours with procedure
- Services include consultation for new referral, first view visit (FV), daily ERT treatment, on-treatment visit (OTV), CT scans, Simulations, nurse assessment and education, follow-ups and discharge, Dr Visit with procedure, scopes and exams

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
- *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
- Survey information from, local, Regional, & National levels are shared with the Nursing Teams at varying venues and audiences for planning unit staffing (i.e. Quality; employee/patient satisfaction; HCAHPS; Culture of Safety surveys, etc.).

Staffing Grid for Patient Census — Target Variable hours/Stat 0.975

Insert developed staffing grid for varying levels of patient census or attach to this document

Day Shift

Machine Census	RNs (Note: not all patients on machine see the RN)	Rad Therapists	On Call
Up to 23	1 depending on number of nursing visits/consults	2 for treatment + 1 for studies, CTs, Sims	1 Rad Therapist on call for all weekends/holidays.
24 + 30	2 RNs or 1 RN + C.N.A. on busy OTV days. Evaluate census for reduction of staff	3 for treatment +1 for, CTs, Sims. Eval. for reduction of staff every 4 hours.	1 Rad Therapist on call for all weekends/holidays.
31 - 40	2 RN's or 1 RN + C.N.A on busy OTV days or multiple RN consults. Evaluate for reduction every 4 hours.	3-4 depending on length of day & above criteria. Eval. for reduction of staff every 4 hours.	1 Rad Therapist on call for all weekends/holidays.

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Use this area to list other supports that your unit either receives from other units/departments or provides to other units and departments that impact staffing.

- Patient Service Representative 0800-1630 Monday through Friday
- Laboratory Services
- Environmental Services
- Infusion services
- Central Supply
- Pharmacy

Which Situations Require Staffing Variation?

Use this section to describe legitimate situations where additional staff are required to provide safe patient care

- Emergent Consult/treatment
- Multiple CT or FV patients concurrent with other patient treatment times
- Multiple NEw Consults

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

- The schedule is reviewed to determine appropriate staffing levels and will flex up or down dependent on patient volume and acuity
- Employee that will not be able to come to work notifies the manager/Lead therapist at least two hours prior to the start of shift.
- Planned leave is requested by staff and approved by the manager. If the schedule is not already posted, the manager strives to obtain coverage to approve time off. If the schedule is already posted, staff find their own coverage for time off.
- When unplanned time off occurs, every attempt is made to ensure staffing does not affect patient care. Efforts include calling staff/agency to come in. Patient schedule may need to be adjusted.

Meals and Breaks

Use this section to describe what the meal and break strategies are for your area and how you measure if they are working.

- Staff are provided breaks and lunches as required and are encouraged to do so after safely handing off their patients to another appropriate staff.
- If staffing does not allow for breaks and/or lunches, the manager will provide back-up, or the employee will have their pay adjusted to cover for the missed time.
- Staff may take an hour break all at once to include their 30 min Lunch, 15-minute AM, and 15-minute PM break as scheduled.

Annual Nurse Staff Survey

- Survey information from, local, Regional, & National levels are shared with the Nursing Teams at varying venues and audiences for planning unit staffing (i.e. Quality; employee/patient satisfaction; HCAHPS; Culture of Safety surveys, etc.).

- **Process Improvement work completed on Issues identified?**
  1. Completing incident reports when the situation calls for it.
  2. Patient Education regarding Side Effects of Treatment
  3. COVID Precautions/Safety, Proper PPE
  4. Safety Training for Fire, Earthquake and evacuation.

Committee Recommendations:

