



August 17, 2022

Attached are revisions to the staffing plans originally submitted in December of 2021 to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420. Plans which have not been revised are included as originally submitted in December 2021 in order to provide a complete overview of staffing guidelines. The CEO response to the staffing committee and attestation originally submitted in December of 2021 are included for purposes of continuity.

A handwritten signature in blue ink that reads "M. Nemerever".

Marilyn Nemerever, MHA, RN, NE-BC
Interim CNO
Virginia Mason Medical Center



December 21, 2021

Dear Nursing Staffing Committee,

Thank you for the nurse staffing proposal dated September 13, 2021. This past year was marked by unprecedented challenges, including the continuing pandemic and national staffing crisis, but also significant accomplishments and opportunities for a very bright future. One specific example of this within Virginia Mason Franciscan Health is our welcoming of Dianne Aroh, our new system Chief Nursing Officer (CNO), as of November 1, 2021. As a nationally recognized healthcare leader, Dianne brings with her extensive senior leadership experience in nonprofit health care systems and knowledge and passion for nursing excellence. She will collaborate with teams at all VMFH facilities to enhance nursing practice, clinical education, nursing research and the patient and team member experience.

As noted in your letter, the staffing challenges have been significant this year. The clinical demands of the pandemic and staff departures place a burden on our teams. The VMFH senior leadership team is very concerned about workforce implications of the national workforce shortages and is committed to engage in multiple strategies to resolve them. To that end, Dianne Aroh has been working with local CNOs and local nursing leadership to understand staffing models and workforce needs at each VMFH facility. Specifically, Virginia Mason's CNO, Alison Bradywood, Denise Dubuque and Marilyn Nemerever have been working closely with Dianne on these topics, as well as familiarizing her with Virginia Mason's clinical and quality strengths, and your culture of safety. Because Dianne Aroh has not yet had time to complete her study of workforce opportunities and nursing practice, it would be premature to alter staffing guidelines at this time.

In the first quarter of 2022, you can expect your local Virginia Mason leadership team to share the outcome of their work with Dianne Aroh on the topics of staffing and nursing practice.

Thank you for your contributions to clinical excellence and for your commitment to our patients.

A handwritten signature in black ink that reads "Gary S. Kaplan".

Gary S. Kaplan, MD
Chief Executive Officer
Virginia Mason Franciscan Health

Ketul J. Patel
Chief Executive Officer
Virginia Mason Franciscan Health

cc: Alison Bradywood
Denise Dubuque
Marilyn Nemerever
Katerie Chapman
Dianne Aroh

Attestation Form

Nurse Staffing Coalition

Virginia Mason Franciscan Health leadership attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for 2022 and includes all units covered under our hospital license under RCW 70.41. This plan was developed with consideration given to the following elements (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.

**Jones 18- Acute
Care/Oncology
Staffing Guidelines-August
2022**



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	DAYS				NOC			
CENSUS	Chg RN	RN	PCT	Charge RN with 0 - 2 patients	Chg RN	RN	PCT	Charge RN with 0 - 2 patients
23	1	6	3	3.8	1	5	3	3.8
22	1	6	3	3.7	1	5	3	3.7
21	1	6	3	4.2	1	5	3	4.2
20	1	5	3	4.0	1	4	3	4.0
19	1	5	3	3.8	1	4	3	3.8
18	1	5	3	4.5	1	4	3	4.5
17	1	4	3	4.3	1	4	3	4.3
16	1	4	2	4.0	1	4	2	4.0
15	1	4	2	3.8	1	4	2	3.8
14	1	4	2	3.5	1	3	2	3.5
13	1	3	2	4.3	1	3	2	4.3
12	1	3	2	4.0	1	2	2	4.0
11	1	2	2	5.5	1	2	2	5.5
10	1	2	2	5.0	1	2	2	5.0



