Providence St. Luke's Rehabilitation Medical Center
Nurse Staffing Plan

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- **Stroke**
- **Spinal Cord Injury**
- **Brain Injury**

V. Nurse Staffing Committee

A) Charter

Originated: October 2009

Reviewed and Approved:  12/22/2021

Nancy Webster
Hospital Administrator/COO

Date

Amended: December 2009
Reviewed: December 2010
Reviewed: December 2011
Revised: November 2012
Revised: June 2013
Revised: January 2014
Revised January 2015
Revised: January 2016
Revised: February 2017
Revised: December 2017
Revised: December 2019
Reviewed: November 2020
Revised: December 2021

Staffing Plan References

American Nurses Association Website
Washington State Hospital Association

Providence St. Luke's Rehabilitation Medical Center
Nurse Staffing Plan

I. Purpose and Background:

Identifying and maintaining the appropriate number and mix of nursing staff is critical to the delivery of quality patient care. Numerous studies reveal an association between higher levels of experienced RN staffing and lower rates of adverse patient outcomes.

42 Code of Federal Regulations (42CFR 482.23(b) requires hospitals certified to participate in Medicare to "have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed".

There are various approaches to assure sufficient nurse staffing at the state level. The approach within Washington State is to require and hold hospitals accountable for implementation of nurse staffing plans, with input from direct care nurses, to assure safe nurse to patient ratios are based on patient need and other influencing criteria. The American Nurses Association (ANA) supports a legislative model in which nurses are empowered to create valid and reliable staffing plans specific to the unit and patient population and to which healthcare facilities are held accountable.

In February 2008, the Northwest Organization of Nurse Executives; SEIU Healthcare, 1199 NW; the United Staff Nurses Union, Local 141, UFCW; the Washington State Hospital Association (WSHA); and the Washington State Nurses Association entered into a unique Memorandum of Agreement to address nurse staffing concerns, an approach untried in any other state in the nation.

Providence St. Luke's Rehabilitation Medical Center participation in the collection and reporting of data on nurse sensitive quality indicators through the Quality Benchmarking System with the Washington State Hospital Association.

II. Structure:

Nursing strives to provide quality care to all patients served in order to promote safe and effective patient care. We believe adequate staffing is a key element in being able to meet this goal. We must also exercise responsibility in managing staffing resources to assure our organization is successful and meets the strategic objectives.

The Chief Nurse Officer at Providence St. Luke's Rehabilitation Medical Center (PSLRMC) has the authority for oversight for the provision of care across the organization.

The Chief Nurse Officer functions at the senior leadership level to provide effective leadership and to coordinate delivery of nursing care, treatment, and services.

The Chief Nurse Officer has the authority to speak on behalf of nursing to the same extent that other hospital leaders speak for their respective disciplines, departments, or service lines.

The Chief Nurse Officer is licensed as a registered professional nurse in the state of Washington and possesses a postgraduate degree.

The Chief Nurse Officer is responsible to the Administrator of PSLRMC; the Administrator is responsible to the Executive Director Neuroscience Providence INWA.

Nursing caregivers work collaboratively with a variety of disciplines within the organization to meet patient care needs. Direct bedside caregiver in nursing include: Registered Nurses, Nurse Assistant Certified, Respiratory Therapy, Nurse Techs, Patient Attendants and Health Unit Coordinators. The department is further supported by the scheduling office. Nursing leadership has 24/7 presence and accountability. Agency and traveler resources are utilized as necessary.

III. Elements of the Staffing Process:

A) Census/Patient Volume

The census (patient volume) for inpatient care is established through a process of analysis, forecasting, strategic planning, and meeting the mission and vision of PSLRMC. The operating budget and capital budget process is directed by the Hospital Administrator in conjunction with the PSLRMC strategic plan and expectations of INWA. The Hospital Administrator facilitates development of the Nursing budget through collaboration with nursing and physician leadership, taking into consideration performance improvement and financial goals.