APPROVALS

Prepared By Lori McArdle Manager

Staff approver Beth Go RN

Approved By Holly Cook, Director of Nursing

Next Review Date 5/2022

2022 Staffing Plan Overview

Department: SFH Cath/IR/Vascular Lab

Date Updated: Jan 1, 2022

Author: Cynthia Tran, RN; James Johnson, RN

Nursing Department Overview
Description of the types of patients served in this nursing unit: inpatients/ outpatients requiring cardiac services (left heart catheterization with or without intervention; right heart catheterization; temporary or permanent pacemaker; loop recorder implant; TEE; cardioversion; pericardiocentesis), vascular services (aortogram; lower extremity angiogram with or without intervention; thrombolytic therapy/ infusion catheter; fistula repair), or interventional radiology services (central line placement; tube/drain placement such as gastrostomy, nephrostomy, suprapubic catheter; IVC filter; embolization; vertebroplasty; imaging guided biopsies such as lung, liver, bone) • Average Daily census – 8 to10 procedures per work day (inpatient/ outpatient) encompassing cardiac/ IR/ vascular cases • Average number of admits/discharges/transfers – 10 • Average length of stay – 6 hours (admission/ procedure/recovery)
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: RN/ Cardiovascular technologist/ Radiology technologist • Medication errors • Staff turnover/orientation costs • Overtime costs / end of shift overtime / missed breaks incidental overtime • Agency/ Traveler Usage • Data from professional organizations
Staffing Grid for Patient Census Target Nursing Hours per Patient Day__
Insert developed staffing grid for varying levels of patient census or attach to this document Day Shift: 0530-1800 (admit/recovery staff) 0700-1730 (procedure room staff)

Census	Charge	RNs	CAs	CVT/RT
8-10	1 RN	2 RNs procedure	0	4
		2 RNs Admit/Recovery		

Evening Shift – call team: 3 staff (1 RN plus 1 Tech and 1 either RN or Tech)

Census	Charge	RNs	CAs	CVT/IRT
0	0	1 or 2 on-call	0	1 or 2 on-call

Night Shift- continued coverage by call team

Census	Charge	RNs	CAs	Other
0	0	1 or 2 on-call	0	1 or 2 on-call

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Use this area to list other supports that your unit either receives from other units/departments or provides to other units and departments that impact staffing.

- Support diagnostic imaging (CT/ Ultrasound/ X ray/Nuclear Med/ECHO) requiring nurse &/or technologist for specific tasks to include conscious sedation/ procedural sedation; ultrasound guided IV start; bubble study; albumin infusion
- Transport of inpatients (ICU/PCU level) pre/ post procedure
- Pre-admission phone calls to all scheduled outpatients
- Stage inpatients awaiting procedure/ house inpatients awaiting bed
- Interfacility transfer of IABP (intra-aortic balloon pump) patient by cath lab RN (1:1 care)
- Support bedside IR cases throughout hospital
- "Same Day Discharge" for PCIs (Percutaneous Coronary Intervention)- lengthened recovery time (spared inpatient bed)
- Support from the following departments: cardiopulmonary, SWAT (resource nurse), hospital transporter, EVS (environmental service)
- Planned leaves or vacations must be requested in writing to manager at least 30 days prior to leave. Manager fills vacancy with either nurse or tech, as appropriate, based on staff availability, weekly hours worked (scheduled and call time), overtime, etc. Only 1 vacation request per discipline (nurse or tech) is approved at any given time (scheduled leave of 2 nurses, for example, cannot coincide or overlap). Unplanned leaves are covered by staff that have a scheduled day off, first by volunteer basis then by mandate of manager. Per diem staff may be assigned in either Admit/ Recovery or Procedure room. Charge nurse may substitute as procedure nurse. Manager may substitute as technologist.

Which Situations Require Staffing Variation?

Use this section to describe legitimate situations where additional staff are required to provide safe patient care

- Call team of three staff to provide after-hour/ weekend services

Chain of Command/ Staffing Decision Tree

Meals and Breaks

- **Use this section to describe what the meal and break strategies are for your area and how you measure if they are working.**
- **30- minute and 15- minute breaks are scheduled according to policy for 10-hour shift (procedure room staff) as well as 12- shift (recovery room staff)**
- **Breaks are planned during daily safety huddle- attended each morning by on-site manager, charge nurse, RNs, and technologists**
- **Breaks are planned in between scheduled cases and may require adjustment for "add on cases"**
- **Procedure staff will rotate out or "scrub out" for breaks- particularly during prolonged cases- and "scrub in" after break**
- **Procedure "room 1" staff may provide breaks for "room 2" staff, vice versa, as cases are completed**
- **Recovery area staff are relieved for breaks by procedure room staff, charge or manager**
- **Break "buddy" may be assigned at onset of shift by charge nurse**
- **Charge nurse provides relief of staff if assigned break "buddy" becomes unavailable**
- **Staff document "CMD" (CANCEL MEAL DEDUCTION) if relief options exhausted- breaks not taken**

Annual Nurse Staff Survey

- **Survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail)**
- **Process Improvement work completed on issues identified?**
- **What was the results/plan of action?**

Committee Recommendations:

