



November 22, 2021

**Comprehensive Nurse Staffing Plan 2022 as approved by**

**WhidbeyHealth Nurse Staffing Committee**

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. This plan was developed with consideration given to the following elements:

- Census, including total number of patients on each unit, each shift and activity such as discharges, admission and transfers;
- Level of intensity of all patients and nature of the care to be delivered on each shift;
- Skill mix of personnel;
- 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 room/s, 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 term of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff.

**Submitted by:**

A handwritten signature in black ink that reads "Erin Wooley".

**Erin Wooley, RN, M/SN, CENP**

**Chief Nursing Officer**

A handwritten signature in purple ink that reads "Ron Telles".

**Ron Telles**

**Chief Executive Officer**



<b>Medical/Surgical</b>	
Day Shift 07:00-15:30	
Charge RN	1
RN	4
CNA	2
HUC	1
Evening Shift 15:00-23:30	
Charge RN	1
RN	4
CNA	2
Night Shift 23:00-07:30	
Charge RN	1
RN	3
CNA	2
HUC	1

## Medical Surgical Unit

### Staffing Guidelines: Nurse-Patient Ratios and Safe Staffing

There are many variables to consider in terms of what is safe, efficient staffing for patient care units at WhidbeyHealth. Every unit is different based upon the types of patients cared for on that unit and the way in which care is organized and delivered. Staffing also varies on the education and experience level of the staff.

Covid19 staffing has been a challenge in 2021 to all nursing departments. Each department faces their own challenges with nurse-to-patient ratios and safe staffing. There has been a great deal of cross-training of staff to the Medical/Surgical and Intensive Care Units. Most of the patients that need hospitalization have been cared for on these two units. The acuity level of these patients is high, some on ventilators, some not, but always the donning and doffing of personal protective equipment. These patients require a great deal of care and their acuity levels have increased.

There are other patients besides the Covid19 patients that need care and due to the fact that they are waiting to come to the hospital in fear of Covid19 they are coming in sicker. This is a trend that was on the rise previously as patients delayed care due to expense or concern over insurance coverage. The length of stay for most patients is less than three days which increases the intensity of care each patient requires. Combine that with the wide range of patient variability within the same patient population,





this makes nursing care needs difficult to determine. The evaluation for care needs must take into account patient variables such as: patient complexity, Covid positive/negative, length of stay, functional status, activities of daily living, need for transport, and age. All of these factors play a role in determining the patient's nursing care needs.

Through all of this the M/S and ICU units at WhidbeyHealth will continue to support nursing students coming to gain experience in an acute care facility when they are able to return. We also support the hiring of newly graduated nurses which impacts staffing levels during their preceptorship but supports the new nurse as they advance along the pathway from novice to expert in their career.

WhidbeyHealth has used an acuity program twice on the Medical/Surgical and ICU units to assure that our staffing levels meet the standard for safe, efficient, quality care. The program that we have used in the past is OptiLink. Like any acuity system it was determined after utilizing the acuity tool over a period of a few years the acuity levels never changed.

### **Development and Implementation**

Development of the Medical/Surgical, ICU staffing plan takes into consideration these factors;

- Nursing care required by individual patient needs, taking into account the turnover rate of patients; admissions, discharges and transfers.
- Qualifications and competency of the nursing staff. The skill mix and competency of the nursing staff to ensure the nursing care needs and the safety of the patient are met.
- The scope of practice of the registered nurses and delegated duties to certified nursing assistants that require monitoring.
- Relevant infection control and safety issues of the patients.
- Continuity of care for the patients.
- The environment of practice for these units, were there is potential to have assignments in more than one of the three Pods.
- Predetermined core staffing, establishing the minimal number of patient care staff that are needed (RN's, CNA's). These staffing levels fluctuate with the patient census and level of care needed for each patient. The number of nursing staff on duty shall be sufficient to ensure care needs of each patient are met.



- Each unit receives input from direct-care clinical staff in the development, implementation, monitoring, evaluation and modification of the staffing plan.
- The Medical/Surgical, ICU Unit Based Counsel (UBC) representatives receives information from direct care staff and work with managers, within budgeted standards, to make recommendations for changes based on that data. This data will include productivity reports, financial reports and quality data measures.
- We consider nationally recognized evidence-based standards established by professional nursing organizations in our staffing plans.