Jones 16- Birth Center 2022 Staffing Grid

Day Shift		
Staff type	Weekday	Weekend
RN	4	4
Surgical Tech	1	1
Night Shift		
Staff type	Weekday	Weekend
RN	3	3
Surgical Tech	1	1

Staffing:

If there are no patients, we will stay at minimum staffing: 2 L&D RN, 1 neonatal focused RN, 1 ST

Nurse ratios:

Nursery: Up to 3 babies to 1 RN depending on acuity NICLET: 2 couplets to 1 RN depending on acuity

Postpartum: 3 couplets (mom and baby) to 1 RN if no high risk, 2 couplets to 1 RN (Mag)

L & D: 2 labor patients to 1 RN (low risk, induction, early labor, triage)

1 labor patient to 1 RN (pit, epidural, mag, active labor, high risk anything, 2-hour recovery after birth)

**Jones 11
Staffing Guidelines-August
2022**



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	DAYS			NOC		
CENSUS	Chg RN	RN	PCT	Chg RN	RN	PCT
24	1	6	3	1	5	3
23	1	6	3	1	5	3
22	1	5	3	1	5	3
21	1	5	3	1	4	3
20	1	5	3	1	4	3
19	1	4	3	1	4	3
18	1	4	3	1	4	3
17	1	4	3	1	4	3
16	1	4	2	1	3	2
15	1	3	2	1	3	2
14	1	3	2	1	3	2
13	1	3	2	1	3	2
12	1	3	2	1	3	2
11	1	3	2	1	2	2
10	1	2	2	1	2	2
9	1	2	2	1	2	2

**Jones 9 Critical Care Unit
Staffing Guidelines-August 2022**



Census	DAY					NOC					
	Charge (0 pts)	Resource (0 pts)	RN	PCT	PFC/MT	Charge (0 pts)	Resource (0 pts)	CSRN (0 pts)	RN	PCT	PFC/MT
28	1	1	18	4	2	1	1	1	18	4	2
27	1	1	17	4	2	1	1	1	17	4	2
26	1	1	17	4	2	1	1	1	17	4	2
25	1	1	16	4	2	1	1	1	16	4	2
24	1	1	15	3	2	1	1	1	15	3	2
23	1	1	15	3	2	1	1	1	15	3	2
22	1	1	14	3	2	1	1	1	14	3	2
21	1	1	13	3	2	1	1	1	13	3	2
20	1	1	13	3	2	1	1	1	13	3	2
19	1	1	12	2	2	2	1	1	12	2	2
18	1	1	12	2	2	1	1	1	12	2	2
17	1	1	11	2	2	1	1	1	11	2	2
16	1	1	10	2	2	1	1	1	10	2	2
15	1	1	10	2	2	1	1	1	10	2	2
14	1	1	9	2	1	1	1	1	9	2	1
13	1	1	8	2	1	1	1	1	8	2	1
12	1	1	8	2	1	1	1	1	8	2	1
11	1	1	7	2	1	1	1	1	7	2	1
10	1	1	7	2	1	1	1	1	7	2	1
9	1	1	6	2	1	1	1	1	6	2	1
8	1	1	5	1	1	1	1	1	5	1	1
7	1	1	5	1	1	1	1	1	5	1	1
6	1	1	4	1	1	1	1	1	4	1	1
5	1	1	3	1	1	1	1	1	3	1	1
4	1	1	3	1	1	1	1	1	3	1	1
3	1	1	2	1	1	1	1	1	2	1	1

Recovery RN 5 days a week: Mon-Fri. 10:00-19:00

**Emergency Department
Staffing Guidelines-August
2022**



Time	Charge RN	Triage RN	RN (total)	ED Tech (PFC)
700	1	1	3	2 (1) = 3
900			1 (4)	
1100			2 (6)	1
1300			1 (7)	
1500			1 (8)	1
1900	1	1	3	2 (1) = 3