APPROVALS

Prepared By CYNTHIA TRAN, RN / JAMES JOHNSON, RN

Approved By Christine Stevens RCIS

Next Review Date June 2022

2022 Staffing Plan Overview

Department: SFH Cath/IR/Vascular Lab

Date Updated: Jan 1, 2022

Author: Cynthia Tran, RN; James Johnson, RN

Nursing Department Overview
Description of the types of patients served in this nursing unit: inpatients/ outpatients requiring cardiac services (left heart catheterization with or without intervention; right heart catheterization; temporary or permanent pacemaker; loop recorder implant; TEE; cardioversion; pericardiocentesis), vascular services (aortogram; lower extremity angiogram with or without intervention; thrombolytic therapy/ infusion catheter; fistula repair), or interventional radiology services (central line placement; tube/drain placement such as gastrostomy, nephrostomy, suprapubic catheter; IVC filter; embolization; vertebroplasty; imaging guided biopsies such as lung, liver, bone) • Average Daily census – 8 to10 procedures per work day (inpatient/ outpatient) encompassing cardiac/ IR/ vascular cases • Average number of admits/discharges/transfers – 10 • Average length of stay – 6 hours (admission/ procedure/recovery)
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: RN/ Cardiovascular technologist/ Radiology technologist • Medication errors • Staff turnover/orientation costs • Overtime costs / end of shift overtime / missed breaks incidental overtime • Agency/ Traveler Usage • Data from professional organizations
Staffing Grid for Patient Census Target Nursing Hours per Patient Day__
Insert developed staffing grid for varying levels of patient census or attach to this document Day Shift: 0530-1800 (admit/recovery staff) 0700-1730 (procedure room staff)

Census	Charge	RNs	CAs	CVT/RT
8-10	1 RN	2 RNs procedure	0	4
		2 RNs Admit/Recovery		

Evening Shift – call team: 3 staff (1 RN plus 1 Tech and 1 either RN or Tech)

Census	Charge	RNs	CAs	CVT/IRT
0	0	1 or 2 on-call	0	1 or 2 on-call

Night Shift- continued coverage by call team

Census	Charge	RNs	CAs	Other
0	0	1 or 2 on-call	0	1 or 2 on-call

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Use this area to list other supports that your unit either receives from other units/departments or provides to other units and departments that impact staffing.

- Support diagnostic imaging (CT/ Ultrasound/ X ray/Nuclear Med/ECHO) requiring nurse &/or technologist for specific tasks to include conscious sedation/ procedural sedation; ultrasound guided IV start; bubble study; albumin infusion
- Transport of inpatients (ICU/PCU level) pre/ post procedure
- Pre-admission phone calls to all scheduled outpatients
- Stage inpatients awaiting procedure/ house inpatients awaiting bed
- Interfacility transfer of IABP (intra-aortic balloon pump) patient by cath lab RN (1:1 care)
- Support bedside IR cases throughout hospital
- "Same Day Discharge" for PCIs (Percutaneous Coronary Intervention)- lengthened recovery time (spared inpatient bed)
- Support from the following departments: cardiopulmonary, SWAT (resource nurse), hospital transporter, EVS (environmental service)
- Planned leaves or vacations must be requested in writing to manager at least 30 days prior to leave. Manager fills vacancy with either nurse or tech, as appropriate, based on staff availability, weekly hours worked (scheduled and call time), overtime, etc. Only 1 vacation request per discipline (nurse or tech) is approved at any given time (scheduled leave of 2 nurses, for example, cannot coincide or overlap). Unplanned leaves are covered by staff that have a scheduled day off, first by volunteer basis then by mandate of manager. Per diem staff may be assigned in either Admit/ Recovery or Procedure room. Charge nurse may substitute as procedure nurse. Manager may substitute as technologist.

Which Situations Require Staffing Variation?