## Patient Classification

- The Charge Nurse, in conjunction with direct care staff on M/S, makes the classification of level of care needed for patients.
- The Charge Nurses make the patient assignments for the next shift on M/S.
- The House Supervisor, in conjunction with direct care staff in ICU, makes the classification of level of care for ICU patients.
- These decisions are made taking into account all developmental factors previously identified.

## Daily Staffing Practices

- Staffing is evaluated and adjusted at least once every 8 hours on M/S and once every 12 hours in the ICU and more often if needed, taking into account patient care needs and census.
- The staffing needs on M/S are evaluated by the Charge Nurse and conveyed to the Department Manager or House Supervisor so adjustments to staffing needs can be made.
- The staffing needs in ICU are evaluated by ICU staff in conjunction with the Department Leader or House Supervisor and adjustments are made.
- Factors that influence this are;
  - Timely, accurate data provided to department leaders when changes are needed.
  - Level of care and acuity needs of the ICU patients
  - Assigning nurses to patients matching patient needs with the qualifications and competency of the staff.
  - Adjustments to nursing needs when precepting a newly graduated registered nurse.



- Evaluation of shift demands; admissions, discharges, transfers which must be reflected in the daily staffing needs.
- Reassignment of scheduled staff, when sufficient staff is available, to support other departments.
- Maintaining budgeted FTEs within established parameters whenever possible depending on patient care needs.
- Documenting on the daily staffing sheets and in "When to Work" any changes needed within the shift.
- Accurate entries on Daily Sheet, When to Work and low census call off record is required.

1. Medical/Surgical Unit is scheduled for 8 hour shifts, and per the staffing plan will have the following number of staff as listed by job classification, below staffing based on average census of 14. Adjustments up or down in staffing are made for fluctuations in census.

#### 1.1 - Day shift (0700-1530) nursing staffing plan

- 4 RN's with an assignment up to 1:4 dependent on acuity of patients
- 1 RN Charge (if census demands may be assigned 1-2 patients)
  - If census requires charge nurse to assume more than 2 patients they are then relieved of charge nurse duties.
- 2 Certified Nursing Assistants: 8-10 patients on average
- 1 Health Unit Coordinator, located in HUC center

#### 1.2 - Evening Shift (1500 – 2330) nursing staffing plan

- 4 RN's with an assignment up to 1:5 dependent on acuity of patients.
- 1 RN Charge (if census demands may be assigned 1-2 patients)
  - If census requires charge nurse to assume more than 2 patients they are then relieved of charge nurse duties.
- 2 Certified Nursing Assistants: 8-10 patients on average
- 1 Health Unit Coordinator, located in HUC center

#### 1.3 - Night Shift (2300 – 0730) nursing staffing plan

- 3 RN's with an assignment up to 1:5 dependent on acuity of patients
- 1 RN Charge (if census demands may be assigned 1-2 patients)
  - If census requires charge nurse to assume more than 2 patients they are then relieved of charge nurse duties.
- 2 Certified Nursing Assistants: 8-10 patients on average
- 1 Health Unit Coordinator, located in HUC center

2. The Swing Bed Service is scheduled for 8 hour shifts as follows:

2.1 - Day Shift (0700-1530) Swing nursing staffing plan

- 1 RN with an assignment up to 1:5 depending census which could include other acute care patients dependent on acuity
- 1 CNA assigned to ICU will assist the swing census for average assignment of 8-10 patients

2.2 - Evening Shift (1500-2330) Swing nursing staffing plan

- 1 RN with an assignment up to 1:5 depending census which could include other acute care patients dependent on acuity
- 1 CNA assigned to ICU will assist the swing census for average assignment of 8-10 patients

2.3 - Night Shift (2300-0730) Swing nursing staffing plan

- 1 RN with an assignment up to 1:5 depending census which could include other acute care patients dependent on acuity
- 1 CNA assigned to ICU will assist the swing census for average assignment of 8-10 patients

