

Cover Page

The following is the nurse staffing plan for Astria Toppenish Hospital, submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420.

Attestation Form

Nurse Staffing Coalition

May 9, 2022

I, the undersigned with responsibility for Astria Toppenish Hospital, 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:

- ✓ 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 patient care 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 between the hospital and a representative of the nursing staff.

Cathy Bambrick, Hospital Administrator approved this staffing plan on May 9, 2022.



This staffing plan was reviewed and approved by all committee members and adopted by the hospital on: May 9, 2022.

Nurse Staffing Plan Purpose

This plan was developed for the management of scheduling and provision of daily staffing needs for the hospital, and to define a process that ensures the availability of qualified nursing staff to provide safe, reliable and effective care to our patients. This plan applies to all parts of the hospital licensed under RCW 70.41.

Nurse Staffing Plan Principles

- Access to high-quality nursing staff is critical to providing patients safe, reliable and effective care.
- The optimal staffing plan represents a partnership between nursing leadership and direct nursing care staff.
- Staffing is multifaceted and dynamic. The development of the plan must consider a wide range of variables.
- Data and measurable nurse sensitive indicators should help inform the staffing plan.

*These principles correspond to *The American Nursing Association Principles of Safe Staffing*.

Nurse Staffing Plan Policy

- The nurse staffing committee (committee) is responsible for the development and oversight of the nurse staffing plan to ensure the availability of qualified nursing staff to provide safe, reliable and effective care to our patients.
- The committee's work is guided by its charter.
- The committee meets on a regular basis as determined by the committee's charter.
- The committee's work is informed by information and data from individual patient care units. Appropriate staffing levels for a patient care unit reflect an analysis of:
 - Individual and aggregate patient needs;
 - Staffing guidelines developed for specific specialty areas;
 - The skills and training of the nursing staff;
 - Resources and supports for nurses;
 - Anticipated absences and need for nursing staff to take meal and rest breaks;
 - Hospital data and outcomes from relevant quality indicators; and
 - Hospital finances.

*The American Nurses Association does not recommend a specific staffing ratio, but rather to make care assignments based on acuity, patient needs and staff competencies.

- The analysis of the above information is aggregated into the hospital's nurse staffing plan. Each individual patient care unit may use the Nurse Staffing Committee Checklist to guide their work.
- Staff continuously monitor individual and aggregate patient care needs and make adjustments to staffing per agreed upon policy and collective bargaining agreement (if applicable).
- The committee will perform a semiannual review of the staffing plan. If changes are made to the staffing plan throughout the calendar year, an updated staffing plan will be submitted to DOH.
- The hospital is committed to ensuring staff are able to take meal and rest breaks as required by law, or collective bargaining agreement (if applicable). The committee considers breaks and strategies to ensure breaks when developing the plan. A global break policy may be used, or individual patient care units may have discretion in structuring breaks to meet specific needs

while meeting the requirements of the law. Data regarding missed or interrupted breaks will be reviewed by the committee to help develop strategies to ensure nurses are able to take breaks.

Nurse Staffing Plan Scope

***Acute care hospitals licensed under [RCW 70.41](#) are required by law to develop a nurse staffing plan. The plan must cover areas of the hospital that: 1) are under the hospital's license (RCW 70.41) and 2) where a nurse(s) provides patient care (i.e., "patient care unit").**

The following areas of the hospital are covered by the nurse staffing plan:

- Exhibit A – ICU Status
- Exhibit B – Intermediate ICU/Pediatric Status
- Exhibit C – Medical Surgical, Tele, and MWM Status
- Exhibit D – Inpatient Psychiatric
- Exhibit E - Emergency Department
- Exhibit F – Surgery Department
- Exhibit G – Family Maternity Center
- Exhibit H – Ambulatory Surgical Center

Nurse Staffing Plan Critical Elements

- ✓ 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 patient care 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 between the hospital and a representative of the nursing staff.

