

## **Cover Page**

The following is the comprehensive nurse staffing plan for **Confluence Health Central Washington Hospital** submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420 for the year 2023.

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## Attestation Form

Nurse Staffing Coalition

December 27, 2022

I, the undersigned with responsibility for Confluence Health Central Washington Hospital, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for 2023 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 patient care unit
- 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.

As approved by Andrew Jones, MD, Confluence Health Chief Executive Officer.



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Signature

Andrew Jones, MD

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Printed Name

December 27, 2022

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Date

## **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 RCW70.41.

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 a 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 data, quality indicators; and
- Hospital finances.

The American Nurses Association recommendations include to make care assignments based on acuity, patient needs and staff competencies.

- 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.

## **Nurse Staffing Plan Scope**

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

- Intensive Care Unit
- Progressive Care Unit
- Medical/Oncology Unit
- Surgical/Orthopedic Unit
- Mother/Baby Unit, Labor & Delivery, Special Care Nursery
- Pediatrics Unit
- Medical Unit One
- Resource Unit
- Emergency Department
- Perioperative Services – Operating Room, Pre-op/Post-op, Recovery Room
- Endoscopy
- Cath Lab, Electrophysiology Lab, Interventional Radiology
- Home Health & Hospice
- Wound Care & Ostomy
- Inpatient Care Management
- Oncology Clinic & Infusion Center

## **Nurse Staffing Plan Critical Elements**

The following represents critical elements about the nurse staffing plan:

- Census
- Admissions, Discharges, & Transfers
- Acuity
- Level of staff experience
- Staffing guidelines/recommendations per specialty nursing organizations
- Strategies to enable Registered Nurses to take breaks & lunches
- Availability of support staff
- The need for specialty or specialized equipment

## **Nurse Staffing Plan Matrices**

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

### **Intensive Care Unit Staffing Guidelines**

#### Unit Leadership:

Connie Barnes, ICU/PCU/ED Director  
Toni Holder, BSN, RN ICU Clinical Manager  
Scottie Burt, RN, ICU Supervisor  
Stephen Williams, BSN, RN ICU

1:1 or 1:2 depending on acuity.

**\*ICU Critical Response RN:** Refer to ICU Critical Response Nurse when planning staffing for the shift.

#### **Notes:**

- OHS patients are 1:1s only until extubated unless on an IABP or Impella. First case open heart patients may arrive before 1100, check the surgery schedule for time allotted for each case.
- Impella patients are 1:1s and will need 2 RNs *for the first hour*
- Pneumonectomy patients *are 1:1s IF they come direct from OR for the first hour*
- TEVAR with lumbar drains are 1:1s *for the first hour*
- Insulin drips are not 1:1s
- Hyponatremia patients are 1:1s until they move to Q2h labs

#### **Station Fill Guidelines:**

1. There must always be two ICU RNs in house. If there are zero patients in ICU, these two RNs can be house floating but cannot be assigned to patients.
2. For very low numbers:
  - 1 patient – 3 RNs
  - 2 patients – 3 RNs
  - 3 patients – 3 RNs
  - 4 patients – 4 RN

**Progressive Care Unit Staffing Guidelines**

Unit Leadership:  
 Connie Barnes, ICU/PCU/ED Director  
 Todd Warman, RN Clinical Manager  
 Nicole Jacobs, RN Clinical Supervisor  
 Lorna Sebastian, RN Unit PCU Unit Rep

**PC3 Staffing Grid**

Day/Evenings			Evening/Nights			HPPD
# Pts.	With Charge		# Pts.	With Charge		
	RN	CNA		RN	CNA	
9	4	0	9	4	0	10.60
10	4	1	10	4	1	12.00
11	5	1	11	5	1	13.09
12	5	1	12	5	1	12.00
13	5	2	13	5	2	12.92
14	5	2	14	5	2	12.00
15	5	2	15	5	2	11.20
16	6	2	16	6	2	12.00
17	6	2	17	6	2	11.29
18	6	2	18	6	2	10.67
19	6	3	19	6	3	11.36
20	7	3	20	7	3	12.00
21	7	3	21	7	3	11.42
22	7	3	22	7	3	10.90
23	7	3	23	7	3	10.43
24	8	3	24	8	3	11.00
25	8	3	25	8	3	10.56
26	8	4	26	8	4	11.07
27	9	4	27	9	4	11.55
28	9	4	28	9	4	11.14
29	9	4	29	9	4	10.75
30	9	4	30	9	4	10.40
31	10	4	31	10	4	10.83
32	10	4	32	10	4	10.50
33	10	5	33	10	5	10.90
34	10	5	34	10	5	10.59
35	11	5	35	11	5	10.97
36	11	5	36	11	5	10.67