B) Development of Staffing Plans

Unit based staffing plans are developed using historical data, review of nurse sensitive quality indicators, data from the strategic planning process, and financial/performance expectations. Review of the staffing plans is completed by unit leadership and members of the nurse staffing committee.

C) Variable Influences

It is widely known that nurse staffing is not a static process due to a variety of influences, both internal and external. Factors that influence the process of nurse staffing include, but are not limited to:

- Patient flow
- Intensity of service required to deliver patient care
- Staff availability
- Staff qualifications/skill mix
- Technology
- Resource availability

D) Immediate Staffing Alert Process

Due to the flexible nature of nurse staffing and patient needs, the Immediate Nurse Staffing Alert process has been developed to provide resources at the bedside for the clinical nurse/staff (See below).

Immediate Staffing Alert Algorithm

Purpose: To provide a formalized management response when staffing concerns are identified by unit staff.

Implementation: Unit staff identifies a real-time staffing concern.

Assistant Nurse Manager/designee on duty at 220-0698 is notified.

Assistant Nurse Manager/designee contacts Unit Manager/Administrator on call (AOC) for the involved unit.

Situation and current staffing is evaluated for intervention including utilization of nursing leadership for direct patient care, evaluation of other resources and disciplines to assist, and patient placement changes to accommodate.

Nursing Management group to assist.

Nurse Manager/designee to evaluate current resources and patient flow within the facility and assess:

- Is there staff on other units that can be floated to assist?
- Are there planned admissions that can be moved to another unit with more resources?

The staffing office continually identifies additional resources such as:

1) Standby and/or per diem
2) Part-time staff (as available)
3) Full-time staff (as available)

IV. Staffing Plans

Staffing plans serve as a guide to plan nursing staffing. Adjustments to the plan are the responsibility and authority of the nursing leader responsible for the staffing during the assigned shift/time. This responsibility and authority comes from the Chief Nurse Officer. When adjustments are made, the nurse leader provides rationale for the decision, which is reviewed by the Chief Nurse Officer. This collective set of data is analyzed and used to:

- Identify trends and common issues
- Identify the need for changes to the staffing plans
- Identify process or performance improvement opportunities
- Budget planning

V. Nurse Staffing Committee

As part of the Memorandum of Understanding, effective February 2008, PSLRMC established a Nurse Staffing Committee. The nurse staffing committee shall be registered nurses currently providing direct patient care and up to one-half of the members shall be determined by the hospital administration.

Committee Membership and Leadership

The Nurse Staffing Committee will consist of at least six (6) members: At least 50% Registered Nurses currently providing direct patient care and 50% hospital administrative staff. Membership should include all units/shifts if possible. Adding and or replacing registered floor nurse members will be done by nomination and consensus of the group.

Each area where nursing care is provided will have the opportunity to provide advice to the Nurse Staffing Committee through the members of the committee. Members of the committee should bring forward any issues that have come to their attention to the committee meeting for discussion.

The Nurse Staffing Committee will be co-chaired by one staff Registered Nurse and one management representative. Co-chairs will be selected every two years by the Nurse Staffing Committee.

Overall Purpose/ Strategic Objective

The purpose of this Committee is to provide mechanisms to support greater retention of registered nurses, and promote evidence-based nurse staffing by establishing a mechanism whereby direct care nurses and hospital management can participate in a joint process regarding decisions about nurse staffing.

Tasks/Functions

- Develop, produce, and oversee the annual patient care unit and shift-based nurse staffing plan based on the needs of patients and use this plan as the primary component of the staffing budget.
- Provide semi-annual review of the staffing plan against patient need and known evidence-based staffing information, including nurse sensitive quality indicators collected by the hospital.
- Review, assess, and respond to staffing concerns presented to the committee
- Assure that patient care unit annual staffing plans, shift-based staffing, and total clinical staffing are posted on each unit in a public area.

- Assure factors are considered and included, but not limited to, the following in the development of staffing plans:
  - ✓ 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.