Nurse Staffing Plan Matrices

***Matrices are developed as a guide for shift-by-shift unit-based staffing decisions and are adjusted up or down based on patient factors and skill-mix of hospital staff**

Exhibit A - ICU STATUS STAFFING GUIDELINES

NUMBER OF PATIENTS	7:00 am - 19:00			
	7	1 RN	2 RN	
6	1 RN	2 RN		1 U/S
5	1 RN	2 RN		1 U/S
4	1 RN	1 RN		1 U/S
3	1 RN	1 RN		1 U/S
2	1 RN			1 U/S
1	1 RN			1 U/S

19:00 - 7:00 am			
1 RN	2 RN		1 U/S
1 RN	2 RN		1 U/S
1 RN	2 RN		1 U/S
1 RN	1 RN		1 U/S
1 RN	1 RN		1 U/S
1 RN			1 U/S
1 RN			1 U/S

- * ICU Patient Ratio will be 1:1 to 1:3 according to level of acuity.
- * Free Charge Nurse for Patient Census > 5 patients, combined ICU Unit & Medical East, if staffing and patient census allow.
- * Night shift may utilize free charge >7 patients.
- * May substitute Free Charge for US coverage
- * One U/S for combined Med East and ICU Units
- * *Remember these are only guidelines, staffing should be adjusted to fit acuity.*

Exhibit B - Intermediate ICU / Pediatrics Staffing Guidelines

NUMBER OF PATIENTS	7:00 am - 19:00			
	1 RN	1 RN/LPN	1 NAC	1 U/S
8	1 RN	1 RN/LPN	1 NAC	1 U/S
7	1 RN	1 RN/LPN	1 NAC	1 U/S
6	1 RN	1 RN/LPN		1 U/S
5	1 RN	1 RN/LPN		1 U/S
4	1 RN		1 NAC	1 U/S
3	1 RN			1 U/S
2	1 RN			1 U/S
1	1 RN			1 U/S

19:00 - 7:00 am			
1 RN	1 RN/LPN	1 NAC	1 U/S
1 RN	1 RN/LPN	1 NAC	1 U/S
1 RN	1 RN/LPN		1 U/S
1 RN	1 RN/LPN		1 U/S
1 RN		1 NAC	1 U/S
1 RN			1 U/S
1 RN			1 U/S
1 RN			1 U/S

- * Intermediate ICU/Pediatrics Patient Ratio will be 1:4
- * Total Patient Care ratio - 1:3
- * Free Charge Nurse for Patient Census > 5 patients, combined ICU unit & Medical East, if staffing and patient census allow.
- * Night shift may utilize a free charge >7 patients.
- * May substitute Free Charge for US coverage
- * One U/S for combined Med East and ICU Units
- * NAC total patient ratio is 1:10 (combined ICU/MS units)
- * *Remember these are only guidelines, staffing should be adjusted to fit acuity.*

Exhibit C – Med/Surg (Med East) & MT & MWM STATUS STAFFING GUIDELINES

NUMBER OF PATIENTS	7:00 am - 19:00pm				19:00 pm - 7:00 am			
	15	1 RN	2 RN/LPN		2 NE	Unit Secretary to be shared with ICU matrix	1 RN	
14	1 RN	2 RN/LPN	2 NE	1 RN	2 RN/LPN		2 NE	
13	1 RN	2 RN/LPN	2 NE	1 RN	2 RN/LPN		2 NE	
12	1 RN	2 RN/LPN	2 NE	1 RN	2 RN/LPN		2NE	
11	1 RN	2 RN/LPN	2 NE	1 RN	2 RN/LPN		2 NE	
10	1 RN	1 RN/LPN	1 NE	1 RN	1 RN/LPN		1 NE	
9	1 RN	1 RN/LPN	1 NE	1 RN	1 RN/LPN		1 NE	
8	1 RN	1 RN/LPN	1 NE	1 RN	1 RN/LPN		1 NE	
7	1 RN	1 RN/LPN	1 NE	1 RN	1 RN/LPN		1 NE	
6	1 RN	1 RN/LPN		1 RN			1NE	
5	1 RN		1 NE	1 RN			1NE	
4	1 RN		1 NE	1 RN			1 NE	
1-3	1 RN			1 RN				