Use this section to describe legitimate situations where additional staff are required to provide safe patient care

- Call team of three staff to provide after-hour/ weekend services

Chain of Command/ Staffing Decision Tree

Meals and Breaks

- **Use this section to describe what the meal and break strategies are for your area and how you measure if they are working.**
- **30- minute and 15- minute breaks are scheduled according to policy for 10-hour shift (procedure room staff) as well as 12- shift (recovery room staff)**
- **Breaks are planned during daily safety huddle- attended each morning by on-site manager, charge nurse, RNs, and technologists**
- **Breaks are planned in between scheduled cases and may require adjustment for "add on cases"**
- **Procedure staff will rotate out or "scrub out" for breaks- particularly during prolonged cases- and "scrub in" after break**
- **Procedure "room 1" staff may provide breaks for "room 2" staff, vice versa, as cases are completed**
- **Recovery area staff are relieved for breaks by procedure room staff, charge or manager**
- **Break "buddy" may be assigned at onset of shift by charge nurse**
- **Charge nurse provides relief of staff if assigned break "buddy" becomes unavailable**
- **Staff document "CMD" (CANCEL MEAL DEDUCTION) if relief options exhausted- breaks not taken**

Annual Nurse Staff Survey

- **Survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail)**
- **Process Improvement work completed on issues identified?**
- **What was the results/plan of action?**

Committee Recommendations:

APPROVALS

Prepared By CYNTHIA TRAN, RN / JAMES JOHNSON, RN

Approved By Christine Stevens RCIS

Next Review Date June 2022

2022 Staffing Plan Overview

Department: Surgical Admit/ Discharge Unit

Date Updated: January 1, 2022

Author: Hannah Bennett, Phyllis Mills

Nursing Department Overview

Patients served in the unit: admit and discharge of Surgical, GI, Cath Lab, and IR patients. Acuity ranges from healthy patients to patients with significant co-morbidities;

- Average daily census: Average patient encountered ranges from 20-35 admits and 15-30 discharges each day (the department has 14 patient rooms, and experiences rapid turnover)
- Average length of stay: 2 hours pre-op/1-2 hours post op
  Hours of operation for the department: 0500-2030
- Age: 6 months and older:
  - Pediatric cases are scheduled as early morning and cases are screened according to the pediatric matrix. Exclusion criteria are:
    - No one younger than 1 yr. of are that requires airway instrumentation
    - No tonsillectomy cases or children with obstructive apnea under age 4 due to risk of post-op breathing complications
    - No children with known respiratory and cardiac disease
    - No children with genetic disorders
    - No inpatients younger than 15
    - No 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 asterisk*:

- *Patient falls prevalence
- *Patient falls with injury
- *Nursing care hours per visit
- Patient census
- Skill mix
- *Medication errors
- Overtime / end of shift overtime
- Productivity
- Agency/ Traveler usage
- Patient perception of care data
- Employee satisfaction (PCA-annually)

- Safety culture assessment data
- Data from professional organizations (ASPAN, AORN)
- Pain management

Staffing Grid for Patient Census Target Nursing Hours per 100 minutes___2.36hrs___

Staffing grid for scheduled shifts, layered throughout the day. Totals are to be added to the preceding shift over the range of times.

Day Shift

Scheduled Shifts	Charge/Team Lead	RNs	CNAs	HUC
5-1330	1	2	1	1
530-1400	1	5-6	1	1
530-1800	1	1	1	1
730-1600	1	1	1	1

Evening Shift

Scheduled Shifts	Charge/Team Lead	RNs	CNAs	HUC
8-2030	1	2	1	1
13-2030	1	1	1	0

Night Shift

Census	Charge	RNs	CAs	HUC
0	0	0	0	0
*If any patients left on unit after 2030, they will be transferred to PACU or in house.		*RN staff may float from PACU to SADU when necessary and possible if patients not discharge by 2030.		

*The typical staffing ratio is 1:1 for patients being admitted and 1:3 for patients being discharged depending on acuity. This is in alignment with the American Society of Perianesthesia Nurses (ASPAN) staffing guidelines.

The department makes every effort to avoid interruptions during the admission process. This is a critical time for patient safety and distractions can lead to errors.

Support staff includes CNAs, HUCs (internal dept.), and EVS (external dept.)

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Support received from other units/departments or provided to other units and departments that impact staffing:

- Impact from GI, Cath lab and IR schedule can be significant
- Support from anesthesia with placement of difficult IV's

- Laboratory
- EVS

Which Situations Require Staffing Variation?

Situations where additional staff are required to provide safe patient care:

- Increased volume of surgical, GI or procedure patients
- Increased/Decreased surgical and procedure volumes
- Increased/Decreased number of isolation patients
- Percentage of add-on cases not pre-screened
- Patients requiring translation services
- Lack of transportation help
- Last minute surgical schedule changes

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

Process used to determine if extra staff is needed:

- Daily review of surgery schedule to determine staffing needs
- Flexing shifts up or down depending on surgery schedule
- Request assistance of charge nurse/manager when staffing shortage exists

*When staffing shortages are anticipated, such as planned FMLA, staff may be asked to pick up additional shifts when appropriate, or agency staff may be utilized.