* All shifts 12 hours

CP 16 -Pulm/Thoracic/Specialty
Staffing Guidelines-August
2022



	DAYS			NOC		
CENSUS	Chg RN	RN	PCT	Chg RN	RN	PCT
22	1	6	3	1	5	3
21	1	5	3	1	5	3
20	1	5	3	1	5	3
19	1	5	3	1	5	3
18	1	4	3	1	4	3
17	1	4	3	1	4	3
16	1	4	2	1	4	2
15	1	4	2	1	4	2
14	1	4	2	1	4	2
13	1	3	2	1	3	2
12	1	3	2	1	2	2
11	1	3	2	1	3	2
10	1	2	2	1	2	2
9	1	2	2	1	2	2

**CP 17 -
Neurology/Neurosurgery/PSNC
Staffing Guidelines-August 2022**



	DAYS			NOC		
CENSUS	Chg RN	RN	PCT	Chg RN	RN	PCT
21	1	6	3	1	6	3
20	1	6	3	1	6	3
19	1	6	3	1	6	3
18	1	5	3	1	5	3
17	1	5	3	1	5	3
16	1	5	2	1	5	2
15	1	5	2	1	5	2
14	1	4	2	1	4	2
13	1	4	2	1	4	2
12	1	4	2	1	4	2
11	1	3	2	1	3	2
10	1	3	2	1	3	2
9	1	2	2	1	2	2
8	1	2	1	1	2	1

**CP15 -General Surgery
Staffing Guidelines-August 2022**



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	DAYS			NOC		
CENSUS	Chg RN	RN	PCT	Chg RN	RN	PCT
20	1	5	3	1	5	3
19	1	5	3	1	5	3
18	1	5	3	1	4	3
17	1	4	3	1	4	3
16	1	4	2	1	4	2
15	1	4	2	1	4	2
14	1	3	2	1	3	2
13	1	3	2	1	3	2
12	1	3	2	1	3	2
11	1	3	2	1	2	2
10	1	2	2	1	2	2

**CP 14 General Medicine
Staffing Guidelines August 2022**



	DAYS			NOC		
CENSUS	Chg RN	RN	PCT	Chg RN	RN	PCT
17	1	4	3	1	4	3
16	1	4	2	1	3	2
15	1	4	2	1	3	2
14	1	3	2	1	3	2
13	1	3	2	1	3	2
12	1	3	2	1	3	2
11	1	3	2	1	2	2
10	1	2	2	1	2	2
9	1	2	2	1	2	2
8	1	2	1	1	2	1

COVID assignments can be 4:1 ratios for RNs depending on the acuity of the COVID patients

**CP -12 Weekday Short Stay
Staffing Guidelines-August 2022**



CENSUS	DAYS			NOC		
	Chg RN	RN	PCT	Chg RN	RN	PCT
20	1	5	3	1	5	3
19	1	5	3	1	4	3
18	1	4	3	1	4	3
17	1	4	3	1	4	3
16	1	4	2	1	3	2
15	1	4	2	1	3	2
14	1	3	2	1	3	2
13	1	3	2	1	3	2
12	1	3	2	1	2	2
11	1	3	2	1	2	2
10	1	3	2	1	2	2
9	1	3	2	1	2	2
8	1	2	1	1	2	1
7	1	2	1	1	2	1
6	1	2	1	1	2	1
5	1	2	1	1	2	1
4	1	2	1	1	2	1
3	1	1	1	1	1	1
2	1	1	0	1	1	1
1	1	1	0	1	1	1

**CP 12- Weekend Short Stay
2023 Staffing Grid**

CENSUS	Days		
	Chg RN	RN	PCT
20	1	4	2
19	1	4	2
18	1	4	2
17	1	4	2
16	1	4	2
15	1	3	2
14	1	3	2
13	1	3	2
12	1	3	2
11	1	3	2
10	1	2	1
9	1	2	1
8	1	2	1
	Charge takes 0-2 patient		