CWH Nurse Staffing Plan for Submission to DOH

37	11	5	37	11	5	10.38
38	11	5	38	11	5	10.11
39	11	5	39	11	5	10.46
40	12	5	40	12	5	10.40
41	13	6	41	13	6	11.12
42	13	6	42	13	6	10.86
						11.12

### PC4 Staffing Grid

Day/Evenings			Evening/Nights			HPPD
With Charge			With Charge			
# Pts.	RN	CNA	# Pts.	RN	CNA	
2	2	0	2	2	0	24.00
3	2	0	3	2	0	16.00
4	2	1	4	2	0	15.00
5	2	1	5	2	1	14.40
6	2	1	6	2	1	8.00
7	2	1	7	2	1	6.85
8	2	1	8	2	1	6.00

**Medical/Oncology Unit Staffing Guidelines**

Unit Leadership:

Thea Wertman, RN, MSN, CVRN, Director

Heather Curry, RN Manager

Keri Baker, RN Supervisor

Mayra Rivera-Martinez, RN Unit Rep

**Current Staffing Patterns (Core):**

Medical Oncology Staffing Grid																		
0700-1500				1500-1930				1900-2300				2300-0730				HPPD		
Pt	RN	CNA		Pt	RN	CNA		Pt	RN	CNA		Pt	RN	CNA		6.9	3.2	10.1
																RN	CNA	Total
12	4	2		12	4	2		12	4	2		12	3	1		7.33	3.33	10.67
13	4	2		13	4	2		13	4	2		13	3	1		6.77	3.08	9.85
14	4	2		14	4	2		14	4	2		14	3	2		6.29	3.43	9.71
15	5	2		15	4	2		15	4	2		15	4	2		6.93	3.20	10.13
16	5	2		16	5	2		16	5	2		16	4	2		7.00	3.00	10.00
17	5	3		17	5	2		17	5	2		17	4	2		6.59	3.29	9.88
18	5	3		18	5	3		18	5	2		18	5	2		6.67	3.33	10.00
19	5	3		19	5	3		19	5	3		19	5	2		6.32	3.37	9.68
20	6	3		20	6	3		20	6	3		20	5	2		6.80	3.20	10.00
21	6	3		21	6	3		21	6	3		21	5	3		6.48	3.43	9.90
22	6	3		22	6	3		22	6	3		22	6	3		6.55	3.27	9.82
23	6	3		23	6	3		23	6	3		23	6	3		6.26	3.13	9.39
24	7	4		24	7	3		24	7	3		24	6	3		6.67	3.33	10.00
25	7	4		25	7	4		25	7	3		25	7	3		6.72	3.36	10.08
26	8	4		26	8	4		26	7	3		26	7	3		6.92	3.23	10.15
27	8	4		27	8	4		27	8	4		27	7	3		6.81	3.26	10.07
28	8	4		28	8	4		28	8	4		28	8	3		6.86	3.14	10.00
29	9	4		29	8	4		29	8	4		29	8	3		6.90	3.03	9.93
30	9	4		30	9	4		30	9	4		30	8	4		6.33	3.20	10.13
31	9	5		31	9	4		31	9	4		31	8	4		6.71	3.35	10.06
32	10	5		32	9	5		32	9	4		32	8	4		6.75	3.38	10.13
33	10	5		33	10	5		33	9	4		33	9	4		6.91	3.27	10.18
34	10	5		34	10	5		34	10	4		34	9	4		6.82	3.18	10.00
35	10	5		35	10	5		35	10	4		35	9	4		6.63	3.09	9.71
36	11	5		36	10	5		36	10	5		36	10	4		6.89	3.11	10.00
37	11	5		37	11	5		37	10	5		37	10	5		6.81	3.24	10.05
38	11	5		38	11	5		38	11	5		38	10	5		6.74	3.16	9.89
39	11	6		39	11	5		39	11	5		39	11	5		6.77	3.28	10.05
40	12	6		40	12	6		40	11	5		40	11	5		6.90	3.30	10.20
41	12	6		41	12	6		41	12	5		41	11	5		6.83	3.22	10.05
42	12	6		42	12	6		42	12	6		42	12	5		6.86	3.24	10.10



CWH Nurse Staffing Plan for Submission to DOH

**Surgical/Orthopedics Unit Staffing Guidelines**

Unit Leadership:

Thea Wertman, RN, MSN, CVRN, Director

Kim Kohlman, RN, Clinical Manager

Misti Baird, RN Supervisor

Simon Morton, RN Unit Rep

E/N shift need to review surgery schedule to determine D/E staffing, review if 0900 person scheduled