1:5 DAY

1:6 NIGHT

- * M/S patient ratio will be 1:5 Days; 1:6 Nights
- * Total Patient Care ratio - 1:3
- * Free Charge Nurse for Patient Census > 5 patients combined ICU unit & Medical East, if staffing and patient census allow.
- * Night shift may utilize a free charge for Patient Census > 7 patients.
- * May substitute Free Charge for US coverage
- * One U/S for combined Med East and ICU Units
- * NAC total patient ratio is 1:10 (combined ICU/MS units)
- * *Remember these are only guidelines, staffing should be adjusted to fit acuity.*
- * MS West staffing (up to 10 beds) staffing matrix remains the same plus 1 US

Astria Toppenish Hospital Nurse Staffing Plan Submission

Exhibit D - Behavioral Health Unit (Day Shift 0700 – 1900) (Night Shift 1900 – 0700)			
Projected Patient Census	RN/LPN	MHW/NAC	MHW 10am-10pm
1	1	2	0-1
2	1	2	0-1
3	1	2	0-1
4	1	2	0-1
5	1	2	0-1
6	1	2	0-1
7	1	2	0-1
8	2	2	0-1
9	2	2	0-1
10	2	2	0-1
11	2	2	0-1
12	2	2	0-1
13	2	2	0-1
14	2	2	0-1
15	2	2	1

***Matrices are developed as a guide for shift-by-shift unit-based staffing decisions and are adjusted up or down based on patient factors and skill-mix of hospital staff.**

- Remember these are only guidelines
- Nurse ratio is 1:8
- Acuity of patients will be considered when assignments are being completed

Astria Toppenish Hospital Nurse Staffing Plan Submission

Exhibit E - Emergency Department				
Role	0700-1900	1100-2300	1300-0100	1900-0700
RN	2	1	0 – 1	2
NE	1			0 - 1
US	1			1

***Matrices are developed as a guide for shift-by-shift unit-based staffing decisions and are adjusted up or down based on patient factors and skill-mix of hospital staff.**

Astria Toppenish Hospital Nurse Staffing Plan Submission

Exhibit F - Surgery Department staffing matrix (Day Shift Mon. – Fri. 0700 – 1730) (Call 1730 – 0700 Mon. – Fri., Sat. and Sun. 7am – 7am)			
Staff	OR # 1 and #2	Plus OR #3	
RN Circulator	3	4	
Scrub Technician	2-3	4	
CS Technician	1	1	
	Exhibit H	Pre/Postop (PACU)	
Role	Mon. – Fri. 0600 - 1800		Additional Staff/Other
RN	3	3	1-2 to account for additional volume
US/NE			1 PRN census

***Matrices are developed as a guide for shift-by-shift unit-based staffing decisions and are adjusted up or down based on patient factors and skill-mix of hospital staff.**

- Pre/Post-OP 2 RN minimum
- Phase 1 (Recovery Portion) – 1:1 Nursing with a 2nd RN readily available
- Phase 2 (Observation Portion)
 - A) 1 RN to 1 patient if unstable
 - B) 1 RN to 2 patients if <5 years without parent or at initial admission of patient
 - C) 1 RN to 3 patients for 1 ½ hour post Phase 1 or if patient <5 years without parent or discharge from Phase 1 with family present.
 - D) 1 RN to 4 patients if awake and stable, <5 years awake and stable with parent present.

In the event that only 1 RN is available for Phase 2, close PACU and move observation patients to the appropriate Inpatient department for further support.