- Evaluate staffing effectiveness against predetermined nurse sensitive metrics collected by Washington hospitals. Hospital finances and resources as well as defined budget cycle may be considered in the development of the staffing plan.

Meeting Management

Meeting schedule:

The Nurse Staffing Committee will meet four times a year and ad hoc as needed. Notices of meeting dates and times will be distributed at least seven (7) days in advance in order to better accommodate unit scheduling. Participation by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. Members shall be relieved of all other work duties during meetings. Staff Registered Nurse members of the Nurse Staffing Committee will be paid, and preferably will be scheduled to attend meetings as part of their normal full time equivalent hours for the majority of the meetings. It is understood that meeting schedules may require that a Registered Nurse member attend on his/her scheduled day off.

Record-keeping/minutes:

- Meeting agendas will be distributed to all committee members at least one week in advance of each meeting.
- The minutes of each meeting will be distributed to all committee members with each meeting agenda, with approval of the minutes as a standing agenda item for each meeting.
- A master copy of all agendas and meeting minutes from the Nurse Staffing Committee minutes will be maintained and available for review on request.

Attendance requirements and participation expectations:

- All members are expected to attend at least 80 percent of the meetings held each year. Failure to meet attendance expectations may result in removal from the committee.
- If a member needs to be excused, requests for an excused absence are communicated to the Staffing Committee Chairs. Failure to request an excused absence will result in attendance recorded as "absent" in the meeting minutes.
- Replacement will be in accordance with aforementioned selection processes.
- It is the expectation of the Nurse Staffing Committee that all members will participate actively, including reading required materials in advance of the meeting as assigned, coming prepared to meetings, and engaging in respectful dialogue as professional committee members.

Decision-making process:

- Consensus will normally be used as the decision-making model. Should a particular issue need to be voted upon by the committee, the action must be approved by a majority vote of the **full** committee.

Criteria for Staffing Variances

While most of the burden of care is reflected in the Quality Indicator Scoring, the following adjustments can be made based on specific care needs above those that would be reflected in the Quality Indicator Scoring.

Extra Care will be assigned in the system as follows:

- Low ADL burden of 15 extra minutes per shift
  - Isolation

- Moderate ADL burden of 30 extra minutes per shift
  - 1:1 Feeder

- High Med/Surg burden of 45 extra minutes per shift
  Unstable patient, change in condition requiring frequent monitoring, labs, IV meds etc.
  - Bowel Program if patient not doing independently