Surgical/Orthopedic Staffing Grid														
0700-1500			1500-1930			1900-2300			2300-0730			HPPD		
Pt	RN	CNA	Pt	RN	CNA	Pt	RN	CNA	Pt	RN	CNA	RN	CNA	Total
12	4	2	12	4	2	12	4	2	12	3	1	7.33	3.33	10.67
13	4	2	13	4	2	13	4	2	13	3	1	6.77	3.08	9.85
14	4	2	14	4	2	14	4	2	14	3	2	6.29	3.43	9.71
15	5	2	15	4	2	15	4	2	15	4	2	6.93	3.20	10.13
16	5	2	16	5	2	16	5	2	16	4	2	7.00	3.00	10.00
17	5	3	17	5	2	17	5	2	17	4	2	6.59	3.29	9.88
18	5	3	18	5	3	18	5	2	18	5	2	6.67	3.33	10.00
19	5	3	19	5	3	19	5	3	19	5	2	6.32	3.37	9.69
20	6	3	20	6	3	20	6	3	20	5	2	6.80	3.20	10.00
21	6	3	21	6	3	21	6	3	21	5	3	6.48	3.43	9.90
22	6	3	22	6	3	22	6	3	22	6	3	6.55	3.27	9.82
23	6	3	23	6	3	23	6	3	23	6	3	6.26	3.13	9.39
24	7	4	24	7	3	24	7	3	24	6	3	6.67	3.33	10.00
25	7	4	25	7	4	25	7	3	25	7	3	6.72	3.36	10.08
26	8	4	26	8	4	26	7	3	26	7	3	6.92	3.23	10.15
27	8	4	27	8	4	27	8	4	27	7	3	6.81	3.26	10.07
28	8	4	28	8	4	28	8	4	28	8	3	6.86	3.14	10.00
29	9	4	29	8	4	29	8	4	29	8	3	6.90	3.03	9.93
30	9	4	30	9	4	30	9	4	30	8	4	6.93	3.20	10.13
31	9	5	31	9	4	31	9	4	31	8	4	6.71	3.35	10.06
32	10	5	32	9	5	32	9	4	32	8	4	6.75	3.38	10.13
33	10	5	33	10	5	33	9	4	33	9	4	6.91	3.27	10.18
34	10	5	34	10	5	34	10	4	34	9	4	6.82	3.18	10.00
35	10	5	35	10	5	35	10	4	35	9	4	6.63	3.09	9.71
36	11	5	36	10	5	36	10	5	36	10	4	6.89	3.11	10.00
37	11	5	37	11	5	37	10	5	37	10	5	6.81	3.24	10.05
38	11	5	38	11	5	38	11	5	38	10	5	6.74	3.16	9.89
39	11	6	39	11	5	39	11	5	39	11	5	6.77	3.28	10.05
40	12	6	40	12	6	40	11	5	40	11	5	6.90	3.30	10.20
41	12	6	41	12	6	41	12	5	41	11	5	6.83	3.22	10.05
42	12	6	42	12	6	42	12	6	42	12	5	6.86	3.24	10.10

**Nurse Staffing Plan**

2023 Staffing Unit Plan Overview

**MBU Staffing Guidelines**

Unit Leadership:

Barb Lawson, RN Director

Tami Clark, RN Clinical Manager

Mandy Cortes, RN Clinical Supervisor

Sara Walker, RN Unit Rep

**Staffing Grid for Patient Census**

Staffing is based on AWHONN Standards for Professional Registered Nurse Staffing for Perinatal Units (see attached).