Astria Toppenish Hospital Nurse Staffing Plan Submission

Exhibit G-Family Maternity Center (Day shift=0700-1900 and Night Shift= 1900-0700)

# of Patients & Observations	# Labor or High Risk Matrix	RN	RN or LPN	OB Tech/US	Additional Support Staff/Other (as applicable)
0	1	2			
0-6	0	2		1	
0	2	2		1	
1-6	1-2	2	1	1	
0-3	3-4	2	1	1	
4-6	3-4	2	1	1	
7-12	0	2	1	2	
7-12	1-2	2	1	2/1	
13-16	0	2	1	2/1	
13-16	1-2	2	2	2/1	
13-16	3-4	4	2	2/1	

***Matrices are developed as a guide for shift by shift unit based staffing decisions and are adjusted up or down based on patient factors and skill mix of hospital staff.**

→ RN ratio Labor 1:2 or 1:1 dependent on acuity

→ RN ratio first 2 hrs Post-Partum 1:1

→ RN ratio couplet 1:3

→ RN or LPN may be substituted if Tech is unavailable

→ The number of labor trained RN's must not be less than 2, or less than AWHONN guidelines dictate for management of the acuity of labor patients on the floor

→ 2 NRP certified staff people must attend each delivery with one of them dedicated solely to the infant's stabilization. (Although additional staff may have NRP, they may not be qualified to manage the infant after delivery, if more than routine care is required)

→ Remember these are only guidelines and staffing should be adjusted to fit the acuity of the patients and the skill level of the staff

→ Notify Nursing Manager if unable to staff by guidelines. In the event you are unable to reach the manager, negotiate a plan with designated FMC Charge Nurse

Patients & Observations Include:

- *Moms
- *Babes
- *Womens Health
- *Short Stay
- *Non Labor Observation
- *Stable Antepartum
- *Non Labor Triage

Labor & High Risk Matrix Include:

- *Labor
- *Vaginal delivery recovery of mom and infant
- * C/S through Newborn Recovery
- *PTL stabilization or transfer
- *Newborn with O2 support or transfer
- *R/O labor triage
- *Insulin Drip
- *VBAC
- *Pitocin induction or augmentation

Astria Toppenish Hospital Nurse Staffing Plan Submission

Exhibit H – Ambulatory Surgical Center					
Role	Mon.-Fri. 0700-1530				Additional Support Staff/Other (as applicable)
RN Circulator	3				
Scrub Tech	3				
US/NE					
*Matrices are developed as a guide for shift-by-shift unit-based staffing decisions and are adjusted up or down based on patient factors and skill-mix of hospital staff.					

Exhibit H – Ambulatory Surgical Center PACU					
Role	Mon.-Fri. 0700-1600				Additional Support Staff/Other (as applicable)
RN	2				
US/NE					1 prn census
*Matrices are developed as a guide for shift-by-shift unit-based staffing decisions and are adjusted up or down based on patient factors and skill-mix of hospital staff.					

Exhibit H – Ambulatory Surgical Center Pre-op					
Role	Mon.-Fri. 0600-1430				Additional Support Staff/Other (as applicable)
RN or RN/LPN	2 or 1/1				
*Matrices are developed as a guide for shift-by-shift unit-based staffing decisions and are adjusted up or down based on patient factors and skill-mix of hospital staff.					

PACU

- One (1) ACLS certified RN minimum, unless under 12 years old. Then ratios is 2 RN: 1 patient
- One nurse to two patient’s ratio is appropriate when:
 - a. One unconscious stable without artificial airway and over the age of 12 years, and one conscious stable and free of complications.
 - b. Two conscious stable and free of complications
 - c. Two conscious stable, 10 years of age and under with competent support staff present
- One nurse to one patient ratio is appropriate:
 - a. At the times of admission, until the critical elements are met
 - b. If mechanical life support and or artificial airway is necessary
 - c. For any unconscious patient 12 years of age or under a second nurse must be available to assist as necessary
 - d. There are two nurses to one patient when the patient is critically ill, unstable physically or mentally and or the patient has multi-system problems
 - e. Staffing adjusted to volume and acuity
 - f. LPNs and NAs may assist the RN