- 1:1 sitter use may decrease workload on the floor assignment

See appendix A for guidelines

SCI Staffing Guidelines

Census	Day Shift				Evenings				NOC			
	RN	RN Ratio	NAC	ANM/chg	RN	RN Ratio	NAC	ANM/chg	RN	RN Ratio	NAC	ANM/chg
1	2	.5/.5	0	0.5	2	1	0	0.5	2	1	0	0.5
2	2	1/1	0	0.5	2	2	0	0.5	2	2	0	0.5
3	2	2/1	0	0.5	2	3	0	0.5	2	3	0	0.5
4	2	2/2	0	0.5	2	4	0	0.5	2	4	0	0.5
5	2	3/2	0	0.5	2	5	0	0.5	2	5	0	0.5
6	2	3/3	0	0.5	2	6	0	0.5	2	6	0	0.5
7	2	4/3	1	0.5	2	4/3	0	0.5	2	7	0	0.5
8	2	4/4	1	0.5	2	4/4	0	0.5	2	8	0	0.5
9	2	5/4	1	0.5	2	5/4	1	0.5	2	9	0.5	0.5
10	2	5/5	1	0.5	2	5/5	1	0.5	2	5/5	1	0.5
11	2	6/5	1	0.5	2	6/5	1	0.5	2	6/5	1	0.5
12	2	6/6	2	0.5	2	6/6	2	0.5	2	6/6	1	0.5
13	3	5/4/4	1.5	0.5	3	5/4/4	1	0.5	2	7/6	2	0.5
14	3	5/5/4	2	0.5	3	5/5/4	1.5	0.5	2	7/7	2	0.5
15	3	5/5/5	2	0.5	3	5/5/5	2	0.5	2	8/7	2	0.5
16	3	6/5/5	3	0.5	3	6/5/5	2	0.5	2	8/8	2	0.5
17	3	6/6/5	3	0.5	3	6/6/5	2.5	0.5	3	6/6/5	2	0.5
18	3	6/6/6	3	0.5	3	6/6/6	3	0.5	3	6/6/6	2	0.5
19	4	5/5/5/4	3	0.5	4	5/5/5/4	2	0.5	3	7/6/6	2	0.5
20	4	5/5/5/5	3	0.5	4	5/5/5/5	3	0.5	3	7/7/6	2	0.5
21	4	6/5/5/5	3	0.5	4	6/5/5/5	3	0.5	3	7/7/7	2	0.5
22	4	6/6/5/5	4	0.5	4	6/6/5/5	3	0.5	3	8/7/7	3	0.5
23	4	6/6/6/5	4	0.5	4	6/6/6/5	4	0.5	3	8/8/7	3	0.5
24	4	6/6/6/6	4	0.5	4	6/6/6/6	4	0.5	3	8/8/8	3	0.5
25	5	5/5/5/5/5	4	0.5	5	5/5/5/5/5	4	0.5	4	7/6/6/6	3	0.5
26	5	6/5/5/5/5	4	0.5	5	6/5/5/5/5	4	0.5	4	7/7/6/6	3	0.5
27	5	6/6/5/5/5	4	0.5	5	6/6/5/5/5	4	0.5	4	7/7/7/6	3	0.5
28	5	6/6/6/5/5	5	0.5	5	6/6/6/5/5	4	0.5	4	7/7/7/7	3	0.5
29	5	6/6/6/6/5	5	0.5	5	6/6/6/6/5	5	0.5	4	8/7/7/7	3	0.5
30	5	6/6/6/6/6	5	0.5	5	6/6/6/6/6	5	0.5	4	8/8/7/7	4	0.5
31	6	6/5/5/5/5/5	5	0.5	6	6/5/5/5/5/5	5	0.5	4	8/8/8/7	4	0.5
32	6	6/6/5/5/5/5	5	0.5	6	6/6/5/5/5/5	5	0.5	4	8/8/8/8	4	0.5
33	6	6/6/6/5/5/5	6	0.5	6	6/6/6/5/5/5	6	0.5	5	7/7/7/6/6	4	0.5
34	6	6/6/6/6/5/5	6	0.5	6	6/6/6/6/5/5	6	0.5	5	7/7/7/7/6	4	0.5