CWH Nurse Staffing Plan for Submission to DOH

TABLE 1 STANDARDS FOR PROFESSIONAL REGISTERED NURSE STAFFING FOR PERINATAL UNITS <sup>a</sup>	
Nurse-to-Woman or Nurse-to-Baby Ratio	Patient Type/Clinical Situation
<b>Antepartum</b>	
1 to 2-3	Women during nonstress testing
1 to 1	Woman presenting for initial obstetric triage
1 to 2-3	Women in obstetric triage after initial assessment and in stable condition
1 to 3	Women with antepartum complications in stable condition
1 to 1	Woman with antepartum complications who is unstable
1 to 1	Continuous bedside attendance for woman receiving IV magnesium sulfate for the first hour of administration for preterm labor prophylaxis and no more than 1 additional couplet or woman for a nurse caring for a woman receiving IV magnesium sulfate in a maintenance dose
1 to 2	Women receiving pharmacologic agents for cervical ripening
<b>Intrapartum</b>	
1 to 1	Woman with medical (such as diabetes, pulmonary or cardiac disease, or morbid obesity) or obstetric (such as preeclampsia, hypertensive crisis, multiple gestation, fetal demise, some indeterminate and all abnormal FHR patterns, women having a trial of labor attempting vaginal birth after cesarean birth) complications during labor
1 to 1	Woman receiving oxytocin during labor
1 to 1	Woman laboring with minimal to no pain relief or medical interventions
1 to 1	Woman whose fetus is being monitored via intermittent auscultation
1 to 1	Continuous bedside nursing attendance to woman receiving IV magnesium sulfate for the first hour of administration; ratio of 1 nurse to 1 woman during labor and until at least 2 hours postpartum and no more than 1 additional couplet or woman in the patient assignment for a nurse caring for a woman receiving IV magnesium sulfate during postpartum
1 to 1	Continuous bedside nursing attendance during initiation of regional anesthesia until condition is stable (at least for the first 30 minutes after initial dose)
1 to 1	Continuous bedside nursing attendance to woman during the active pushing phase of second-stage labor
1 to 2	Women in labor without complications
2 to 1	Birth; 1 nurse responsible for the mother and 1 nurse whose sole responsibility is the baby
<b>Postpartum and Newborn Care</b>	
1 to 1	Continuous bedside nursing attendance to woman in the immediate postoperative recovery period (for at least 2 hours)
1 to 3	Mother-baby couplets after the 2-hour recovery period (with consideration for assignments with mixed acuity rather than all recent postcesarean cases)
1 to 2	Women on the immediate postoperative day who are recovering from cesarean birth as part of the nurse-to-patient ratio of 1 nurse to 3 mother-baby couplets
1 to 5	Women postpartum without complications (no more than 2-3 women on the immediate postoperative day who are recovering from cesarean birth as part of the nurse-to-patient ratio of 1 nurse to 5 women without complications); their newborns are cared for by another nurse
1 to 3	Women postpartum with complications who are stable
1 to 5	Healthy newborns in the nursery requiring only routine care whose mothers cannot or do not desire to keep their baby in the postpartum room; their mothers are cared for by another nurse
1	At least 1 nurse physically present at all times in each occupied basic care nursery when babies are physically present in the nursery

(continued on next page)

CWH Nurse Staffing Plan for Submission to DOH

Nurse-to-Woman or Nurse-to-Baby Ratio	Patient Type/Clinical Situation
1 to 1	Newborns undergoing circumcision or other surgical procedures during the immediate preoperative, intraoperative, and immediate postoperative periods
1 to 3-4	Newborns requiring continuing care
1 to 2-3	Newborns requiring intermediate care
1 to 1-2	Newborns requiring intensive care
1 to 1	Newborn requiring multisystem support
1 or more to 1	Unstable newborn requiring complex critical care
1	At least 1 nurse available at all times with skills to care for newborns who may develop complications and/or need resuscitation
2	Situations involving neonatal specialty care for fewer than 6 intermediate-care babies or 4 or fewer intensive care babies require a minimum of 2 registered nurses with neonatal expertise and training
<b>Minimum Staffing</b>	
2	A minimum of 2 nurses in the hospital as minimum staffing, even when there are no perinatal patients. Two nurses are needed to be able to safely care for a woman who presents with an obstetric emergency that may require cesarean birth (1 nurse circulator and 1 baby nurse, one or both of whom should have obstetric triage, labor, and fetal assessment skills; the baby nurse must be skilled in neonatal resuscitation as per the American Academy of Pediatrics and the American Heart Association neonatal resuscitation program). A scrub nurse or surgical tech should be available in the hospital or on call such that an emergency birth can be accomplished in a timely manner consistent with the patient's clinical situation. Another labor nurse should be called in to be available to care for any other pregnant woman who may present for care while the first 2 nurses are caring for the woman undergoing cesarean birth and during postanesthesia recovery.

*Note.* See the full text for presumptions and conditions that may affect the stated ratios in each instance. FHR = fetal heart rate; IV = intravenous.

"It should be recognized that these staffing ratios represent minimal staffing, require further consideration based on acuity and needs of the service, and presume that there will be ancillary personnel to support the nurse.

**Nurse Staffing Plan Template**

2023 Staffing Unit Plan Overview

**Pediatrics Staffing Guidelines**

Unit Leadership:

Barb Lawson, RN Director

Tami Clark, RN Clinical Manager

Mandy Cortes, RN Clinical Supervisor

Peggie Griffith, RN Unit Rep

**DE Shift**

Census	RN's	CNA	Notes
0-3	1		
4-6	2	1 (as needed)	Could do 1 RN + CNA for 4 pts-depend on acuity
7-9	3	1 (as needed/available)	Could do 2 RNs + CNA for 7 pts-depend on acuity
<b>Infusion Patients</b>			
1-3	1-2		Depending on monitoring needs during infusion

**EN Shift**

Census	RN's	CNA	Notes
0-3	1		
4-6	2	1 (as needed)	Could do 1 RN + CNA for 4 pts-depend on acuity
7-9	3	1 (as needed)	Could do 2 RNs + CNA for 7 pts-depend on acuity