3. Support and Ancillary Personnel Available for all Inpatients

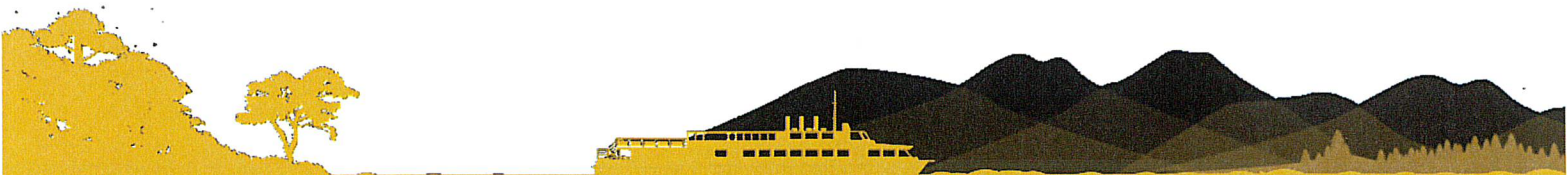
- Hospitalist - 24/7
- Administrative Nursing Supervisor - 24/7
- Pharmacy services - 24/7
  - Pharmacist onsite Monday-Friday 0700-1900, Saturday & Sunday 0700-1700.



- o Cardinal provides offsite support Monday-Friday from 1900-0700, Saturday & Sunday from 1700-0700
- Registered Nurse Discharge Coordinator - 7 days a week 0800-1630
- Respiratory Therapist - 24/7
- Social Worker - 7 days a week 0730 – 1600
- Physical Therapy – Monday-Friday 0900 – 1730, Saturday & Sunday 0900 - 1300
- Occupational Therapy - as needed
- Dietician – Monday-Friday only 0800 - 1630

#### 4. Staff role responsibility

- Registered Nurse (RN): provide direct patient care 24 hours/day, 7 days/week
- Certified Nursing Assistant (CNA): provides care to patients under the direct supervision of an RN who delegates appropriate tasks
- Health Unit Coordinator (HUC): direct traffic flow, manage forM/S, and provide support to the physicians and nurses
- Telemetry Certified Health Unit Coordinator (HUC): monitor patients on telemetry, post telemetry strips and notify RN of patient arrhythmias
- Hospitalists are on-site for patient needs 24 hours a day, 7 days a week





<b>ICU</b>			
JOB TITLE	DAYS 07:00-19:30		Nights 19:00-07:30
Charge Nurse	1		1
RN	2		2
	Days 07:00-15:30	Evenings 15:00-23:30	Nights 23:00-07:30
CNA	1	1	1

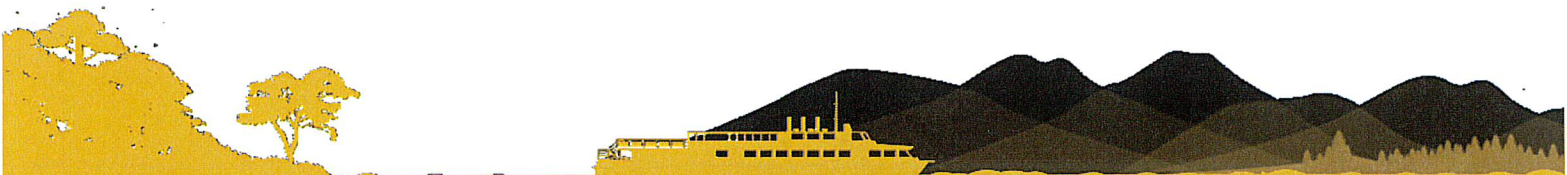
Matrices are developed in guidance for staffing mix. Due to the combined nature of our ICU/Med/Surg unit Staffing decisions and staff : patient ratio is adjusted based on patient factors and skill mix of staff.

- 1 ICU nurse to 2 ICU acuity patients. If census allows ICU nurses may float and assist in Medical Surgical patient care.
- Charge nurse supports ICU and Medical/Surgical
- Decisions about Staffing assignments are supported by Charge nurse, House supervisor and ICU manager.

<b>BIRTH CENTER</b>		
JOB TITLE	DAYS 07:00-19:30	NIGHTS 19:00-07:30
Charge RN	1	1
RN	3	2
CNA	1	1
HUC	M-F (0800-16:30)	1

We staff according to 2010 AWHONN recommended staffing guidelines, with consideration to our dayshift outpatient activities and supporting the circulator role for cesarean sections.