**CP 10 -General Medical
Staffing Guidelines-August 2022**



	DAYS			NOC		
CENSUS	Chg RN	RN	PCT	Chg RN	RN	PCT
20	1	5	3	1	4	3
19	1	5	3	1	4	3
18	1	4	3	1	4	3
17	1	4	3	1	4	3
16	1	4	2	1	3	2
15	1	4	2	1	3	2
14	1	3	2	1	3	2
13	1	3	2	1	3	2
12	1	3	2	1	3	2
11	1	3	2	1	2	2
10	1	2	2	1	2	2
9	1	2	2	1	2	2
8	1	2	1	1	2	1

CP 9 Progressive Care
Staffing Guidelines August 2022



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CENSUS	DAYS			NOC		
	Chg RN	RN	PCT	Chg RN	RN	PCT
18	1	6	3	1	6	3
17	1	6	3	1	6	3
16	1	6	2	1	6	2
15	1	5	2	1	5	2
14	1	5	2	1	5	2
13	1	5	2	1	5	2
12	1	4	2	1	4	2
11	1	4	2	1	4	2
10	1	4	2	1	4	2
9	1	3	2	1	3	2
8	1	3	1	1	3	1
7	1	3	1	1	3	1
6	1	2	1	1	2	1
5	1	2	1	1	2	1

**CP 8 Telemetry
Staffing Guidelines-August 2022**



CENSUS	Days			NOC		
	Chg RN	RN	PCT	Chg RN	RN	PCT
20	1	5	3	1	5	3
19	1	5	3	1	5	3
18	1	5	3	1	5	3
17	1	5	3	1	5	3
16	1	4	2	1	4	2
15	1	4	2	1	4	2
14	1	4	2	1	4	2
13	1	4	2	1	4	2
12	1	3	2	1	3	2
11	1	3	2	1	3	2

CP 7 Med/Surg
Staffing Guidelines-August 2022



	DAYS			NOC		
CENSUS	Chg RN	RN	PCT	Chg RN	RN	PCT
15	1	4	2	1	3	2
14	1	4	2	1	3	2
13	1	3	2	1	3	2
12	1	3	2	1	3	2
11	1	3	2	1	3	2
10	1	2	2	1	2	2
9	1	2	2	1	2	2
8	1	2	1	1	2	1
7	1	2	1	1	2	1
6	1	1	1	1	1	1

2022 Resource Nurse Target FTEs	
Productive FTE	2.90
Non-Productive FTEs	0.64
Total	3.54

Float Pool 2022 Staffing Guideline
Target FTEs



RNs	30.4 (per collective bargaining agreement)
PCTs	15.77
PFCs	0.9



IV Therapy 2022 Staffing Grid

	Su	M	T	W	Th	F	S
0700-0900	3	5	4	5	5	5	3
0900-1500	4	6	5	6	6	6	4
1500-1700	4	5	4	5	5	5	4
1700-1900	3	4	3	4	4	4	3
1900-2300	3	3	3	3	3	3	3
2300-0700	2	2	2	2	2	2	2



Oncology Infusion Center (OIC) 2022 Staffing Grid

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Charge RN	16 RNs	16 RNs	16 RNs	16 RNs	16 RNs	4 RNs
Main Infusion Center (22						
Short Stay (4 chairs)						
Specialty Infusions (8 chairs)						
MA-R	1	1	1	1	1	
Staffing level above assumes all Infusion chairs are open						
Staffing levels are adjusted based on chair availability, patient volume and acuity						