CWH Nurse Staffing Plan for Submission to DOH

**Medical Unit One Staffing Guidelines**

Unit Leadership:

Thea Wertman RN, MSN, CVRN, Director

Leeza Thomas, RN, Manager

Erica Reinfeld, RN Staff Representative

<b>Medical Unit 1 Staffing Grid</b>														
07-1530			1500-1930			19-2300			2300-0730			HPPD		
Pt.	RN	CNA	Pt.	RN	CNA	Pt.	RN	CNA	Pt.	RN	CNA	RN	CNA	Total
1	2	0	1	2	0	1	2	0	1	2	0	48.00	0.00	48.00
2	2	0	2	2	0	2	2	0	2	2	0	24.00	0.00	24.00
3	2	0	3	2	0	3	2	0	3	2	0	16.00	0.00	16.00
4	2	0	4	2	0	4	2	0	4	2	0	12.00	0.00	12.00
5	2	1	5	2	1	5	2	1	5	2	1	9.60	4.80	14.40
6	2	1	6	2	1	6	2	1	6	2	1	8.00	4.00	12.00
7	2	2	7	2	2	7	2	1	7	2	1	6.86	5.14	12.00
8	3	2	8	2	2	8	2	2	8	2	1	7.00	5.00	12.00
9	3	2	9	3	2	9	3	2	9	2	2	7.11	5.33	12.44
10	3	2	10	3	2	10	3	2	10	3	2	7.20	4.80	12.00

2023 Staffing Unit Plan Overview

**Resource Department/Vascular Access Department Staffing Guidelines**

Unit Leadership:

Kim Collier, RN, Director

Steve Dickens, RN, Clinical Manager

Angie Berry, RN Unit Rep

**Staffing Grid for Patient Census**

Since the Resource Department does not have any patients in the department we staff based on a fixed rate for each role.

Vascular Access Nurse = 1 Nurse per shift

Resource Nurse D/E = 2-3 Nurses per shift

Resource Nurse E/N = 1-2 Nurses per shift

Stat CNA D/E = 2 CNAs per shift

Stat CNA E/N = 1 CNA per shift

Resource CNA D/E = 2-3 CNAs per shift

Resource CNA E/N = 2-3 CNAs per shift

House Supervisor = 2 per shift Monday – Friday, 1 per shift Saturday and Sunday

Staffing Office = 1 clerk 0430-1500 daily, 1 clerk 1430-2300 Monday – Friday, 1 clerk 1230-2230 daily

Non-clinical sitter = 1 per shift

CWH Nurse Staffing Plan for Submission to DOH

**Nurse Staffing Plan**

2023 Staffing Unit Plan Overview

**ED Staffing Guidelines**

Unit Leadership:

Leslie Kees, RN, Interim Director

Leslie Kees, RN, Clinical Manager

Erin Schwartz, RN, Staff Co-Chair

Jasmine Hutchinson, RN, Staff Representative

**Staffing Grid for Patient Census**

	<b>0700</b>	<b>0800</b>	<b>0900</b>	<b>1000</b>	<b>1100</b>	<b>1200</b>	<b>1300</b>	<b>1400</b>	<b>1500</b>	<b>1600</b>	<b>1700</b>	<b>1800</b>
RN	5	5	6	7	9	9	10	11	11	11	10	10
EDT	2	2	2	3	3	3	3	3	4	4	4	4
NUC	1	1	1	1	1	1	1	1	1	1	1	1
	<b>1900</b>	<b>2000</b>	<b>2100</b>	<b>2200</b>	<b>2300</b>	<b>2400</b>	<b>0100</b>	<b>0200</b>	<b>0300</b>	<b>0400</b>	<b>0500</b>	<b>0600</b>
RN	10	10	10	9	7	7	6	6	5	5	5	5
EDT	4	4	4	3	3	3	3	3	2	2	2	2
NUC	1	1	1	1	1	1	1	1	1	1	1	1



**Surgical Services – Pre-Op and Post-Op Unit Staffing Guidelines**

Unit Leadership:

Liz Dittbrender, RN, MSN, Director of Perioperative Services

Tonya Rivera, RN, Peri-Op Clinical Manager

Billie Ritzke, RN, Peri-Op Supervisor

Jaylene Spitler, RN, Staff Representative

**Pre-Admit Office** Hours 0800-1830

RNs (used to backfill for sick calls and as staffing resource when patient census is high)

Staff	Monday	Tuesday	Wednesday	Thursday	Friday
RNs	3	3	3	3	3

**Pre-Op** Hours 0500-1700

Charge RNs (0530-1800)

RNs (Shift start times – 0515, 0530, 0545, 0600)

HUC (0500-1330)

CNA (Shift start times – 0530, 0545)