<b>ADMINISTRATIVE SUPERVISOR RN</b>							
HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SARUTDAY	SUNDAY
07:00-19:30	N/A	N/A	N/A	N/A	N/A	1	1
19:00-07:30	1	1	1	1	1	1	1





<b>EMERGENCY DEPARTMENT</b>		
<b>DAYS 07:00-19:30</b>		
<b>STAFF JOB TITLE</b>	<b>SCHEDULED HOURS</b>	<b>NUMBER OF STAFF</b>
CHARGE RN	0700-1930	1
RN	0700-1930	1
RN	0900-2130	1
Tech	0600-1830	1
HUC	0600-1830	1
<b>MID SHIFT</b>		
RN	1200-0030	1
RN	1500-0330	1
Tech	1100-2330	1
<b>NIGHTS 19:00-07:30</b>		
CHARGE RN	1900-0730	1
RN	1900-0730	1
TECH	1800-0630	1
HUC	1800-0630	1

<b>OPERATING ROOM</b>		
<b>JOB TITLE</b>	<b>SCHEDULED HOURS</b>	<b>NUMBER OF STAFF</b>
Charge Nurse	0645-4545 or 0645-1715	1
Circulating RN	0645-4545 or 0645-1715	4
Scrub RN or Scrub Tech or Endoscopy Tech	0645-4545 or 0645-1715	4: any combination of Scrub RNs and Scrub Techs to total 4 or total 3 plus 1 endo Tech.
<b>AMBULATORY SURGERY/PACU</b>		
Charge Nurse	0600-1630	1
AS RN	0600-1630 or 0700-1730 or 0800-1830	5
PACU RN	0600-1630 or 0700-1730 or	1

	0800-1830	
<b>OPERATING ROOM/PACU</b>		
Circulating RN	Evenings/weekends/Holidays	1
Scrub RN or Scrub Tech	Evenings/weekends/Holidays	1
PACU RN	Evenings/weekends/Holidays	1
<b>Transitions of Care</b>		
STAFF JOB TITLE	SCHEDULED HOURS	NUMBER OF STAFF
DCRN	7:00-15:30 7 days/week	2
UMRN	7:00-15:30 6 days/week	2
Manager Transitions of Care	8:00-16:30 5 days/week	1

<b>MAC</b>							
Staff Job title	Monday	Tuesday	Wednesday	Thursday	Friday	Sat	Sun
Supervisor	1	1	1	1	1		
Charge Nurse	1	1	1	1	1		
RN	4	4	4	3	4		
MA	2	1	1	2	1		
Wound care RN		2	2	1	2		
Diabetes Education RN	1	1	2	1	1		
Care Coordinator	1	1	1				

RN staffing is adjusted daily based on volume and acuity. An additional RN is added for each day of a holiday week due to increased volumes with shortened week in the infusion area. Care Coordinator work days are variable. CC RN is scheduled 3 days each week. Diabetes Education RN days are variable. Each RN is scheduled 3 days each week. Current vacancies posted: Diabetes Educator RN, Infusion RN, PRN MA and two PRN RNs

#### Staff Acuity Development

Infusion staff acuities were developed with time studies with nursing staff and various procedures. Review of literature showed similar models in Oncology Nursing Society and Association of Community Cancer Center publication.

Staffing model is supported by MAC/Oncology Scope of Service P & P.

## Hospice

### Hospice Staffing Guidelines:

#### RN

- 3-4 revisits per day (8 hour)
- 1 admit/1 revisit per day (8 hour)
- After hour RN's work 7 days on 7 days off; they are guaranteed 8 hour shifts from 1530 to midnight and are on stand-by from midnight to 0800 the following morning.

#### Aide

- 4-5 visits per day

#### M/SW

- 3 visits per day (can vary with phone work; they can provide "billed" visits via phone call)  
Chaplain
- 3 visits per day and again can vary with other duties (phones, memorial services, etc.)

#### Volunteer and Bereavement Coordinator

- No visit frequency established. Much of their work is group work. Dependent on pandemic guidelines quarterly 6-week long grief groups may be offered along with extra groups during the holidays, these may be in person or virtual. Volunteers are recruited, trained, assigned to patients, and supervised. Additionally, this coordinator leads the planning for the annual Remembrances of the Heart event.