Meals and Breaks

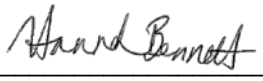
- Meals and breaks are covered by a system of relieving. Break times per shift are posted on the unit break sheet.
- If staff are not able to take a break or meal at the scheduled time, they are to report this to the charge nurse, so alternate plans can be made to ensure breaks and meals.
- If staff are not able to take their meal or break on time, they are to record this on the edit log and seek approval from the charge nurse or manager.

Annual Nurse Staff Survey

- Survey information from, local, Regional, & National levels are shared with the Nursing Teams at varying venues and audiences for planning unit staffing (i.e. Quality; employee/patient satisfaction; HCAHPS; Culture of Safety surveys, etc.).

Committee Recommendations:

APPROVALS

Prepared By  HANNAH BENNETT, CLINICAL MANAGER,

 PHYLLIS MILLS, RN

Approved By SFH STAFFING COMMITTEE

Next Review Date May. 2022

2022 Staffing Plan Overview

Department: Post Anesthesia Care unit (PACU)

Date Updated: January 1, 2022

Author: Hannah Bennett, Cassie Steig

Nursing Department Overview

Patients Served in the Unit: Post-surgical phase 1 and phase 2 patients, post-procedure GI, Cath lab, and IR patients. Acuity ranges from healthy patients to patients with significant co-morbidities.

- Average Daily census: Average patient encountered ranges from 20-30 patients/day.
- There are two separate PACU locations, with capacity for 6 patients each.
- Average length of stay: 60-120 minutes depending on the patients' needs.
  Hours of operation for the department: 0730-2230 with staff available on call after hours and on weekends.
- Age: 6 months and older:
  - Pediatric cases are scheduled as early morning and cases are screened according to the pediatric matrix. Exclusion criteria are:
    - No one younger than 1 yr. of are that requires airway instrumentation
    - No tonsillectomy cases or children with obstructive apnea under age 4 due to risk of post-op breathing complications
    - No children with known respiratory and cardiac disease
    - No children with genetic disorders
    - No inpatients younger than 15
    - No 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 asterisk*:

- *Patient falls prevalence
- *Patient falls with injury
- *Nursing care hours per visit
- Patient census
- Skill mix
- *Medication errors
- Staff turnover
- Productivity
- Overtime / end of shift overtime/ call back
- Agency/ Traveler usage

- Patient perception of care data
- Employee satisfaction (PCA-annually)
- Safety culture assessment data
- Data from professional organizations (ASPAN, AORN)
- Pain management scores

Staffing Grid for Patient Census Target Nursing Hours per 100 minutes___2.36hrs___

Staffing grid for scheduled shifts, layered throughout the day. Totals are to be added to the preceding shift over the range of times.

Day Shift

Scheduled Shifts M-F	Charge	RNs	CNAs	Other
730-1600	1	2-3	0	
730-1600	1	1	0	
730-1800	1	1	0	

Evening Shift

Scheduled Shifts M-F	Charge	RNs	CNAs	Other
730-2000	1	2	0	
14-2230	1	1	0	
10-2230	1	1	0	

Night Shift

Shift M-F	Charge	RNs	CNAs	Other
Emergent only Standby 2200-0730	0	2	0	
Weekend				
Shift Sat-Sun	Charge	RNs	CNAs	Other
Emergent only Standby 0800-0800	0	2	0	

*The department follows the American Society of Perianesthesia Nurses' (ASPAN) staffing guidelines. The staffing ratio is 1:2 per RN with the exception of the following situations that require staffing of 1:1 per patient:

- Unconscious children under the age of 8
- Any patient with an artificial airway
- Critical Care level patients

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Support received from other units/departments or provided to other units and departments that impact staffing:

- Laboratory
- Cardio-pulmonary
- Patient transport
- EVS
- Pharmacy
- Dietary
- Radiology
  (The department provides recovery services to GI, Cath lab and IR patients.)

Which Situations Require Staffing Variation?

Situations where additional staff are required to provide safe patient care:

- Patient census in the Surgical Admit/Discharge Unit (SADU)
- Inpatient room availability
- After hour cases
- Increased/Decreased surgical or procedural volumes
- Increased/Decreased number of isolation patients
- Add-on of emergent/urgent cases
- Patients requiring translation services
- Patient acuity, e.g. children, critical care
- Adjusting staffing to sick calls, or staff who are absent because they were called in the night before.