Staff	Monday	Tuesday	Wednesday	Thursday	Friday
Charge RN	1	1	1	1	1
RNs	7	7	7	7	5
HUC	1	1	1	1	1
CNA	2	2	2	2	2

\*Mondays & Wednesdays Cataract/Eye block (3 additional RNs needed and 1 additional CNA)

**Post-Op** Hours 0800-2100

RNs (Shift start times – 0800, 0900, 0930,1030)

CNA (0800,0900)

HUC (0730,0900)

Staff	Monday	Tuesday	Wednesday	Thursday	Friday
RNs	6	6	6	6	6
CNA	2	2	2	2	2
HUC	2	2	2	2	2
<b>Total RNs</b>	17	17	17	17	15
<b>Total Staff</b>	24	24	24	24	22

- Pre-Op breaks/lunches during the gaps of patients arriving
- Post-Op breaks/lunches – RNs assigned to cover
- Staffing Office is not utilized in this area for ill calls
- Increase in NORA block approved on Mondays and Fridays
- Same day D/C for Total Joints, Spines, GYN & Cardiac cases that used to go to inpatient
- Staffing adjustments based on patient census expected to come through the department from Recovery Phase I, OR, GI, Pulmonary, IR, DI, Cath Lab NORA (non-anesthesia procedures)

Uncapped Otholomology Block Monday-Thursday

**Surgical Services Staffing Guidelines**

Unit Leadership:

Liz Dittbrender, RN, MSN, Director of Perioperative Services

Dawna Fox, RN, Manager

Catherine Shellabarger, RN Unit rep

**AM Shift Weekday 0630-1700 including OH and SSR (if OH include one perfusionist for the entirety of the case) M-Th including SSRs.**

Census	RN's (incl. charge)	CSTs	ATs	SSTs	RNFAs
10 ORs	21-23	18-20	4	10	3

**AM Shift Weekday 0630-1700 including OH and SSR (if OH include one perfusionist for the entirety of the case) Friday including SSRs.**

Census	RN's	CSTs	ATs	SSTs	RNFAs
8 ORs	15-17	12	3	8	2

**Evening Shift Weekday 1700-1900 ((if OH include one perfusionist for the entirety of the case)**

Census	RN's	CSTs	ATs	SSTs	RNFAs
5 ORs	10	10	4	4	2

**PM Shift Weekday 1930-2130**

Census	RN's	CSTs	ATs	SSTs	RNFAs
2 ORs	3	2	1	2	variable

**NOC shift 2130-0700 On call for emergencies only Sunday- Thursday including OH (if OH include one perfusionist for the entirety of the case)**

Census	RN's	CSTs	ATs	SSTs	RNFAs
OR 2	3	3	1 on call	0	0

**Weekend 0700-01930 including OH (if OH include one perfusionist for the entirety of the case)**

Census	RN's	CSTs	ATs	SSTs	RNFAs
3 ORs	6	6	1 on call	1 on call	variable

CWH Nurse Staffing Plan for Submission to DOH

**Weekend 1930-2130 including OH (if OH include one perfusionist for the entirety of the case)**

Census	RN's	CSTs	ATs	SSTs	RNFAs
2 ORs	4	3	1	0	variable

**Holiday 0700-1930 including OH (if OH include one perfusionist for the entirety of the case). The department is closed (except for Black Friday) so all assignments are on call.**

Census	RN's	CSTs	ATs	SSTs	RNFAs
3 ORs	5	4	1	1	variable

**Holiday 1930-0700 including OH (if OH include one perfusionist for the entirety of the case). The department is closed (except for Black Friday) so all assignments are on call.**

Census	RN's	CSTs	ATs	SSTs	RNFAs
2 ORs	4	3	1	1	variable

**Recovery Room Staffing Guidelines**

Unit Leadership:

Liz Dittbrender, RN, MSN, Director of Perioperative Services

Tonya Rivera, RN, Peri-Op Clinical Manager

Billie Ritzke, RN, Peri-Op Supervisor

Recovery Hours 24/7 for 365 days

Mandatory Call Department-weeknights, weekends, Holidays

RNs (0730, 0800, 0830, 0900, 0930)

RNs (2100-0930 Friday-Saturday Eve/Night On Call)

RNs (2100-0730 Sunday-Thursday Eve/Night Call LOU)

Staff	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>RNs (Day)</b>	8	8	8	8	7	2	2
<b>RNs (E/N Friday-Sat On Call)</b>					2	2	
<b>RNs (E/N Sun-Thurs Call-LOU)</b>	2	2	2	2			2
<b>Total</b>	10	10	10	10	9	4	4