2022 Jones IPC Staffing Grid



	Monday	Tuesday	Wednesday	Thursday	Friday
Jones IPC - GI/Endoscopy					
GI Room 2	2	2	2	2	
GI Room 3	2	2	2	2	2
GI Room 4	2	2	2	2	2
GI Room 5	2	2	2	2	2
Charge RN	1	1	1	1	1
Resource RN	2	2	2	2	1
Total	11	11	11	11	8
Jones IPC - Interventional Radiology					
IR Room 6	1	1	1	1	1
IR Room 7	1	1	1	1	1
IR Buck 5	3	3	3	3	3
Charge RN	1	1	1	1	1
Resource RN	1	1	1	1	1
Total	7	7	7	7	7
Jones IPC - EP Lab					
EP Lab 8	3	3	3	3	
EP Lab 9	3		3	3	4
Total	6	3	6	6	4
Jones IPC - Cath					
Cath Lab 11	1	1	1	1	1
Cath Lab 12	2	2	2	2	2
Charge RN	1	1	1	1	1
Total	4	4	4	4	4
Jones IPC - Prep &					
RNs	11	13	11	11	10
PCTs	4	4	4	4	4
Charge RN	1	1	1	1	1
Total	16	18	16	16	15





PACU 2022 Staffing Guidelines

Time of Day	Shift	Number of Shifts
530 (630)	2 x 10's	x 1
530 (630)	3 x 10's	x 4
530 (630)	4 x 10's	x 5
600 (700)	3 x 10's	x 2
730	2 x 10's	x 1
730	3 x 10's	x1
730	4 x 10's	x 1
800	3 x 10's	x 2
800	4 x 10's	x 1
830	2 x 10's	x 1
830	3 x 10's	x 1
830	4 x 10's	x 1
900	2 x 10's	x 2
900	3 x 10's	x 1
900	4 x 10's	x 3
1000	2 x 10's	x 1
1000	3 x 10's	x 2
1000	4 x 10's	x 3
1100	3 x 10's	x 2
1100	4 x 10's	x 2
1200	3 x 10's	x 1
1200	4 x 10's	x 2
2 x 10's = 0.5 FTE	3 x 10's = 0.75 FTE	4 x 10's = 1.0 FTE

** all 0530 (630) shifts require a return demonstration for proficient IV starts to bid for this shift.

Operating Rooms 2022 Staffing Guidelines

OR STAFFING TO DEMAND 2022		 Virginia Mason Franciscan Health
START: 7:00 AM		
OR Rooms		23
RNs		23
STs		23
Support Staff		
Desk Facilitator		3
CSR Support		1
Equipment Support		1
Case Cart Support		1
Area Support		
Turnover Team Support		8
TOTAL		60
BREAK RELIEF: 9:30		
OR Rooms		23
General RNs		5
Ortho RNs		2
BREAK RELIEF 11:00		
Total Relief Staff		15
RNs		10
STs		5
TOTAL		15
START: 15:30		
OR Rooms		17
RNs		17
STs		17
Call Team		4
Support Staff		
Desk Facilitator		2
CSR Support		0
Equipment Support		1
Case Cart Support		0
Area Support		
Turnover Team Support		3
Break Support		0
TOTAL		40
START: 17:30		
OR Rooms		6
RNs		6
STs		6
Call Team		4
Support Staff		
Desk Facilitator		1
CSR Support		0
Equipment Support		1
Case Cart Support		0
Area Support		
Turnover Team Support/Break		2
TOTAL		16

OR STAFFING TO DEMAND 2022		 Virginia Mason Franciscan Health
START: 18:00		
OR Rooms		5
RNs		5
STs		5
Call Team		4
Support Staff		
Desk Facilitator		1
CSR Support		0
Equipment Support		1
Case Cart Support		0
Area Support		
Turnover Team		2
TOTAL		14
START: 19:30		
OR Rooms		3
RNs		3
STs		3
Call Team		4
Support Staff		
Desk Facilitator		1
CSR Support		0
Equipment Support		1
Case Cart Support		0
Area Support		
Turnover Team		0
TOTAL		8
START: 20:00		
OR Rooms		2
RNs		2
STs		2
Call Team		4
Support Staff		
Desk Facilitator		1
CSR Support		0
Equipment Support		1
Case Cart Support		0
Area Support		
Turnover Team		
TOTAL		6
START: 21:30		
OR Rooms		2
RNs		2
STs		2
Call Team		4
Support Staff		
Desk Facilitator		1
CSR Support		0
Equipment Support		1
Case Cart Support		0
Area Support		
Turnover Team		
TOTAL		6
START: 23:30		
OR Rooms		1
RNs		1
STs		1
Call Team		6
Support Staff		
Desk Facilitator		
CSR Support		
Equipment Support		
Case Cart Support		
Area Support		
Turnover Team		
TOTAL		6