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

Process used to determine if extra staff is needed:

- Daily review of surgery schedule to determine staffing needs
- Flexing shifts up or down depending on surgery schedule
- Request assistance from charge nurse/manager when staffing shortage exists

*When staffing shortages are anticipated, such as planned FMLA, staff may be asked to pick up additional shifts when appropriate, or agency staff may be utilized.

Meals and Breaks

- Meals and breaks are covered by the scheduled mid-shift FTE.
- Meals and breaks are scheduled on the staffing sheet. If staff are not able to take a break or meal at the scheduled time, they are to report this to the charge nurse, so alternate plans can be made to ensure breaks and meals.
- If staff are not able to take their meal or break on time, they are to record this on the edit log and seek approval from the charge nurse or manager.

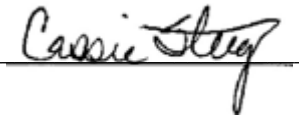
Annual Nurse Staff Survey

- Survey information from, local, Regional, & National levels are shared with the Nursing Teams at varying venues and audiences for planning unit staffing (i.e. Quality; employee/patient satisfaction; HCAHPS; Culture of Safety surveys, etc.).

Committee Recommendations:

APPROVALS

Prepared By  HANNAH BENNETT, CLINICAL MANAGER

 CASSIE STEIG, RN

Approved By SFH STAFFING COMMITTEE

Next Review Date May. 2022

2022 Staffing Plan Overview

Department: Preadmission Testing Clinic

Date Updated: January 1, 2022

Author: Hannah Bennett, Sharon Holbrook

Nursing Department Overview

Patients served in the unit: Preadmission screening of surgical patients planned to undergo anesthesia. Acuity ranges from healthy patients to patients with significant co-morbidities;

- Average daily census: Average patient encountered ranges from 10-30 patients in total who are contacted via phone or in person visit; no more than 5 in person visits are scheduled per day.
- Average length of appointment: 15 mins to 2 hours based on acuity and co-morbidities.
  Hours of operation for the department: 0800-1830
- Age: 6 months and older:
  - Pediatric cases are scheduled as early morning and cases are screened according to the pediatric matrix. Exclusion criteria are:
    - No one younger than 1 yr. of are that requires airway instrumentation
    - No tonsillectomy cases or children with obstructive apnea under age 4 due to risk of post-op breathing complications
    - No children with known respiratory and cardiac disease
    - No children with genetic disorders
    - No inpatients younger than 15
    - No 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 asterisk*:

- *Patient falls prevalence
- *Patient falls with injury
- *Nursing care hours per visit
- Patient census
- Skill mix
- *Medication entry errors
- Overtime / end of shift overtime
- Productivity
- Agency/ Traveler usage
- Patient perception of care data
- Employee satisfaction (PCA-annually)

- Safety culture assessment data
- Data from professional organizations (ASPAN, AORN)
- Pain management education

Staffing Grid for Patient Census Target Nursing Hours per 100 minutes___2.36hrs___

Staffing grid for scheduled shifts.

Day Shift

Scheduled Shifts	Charge/Team Lead	RNs	HUC
8-1830	1	2	1

*The typical staffing ratio is 1:1 for each appointment scheduled. This is in alignment with the American Society of Perianesthesia Nurses (ASPAN) staffing guidelines.

The department makes every effort to avoid interruptions during the screening process. This is a critical time for patient safety and distractions can lead to errors.

Support staff includes HUCs (internal dept.), and EVS (external dept.)

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Support received from other units/departments or provided to other units and departments that impact staffing:

- SADU RN's that are cross trained, float to PAT to back fill for sick calls or when core staff are out on PTO.

Which Situations Require Staffing Variation?

Situations where additional staff are required to provide safe patient care:

- Increased/Decreased surgical volumes
- Increased/Decreased number of isolation patients
- Percentage of add-on cases
- Patients requiring translation services
- Last minute surgical schedule changes

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

Process used to determine if extra staff is needed:

- Daily review of surgery schedule to determine staffing needs
- Flexing shifts up or down depending on surgery schedule
- Request assistance of charge nurse/manager when staffing shortage exists

*When staffing shortages are anticipated, such as planned FMLA, staff may be asked to pick up additional shifts when appropriate, or agency staff may be utilized.