- Recovery breaks/lunches during the gaps of patients arriving
- RNs work 10 and 12 hours shifts with weekend and holiday standby and call back
- 2 RNs work mandatory on call weekday E/N shift on Sunday at 2100 until Friday at 0730-LOU
- Follow ASPAN Guidelines (Ratio RN/Patient):
  - 1:2 extubated stable patients
  - 1:1 for intubated patients
  - 2:1 ICU unstable patient overflow
  - 2:1 Pediatric patients
- Charge RN takes patient assignments
- No transport - RNs transport their own patients to the next level of care
- Staffing adjustments based on patient census in the Recovery Phase I and OR

**Endoscopy Staffing Guidelines**

Unit Leadership:

Liz Dittbrender, RN, MSN, Director of Perioperative Services

Tonya Rivera, RN, Peri-Op Clinical Manager

Billie Ritzke, RN, Peri-Op Clinical Supervisor

Cynthia Konicke, RN, Unit rep

**Endoscopy Hours 24/7 for 365 days**

Mandatory On Call weeknights, weekends, and holidays

Staff	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Charge RN (0700-1730)</b>	1	1	1	1	1		
<b>RNs (0700-1930)</b>	3	3	3	3	3	1	1
<b>Techs (0700-1930)</b>	3	3	3	3	3	1	1
<b>RNs (1930-0700)</b>	1	1	1	1	1	1	1
<b>Techs (1930-0700)</b>	1	1	1	1	1	1	1

- Procedures are done in OR #12, main OR, and at patient bedside
- 1 Team = 1 RN and 1 Tech
- 1 Team on call at all times when department has no scheduled cases
- Staffing plan updated to reflect additional block time
- Breaks/lunches are covered by float team if available. Procedure room pauses if no coverage available.
- Will be scheduling 1 RN and 1 Tech in addition to the On Call Team on Saturdays and Sundays

CWH Nurse Staffing Plan for Submission to DOH

**Interventional Lab Services: Electrophysiology Lab, Interventional Radiology and Cath Lab Staffing Guidelines**

Unit Leadership:

Brenda Yost, RN, MHA, PhD, NEA-BC, Vice President Specialty Services

Heather Scott, RN, Nurse Clinical Supervisor

**Interventional Lab Hours:** 24/7 for 365 days

Mandatory On Call weeknights, weekends and holidays.

Staff	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	1	1	1	1	1		
RN (0630-1700)	8	8	8	8	8	2	2
Tech (0630-1700)	8	8	8	8	8	2	2
RN (1700-0630)	2	2	2	2	2	2	2
Tech (1700-0630)	2	2	2	2	2	2	2

**RN/Patient Ratio**

1:1 for stable patients

2:1 for ICU/unstable patients

**Nurse Staffing Plan Template**

2023 Staffing Unit Plan Overview

Department: Wound and Ostomy

Date: 12/12/2022 Indicate: Annual Review

Author: Stacey Malstead

**1. Nursing Department Overview**

- Average daily census: 15
- Average number of admits/ discharges/transfers: N/A
- Average length of stay: N/A

**2. Key Quality Indicators**

No Staff turnover in 2022. No open positions in this department.

**3. Staffing Grid for Patient Census**

The Wound and ostomy Department covers inpatient wound and ostomy care on all inpatient hospital units. They also average 6 outpatient ostomy appointments per week.

**Day Shift Monday through Friday**

Census	RN's	Rehab Aides	Other	Notes
15	3-4	2		

**Day shift Saturday**

Census	RN's or PT	Rehab Aides	Other	Notes
5-8	1	1		

**Hospice Staffing Guidelines**

**Unit Leadership:**

Megan Collyer, MSW, Director of Home Care Services

Tana White, OT, Clinical Manager

Randi Marshall, RN, Clinical Supervisor

Lisa Bauer, RN, Staff Representative

**Skill Mix:**

- Admission RN
- RN Case Managers
- Charge RN
- RN on Call Position
- RN Pool
- LPN
- Hospice Medical Director
- Hospice Team Physicians
- Medical Social Workers
- Chaplains
- Certified Nursing Assistants
- MSW Volunteer Coordinator/Bereavement Coordinator
- PT, OT, SLP for consultation

**Nursing Case Managers  
Average Caseloads**

RN Case Managers	12-18 patients
LPN	10-15 patients

**Call Nights**

- (1) Primary Call RN weekdays 1630-0800 the next day with (1) backup standby RN covering the same hours (This role covers both Home Health and Hospice).

**Call Weekends**

- (1) Primary Call RN for 24 hours (0800-0800 the next day) with (1) RN backup standby RN covering the same hours (This role covers both Home Health and Hospice).

**Charge RN Weekday or Weekend**

- Duties include assuming primary triage, coordination of staff schedules and assignments and as needed visits. These are scheduled either as 8 or 10 hour shifts.