#### Caseloads:

- One RN is needed for every 10-12 patients. This is the RNCM (RN Case Manager) expected caseload.
- One RN is needed for every scheduled admission per day.
- Two RNs are needed to cover after-hours working an alternating 7 days on, 7 days off.
- The RN formula:  $(\text{Active Daily Census}/10 = \# \text{RNCM}) + 1 \text{ RN per admission} + 1 \text{ Charge RN} = \text{total RNs per day}$ .



- In addition to above staffing plan, the RN's must provide coverage on weekends since we are obligated to provide coverage 24/7. Each weekend day a RN covers requires a day off during the week, reducing the time available for managing the caseload and must be accommodated.
- One M/SW (1.0 FTE) is expected to carry a caseload of approximately 20 patients.
- One Aide (1.0 FTE) is expected to carry a caseload of 10-12 patients.
- One Chaplain (1.0 FTE) is expected to carry a caseload of approximately 40; our Chaplain also covers Palliative Care, so the caseload goes above 40.

<b>Hospice</b>			
ROLE	HOURS	NUMBER OF STAFF	FTE
RN-Charge	M-F 08-1630	1	1.0
RN-Case Mgr	M-F 08-1630	2	1.0
RN-Case Mgr	Tue-Fri 8-1630 Mon-Tue-Thu-Fri 08-1630	2	0.8
RN-After Hours	Wed-Tue 1530-MN + MN-08 Standby	2	0.7
RN		2	Per Diem
RN		2-open	Per Diem
M/SW	Mon-Fri 08-1630	1	0.8
M/SW	Mon-Fri 08-1630	1	Per Diem
CNA	Mon-Fri 08-1630	3	1.0
CHAPLAIN	Tue-Fri 08-1630	1	0.8
BRVMNT/VOL COORD	Mon-Fri 08-1630	1	1.0

Over the past 12 months our average daily census has been 36.42 patients. This average daily census represents the hospice team admitting 257 patients and managing 244 deaths in the past 12 months.

The median length of stay of our hospice patients is 18 days. This short length of stay contributes significantly to the workload and stress of the hospice team. The heaviest needs for hospice patients are related to the initiation of services and terminal care.

National organizations have found that short lengths of stay results in dissatisfaction for patients and family. The National Hospice and Palliative Care Organization recommends patients receive a minimum of 90 days hospice care.



Based on the increasing population on Whidbey Island and aging of the population it is expected the average daily census for our hospice may increase to the mid-forties by the 2nd quarter of 2022. This manager believes that we will need to increase the total RN/CM staff to 4.6-5.0 FTEs. We should attempt to maintain 3-4 per diem RNs to support admissions and time off.

We would also need to increase the M/SW support to 2.0 plus per diem.

Chaplain should be increased to 1.0 plus per diem.

These increases would be necessary to meet the need as we approach mid-year if we are nearing the expected census.

## **Palliative Care**

The palliative care program is staffed by 2 Advanced Practice Nurses and a RN that takes and processes referrals, manages triage calls, obtains insurance verification, pre-authorizations for medications and processes orders for DME. The palliative care providers do WhidbeyHealth inpatient consultations, and they see patient in their home settings (private residences, SNF, ALFs, and Adult Family Homes), some patients are seen in the Medical Ambulatory Care Clinic and will be seen in the Hospice and Palliative Care office as clinic visits. The palliative care program is a consult service. In addition to the already described staff, palliative care also provides social work and spiritual care support as needed.

For most of 2021 the palliative care census had been 150-155 consistently and unfortunately having a weekly average of 9-14 patients waiting to be seen by a palliative care provider. It can be as long as 2 months between receiving a referral and a first visit.

The 2 NPs are staffed at 1.0 and 0.8 positions. The providers however are working many more hours a week than is represented by their FTEs attempting to keep up with the demand for the service. We are posting a position for another NP to be 0.5 palliative care and 0.5 hospice.

The palliative care program supports many patients with chronic and serious health conditions improving their quality of life until they are appropriate for transition to hospice. As such the palliative care program is a frequent referral source for our hospice program.