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2022 Bronchoscopy Staffing Grid

M-F	0700-1700	RN	1
		Respiratory Therapist	1

Hyperbarics 2022 Staffing Grid



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day and time	treatment	HBO treatment consults	Charge	RN	CS	IA	MA
M-F 0730-1200	1 (1-8 patients)	0	1	0	1	1	1
		1	1	0	1	1	1
		2	1	0	1	1	1
	2 (8-16 patients)	0	1	0	2	2	1
		1	1	0	2	2	1
		2	1	1	2	2	1
M-F 1200-1600	1 (1-8 patients)	0	1	0	1	1	1
		1	1	0	1	1	1
		2	1	0	1	1	1
	2 (8-16 patients)	0	1	0	2	2	1
		1	1	0	2	2	1
		2	1	1	2	2	1
Sat 0730-1130	1 (1-8 pts)	0	1	0	1	1	0
M-F 1600-0800	emergencies only	0	oncall	0	oncall	oncall*	0
Sat & Sun 00-2400	emergencies only	0	oncall	0	oncall	oncall*	0

* 2nd IA if patient requiring CCU level of care

2022 COVID Specific Staffing Guidelines

- J9-CCU
- CP-9 Progressive Care
- Medical Surgical Units

2022 J9- CCU COVID Staffing Guidelines



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· Patients with a status of COVID + or high suspicion rule out requiring CCU level of care will be staffed as 1:1 based on acuity of interventions and physiologic stability.

· A COVID support RN or PCT is staffed to flex based on acuity and charge RN clinical judgement.

Progressive Care/ CP 9—2022 COVID Staffing Guideline

Census	DAY			NOC		
	Charge RN for entire unit (0 Patients)	RN	PCT	Charge RN for entire unit (0 Patients)	RN	PCT
6	1	3	2	1	3	2
5	1	3	1	1	3	1
4	1	2	1	1	2	1
3	1	2	1	1	2	1
2	1	1	1	1	1	1
1	1	1	0	1	1	0

Unit Specific Details:

- Standard ratio is 2:1 for Prog level COVID patients, however Charge RN may use their clinical judgment to re-distribute RN and PCT resources based on acuity.
- M/S, RCM, and Tele COVID patients remain at a 3:1 ratio while downgraded on Progressive Care.
- Due to increased acuity on PROG level patients, an additional RN or PCT may be needed to assist with donning/doffing/spotting/cleaning activities.
- The grid works as a guideline for both COVID + assignments and COVID rule-out assignments.

(Medical- Surgical Units) 2022 COVID Staffing Guideline

Census	DAY			NOC		
	Charge RN (0 Patients)	RN	PCT	Charge RN (0 Patients)	RN	PCT
9	1	3	2	1	3	2
8	1	3	2	1	3	2
7	1	3	2	1	3	2
6	1	2	2	1	2	2
5	1	2	1	1	2	1
4	1	2	1	1	2	1
3	1	1	1	1	1	1
2	1	1	1	1	1	1
1	1	1	0	1	1	0

Unit Specific Details

- Standard ratio is 3:1 for all inpatient Med/surg Units, however Charge RN may use their clinical judgment to re-distribute RN and PCT Resources based on acuity.
- COVID positive patients and COVID Rule-out patients should be staffed by separate nurses and PCTs. They are not to be grouped together in the same patient assignment for nurses or PCTs.
- The grid works as a guideline for both COVID + assignments and COVID Rule-out assignments.