Stroke Staffing Guidelines

Census	Day Shift				Evenings				NOC			
	RN	RN Ratio	NAC	ANM/chg	RN	RN Ratio	NAC	ANM/chg	RN	RN Ratio	NAC	ANM/chg
1	2	.5/.5	0	1	2	.5/.5	0	1	2	.5/.5	0	1
2	2	1/1	0	1	2	1/1	0	1	2	1/1	0	1
3	2	2/1	0	1	2	2/1	0	1	2	2/1	0	1
4	2	2/2	0	1	2	2/2	0	1	2	2/2	0	1
5	2	3/2	0	1	2	3/2	0	1	2	3/2	0	1
6	2	3/3	0	1	2	3/3	0	1	2	3/3	0	1
7	2	4/3	0	1	2	4/3	0	1	2	4/3	0	1
8	2	4/4	0.5	1	2	4/4	0	1	2	4/4	0	1
9	2	5/4	1	1	2	5/4	0.5	1	2	5/4	0	1
10	2	5/5	2	1	2	5/5	1	1	2	5/5	0	1
11	2	6/5	2	1	2	6/5	2	1	2	6/5	1	1
12	2	6/6	2	1	2	6/6	2	1	2	6/6	1	1
13	3	5/4/4	1	1	3	5/4/4	1.5	1	2	7/6	1	1
14	3	5/5/4	2	1	3	5/5/4	2	1	2	7/7	1	1
15	3	5/5/5	2	1	3	5/5/5	2	1	2	8/7	2	1
16	3	6/5/5	2	1	3	6/5/5	2	1	2	8/8	2	1
17	3	6/6/5	3	1	3	6/6/5	3	1	2	9/8	2	1
18	3	6/6/6	3	1	3	6/6/6	3	1	3	6/6/6	1	1
19	4	5/5/5/4	2.5	1	4	5/5/5/4	2	1	3	7/6/6	2	1
20	4	5/5/5/5	3	1	4	5/5/5/5	3	1	3	7/7/6	2	1
21	4	6/5/5/5	3	1	4	6/5/5/5	3	1	3	7/7/7	2	1
22	4	6/6/5/5	4	1	4	6/6/5/5	3.5	1	3	8/7/7	2	1
23	4	6/6/6/5	4	1	4	6/6/6/5	3.5	1	3	8/8/7	3	1
24	4	6/6/6/6	4	1	4	6/6/6/6	4	1	3	8/8/8	3	1
25	5	5/5/5/5/5	4	1	4.5	5/5/5/5/5	4	1	3.5	9/8/8	3	1
26	5	6/5/5/5/5	4	1	4.5	6/5/5/5/5	4	1	3.5	9/9/8	4	1
27	5	6/6/5/5/5	5	1	5	6/6/5/5/5	4	1	4	7/7/7/6	3	1
28	5	6/6/6/5/5	5	1	5	6/6/6/5/5	5	1	4	7/7/7/7	3	1
29	5	6/6/6/6/5	5	1	5	6/6/6/6/5	5	1	4	8/7/7/7	3	1
30	5	6/6/6/6/6	5	1	5	6/6/6/6/6	5	1	4	8/8/7/7	4	1
31	6	6/5/5/5/5/5	5	1	6	6/5/5/5/5/5	5	1	4	8/8/8/7	4	1
32	6	6/6/5/5/5/5	5	1	6	6/6/5/5/5/5	5	1	4	8/8/8/8	4	1
33	6	6/6/6/5/5/5	6	1	6	6/6/6/5/5/5	6	1	5	7/7/7/6/6	4	1
34	6	6/6/6/6/5/5	6	1	6	6/6/6/6/5/5	6	1	5	7/7/7/7/6	4	1

BI Staffing Guidelines

Census	Day Shift				Evenings				NOC			
	RN	RN Ratio	NAC	ANM/chg	RN	RN Ratio	NAC	ANM/chg	RN	RN Ratio	NAC	ANM/chg
1	2	.5/5	0	0.5	2	.5/5	0	0.5	2	.5/5	0	0.5
2	2	1/1	0	0.5	2	1/1	0	0.5	2	1/1	0	0.5
3	2	2/1	0	0.5	2	2/1	0	0.5	2	2/1	0	0.5
4	2	2/2	0	0.5	2	2/2	0	0.5	2	2/2	0	0.5
5	2	3/2	0	0.5	2	3/2	0	0.5	2	3/2	0	0.5
6	2	3/3	0	0.5	2	3/3	0	0.5	2	3/3	0	0.5
7	2	4/3	0.5	0.5	2	4/3	0.5	0.5	2	4/3	0	0.5
8	2	4/4	0.5	0.5	2	4/4	0.5	0.5	2	4/4	0.5	0.5
9	2	5/4	1	0.5	2	5/4	1	0.5	2	5/4	0.5	0.5
10	2	5/5	1	0.5	2	5/5	1	0.5	2	5/5	0.5	0.5
11	2	6/5	2	0.5	2	6/5	2	0.5	2	6/5	1	0.5
12	2	6/6	2	0.5	2	6/6	2	0.5	2	6/6	2	0.5
13	3	5/4/4	2	0.5	3	5/4/4	2	0.5	2	7/6	2	0.5
14	3	5/5/4	2	0.5	3	5/5/4	2	0.5	2	7/7	2	0.5