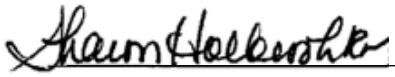
Meals and Breaks
• Meals and breaks are covered by a system of relieving. • If staff are not able to take a break or meal at the scheduled time, they are to report this to the charge nurse, so alternate plans can be made to ensure breaks and meals. • If staff are not able to take their meal or break on time, they are to record this on the edit log and seek approval from the charge nurse or manager.

Annual Nurse Staff Survey
• Survey information from, local, Regional, & National levels are shared with the Nursing Teams at varying venues and audiences for planning unit staffing (i.e. Quality; employee/patient satisfaction; HCAHPS; Culture of Safety surveys, etc.).

Committee Recommendations:

APPROVALS

Prepared By  HANNAH BENNETT, CLINICAL MANAGER,

 SHARON HOLBROOK, RN

Approved By SFH STAFFING COMMITTEE

Next Review Date May 1. 2022

2022 Staffing Plan Overview

Department: Surgery

Date Updated: January 1, 2022

Author: Lien Ly, Mary Majetich

Nursing Department Overview

Patients Served in the Unit: Orthopedic, General, Urology, Gynecology, Ophthalmology, ENT, Neurosurgery, Vascular, Podiatry, Plastic, Bariatric, and Robotic surgical procedures.

- Average Daily census: Average patient encountered ranges from 20-30 patients in 8 operating room suites
- Hours of operation for the department: 0600-2100 with staff available on call after hours and on weekends for urgent/emergent cases.
- Daily staffing support
    - 7 rooms until 1500
    - 5 rooms until 1700
    - 2 rooms until 1900

- Surgery cases range from 30minutes 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 and cases are screened according to the pediatric matrix. Exclusion criteria are:
        - No one younger than 1 yr of age that requires airway instrumentation
        - No tonsillectomy cases or children with obstructive sleep apnea under age 4 due to risk of post-op breathing complications.
        - No children with known respiratory and cardiac disease
        - Children with genetic disorders
        - No inpatients younger than 15.
        - 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 asterisk*:

- *Patient falls prevalence
- *Patient falls with injury
- *Pressure ulcer rate/prevalence
- *Staff hours per 100 OR minutes
- 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
- NDNQI Data (Relevant reporting units):
- Surgical Never Events
- Surgical Infection Rates
- Surgical Complication Rates
- Surgical Care Improvement Project (SCIP) data
- Unlabeled/Mislabeled Specimen data
- Safety culture assessment data

Staffing Grid for Patient Census Target Nursing Worked Hours per Operating Room Hours: 7.5

Insert developed staffing grid for varying levels of patient census or attach to this document

Staffing in this unit is as follow:

- Each OR team consists of at least one surgeon, one anesthesiologist, one registered nurse, and one surgical technologist **or** one scrub registered nurse.
- Our unique floor plan consists of four operating room suites on the Main OR side and four operating room suites on the Same Day Surgical Unit side. Each side has their own center core, equipment rooms and anesthesia workrooms to ensure necessary equipment is close at hand. Medications are pulled from Pyxis machines located in each Center Core. All equipment is checked by Biomed. Education for all equipment and medical devices is provided to the staff by either the Unit Based Educator, Vendor, or subject matter expert nurses in the department.
- Staffing will be adjusted for more involved cases that require more support.
- In addition to the in room staff, the OR has support staff available:
    - Charge nurses and resource nurses
    - Relief nurses and technologists to retrieve supplies, turnover rooms, and provide breaks to staff
    - Center core technologists to retrieve supplies, turn over rooms, and provide breaks to staff
    - Anesthesia technicians (support anesthesiologist and help with difficult airways)
    - PSTs to assist with room turnover and transport
    - EVS staff to assist with turnovers
    - PACU nurses to assist during emergencies

Day Shift 0630-1500

Census	Charge	Holding	Facilitator	RN	CST	HUC	Core/Relief	PST
M-7 OR's	1	1	1	10	10	1	4	3
T-6 OR's	1	1	1	9	9	1	4	3
W-7 OR's	1	1	1	10	10	1	4	3
Th-7 OR's	1	1	1	10	10	1	4	3
F- 6 OR's	1	1	1	9	9	1	4	2

Evening Shift (1400-2100)-number of OR's running changes at 1500, 1700 and 1900

Census	Charge	Holding	Facilitator	RN	CST	HUC	Core/Relief	PST
M-7,5,2	1	1	0	9,6,2	9,5,2	0	1	1
T-6,5,2	1	0	0	8,6,2	8,4,2	0	1	1
W-7,5,2	1	1	0	9,6,2	9,5,2	0	1	1
Th-7,5,2	1	1	0	9,6,2	9,5,2	0	1	1
F-6,5,2	1	0	0	8,6,2	8,4,2	0	1	1

Night Shift/Weekend

Census	Charge	RNs	CST	PST
Call Only M-F	0	1	1	0
Call Only Sa-Su	0	1	1	1

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Use this area to list other supports that your unit either receives from other units/departments or provides to other units and departments that impact staffing.

- The unit depends on Materials Management, Sterile Processing, Radiology, Laboratory, Pathology, Environmental Services, PACU and SADU for support.
- Maintains one room for emergent C-Sections.

Which Situations Require Staffing Variation?

Use this section to describe legitimate situations where additional staff are required to provide safe patient care

- Patient acuity eg: children, critical care
- Patient census in the PACU bed availability
- Surgical Admit Discharge Unit room availability
- Increased/Decreased Surgical Volumes
- Add-On of emergent/urgent cases
- Assisting L&D with emergent c-sections
- Last minute schedule changes
- Local only cases (requiring two RN's)
- Two surgeons per case requiring two RN's and two CST's teams
- Lack of surgical assistants for complicated cases
- Uterine Manipulators in GYN Robotics requiring an additional CST

- Patients requiring translation services
- Lack of transportation help
- Patients/cases with difficult positioning
- Cases that require line placement/nerve blocks prior to the case
- Adjusting staffing to sick calls, or staff who are absent because they were called in the night before. These adjustments to staffing are tracked by the charge nurse daily on our staffing log.

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

- Daily review of surgery schedule to determine staffing needs
- Flexing shifts up or down depending on surgery schedule
- Foreseeable FCA/FMLA absences will result in consideration of agency staffing.
- Unforeseeable FCA/FMLA absences will be covered by requesting staff to work on their off days to backfill. We may also utilize a holding nurse, charge nurse/manager.
- Request assistance from charge nurse/manager when staffing shortage exists.
- All adjustments to staffing are tracked by the charge nurse daily on our assignment/staffing log.

Meals and Breaks

- **Use this section to describe what the meal and break strategies are for your area and how you measure if they are working.**

Meal breaks are covered RN to RN and individually to each OR suite. The same strategy is used for CST lunches. We ensure breaks and lunches are given by staggering our staffing and assigning break/lunch relief as well as Center Core staff to give breaks/lunches in a timely manner. Staffing issues arise when these staff must be pulled to perform surgical cases when we have sick calls. In the event emergent cases prevent a staff member from receiving a break they are compensated for this time however our practice is to ensure breaks and lunches are met for both nourishment and time away from the pressures of the work.

Annual Nurse Staff Survey

- **Survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail)** Daily shift huddles daily at 0630 and huddle reports posted for staff who arrive later in the day (0900, 1100) and weekly staff meetings on Wednesday mornings at 0630 and afternoons at 1300.
- **Process Improvement work completed on issues identified?** yes
- **What was the results/plan of action?** Working currently on turnover rollout with Bill Braswell from OPEX and have decreased our overall turnover time from an average of

47 minutes to 31 minutes. We are continuing to PDCA. We are also currently working on creating 4 separate turnover matrix to speak to the four different types of turnover based on case acuity and number of instrument pans clearly defining each role for the four different turnovers. This work has been greatly impacted from COVID as turnover criteria is much different for patients who are COVID +, PUI (person under investigation) or unresulted for COVID testing.

- Also recently completed work for more consistency in staffing for both surgeon and staff satisfaction as well as expertise and anticipation of surgeon preferences and needs. During the former 2020 evaluation season, asked each teammate to help determine what a "perfect work week looked like for them." Grids were created that are surgeon specific for 3-5 RNs and 3-5 CSTs that work routinely with each surgeon. Patterns were created and surgeon input was requested. Charge RNs now staff rooms based upon this grid and to date the feedback has been exemplary.

Committee Recommendations:

APPROVALS

Prepared By _____ LIEN LY, OR MANAGER

_____ Mary Majetich, OR Nurse

Approved By _____
St. Francis Hospital Staffing Committee

_____

Next Review Date May 2022