**Admit RN Weekday or Weekend**

- Admission RNs are scheduled 7 days per week to meet timely admission requirements. These are scheduled either as 8 or 10 hour shifts.



**Home Care Services Staffing Guidelines**

**Unit Leadership:**

Megan Collyer, MSW, Director of Home Care Services

Tana White, OT, Clinical Manager

Rebecca Heffner, RN, Clinical Supervisor

Lisa Bauer, RN, Staff Representative

**Skill Mix:**

- Admission RN
- RN Case Managers
- Charge RN
- RN on Call Position
- RN Pool
- LPN
- Medical Social Workers
- Certified Nursing Assistants
- Physical Therapists
- Occupational Therapists
- Speech Language Pathology

**Nursing Case Managers  
Average Caseloads**

RN Case Managers	15-25 patients
LPN	15-25 patients

**Call Nights**

- (1) Primary Call RN weekdays 1630-0800 the next day with (1) backup standby RN covering the same hours (This role covers both Home Health and Hospice).

**Call Weekends**

- (1) Primary Call RN for 24 hours (0800-0800 the next day) with (1) RN backup standby RN covering the same hours (This role covers both Home Health and Hospice).

**Charge RN Weekday or Weekend**

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**Admit RN Weekday or Weekend**

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**Nurse Staffing Plan**

2022 Staffing Unit Plan Overview

**Care Management Department Staffing Guidelines**

Unit Leadership:

Stacy Canada, Director

Heather Hubbs, Clinical Manager

Kelsey Ferguson, Unit Rep.

**4. Nursing Department Overview**

- "Case Management in Hospital/Health Care Systems is a collaborative practice model including patients, nurses, social workers, physicians, other practitioners, caregivers and the community. The Case Management process encompasses communication and facilitates care along a continuum through effective resource coordination. The goals of Case Management include the achievement of optimal health, access to care and appropriate utilization of resources, balanced with the patient's right to self-determination."
- Average daily census: 144
- Average length of stay: 4.4

**5. Staffing Grid for Static Bed Census**

The Care Management Department has a staffing model based on a variable daily patient census and static bed assignments. The Care Management Department utilizes a daily staffing grid to indicate staff assignments and roles for their shift. The daily staffing grid is based on the staffing model published by the American Case Management Association. The Charge Nurse reviews the staffing grid each day and makes staff assignments according to continuity of patient needs, competency, training and experience. The Care Management Department Charge Nurse is available to assist with patient care.

**Weekday days staffing model:**

**TRIAD MODEL  
(Utilization Management/Care Coordination/Social Work)**

<b>Discipline</b>	<b>Medical Beds</b>	<b>Surgical Beds</b>	<b>Specialty Areas/ED</b>
<b>Care Coordination</b> Medical D/C Planning Patient Progression Readmission Avoidance	1:18-20	1:20-25	1:18
<b>Ancillary Staff</b> Regulatory Compliance Prior Authorizations Connecting to Post-Acute Services	1:18-20	1:20-25	1:18
<b>Utilization Management</b> Oversight of UM COP's	1:45	1:50	1:45

CWH Nurse Staffing Plan for Submission to DOH

<i>Concurrent Reviews</i> <i>Real Time Denial Management</i>			
<b>Clinical Social Work</b> <i>Social D/C Planning/Regulatory</i> <i>Crisis Intervention</i> <i>Readmission Avoidance</i>	1:30	1:40	1:25

**Weekend/Holiday days staffing model:**

**TRIAD MODEL**  
**(Utilization Management/Care Coordination/Social Work)**

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<b>Discipline</b>	<b>Medical Beds</b>	<b>Surgical Beds</b>	<b>Specialty Areas/ED</b>
<b>Care Coordination</b> <i>Medical D/C Planning</i> <i>Patient Progression</i> <i>Readmission Avoidance</i>	2-3:house	2-3:house	2-3:house
<b>Ancillary Staff</b> <i>Regulatory Compliance</i> <i>Prior Authorizations</i> <i>Connecting to Post-Acute Services</i>	1:house	1:house	1:house
<b>Utilization Management</b> <i>Oversight of UM COP's</i> <i>Concurrent Reviews</i> <i>Real Time Denial Management</i>	1:house	1:house	1:house
<b>Clinical Social Work</b> <i>Social D/C Planning/Regulatory</i> <i>Crisis Intervention</i> <i>Readmission Avoidance</i>	1:house	1:house	1:house

2023 Staffing Unit Plan Overview

Department: **Outpatient Oncology Clinic & Infusion Center**

Date: 12-14-2023

Indicate: Annual review

Author: Spencer D. Green, Oncology / Infusion Service Line Director

**Nursing Department Overview**

Our Outpatient Medical Oncology departments provide care to patients diagnosed with cancer, averaging 1500 new analytic cases annually. We have locations in Wenatchee, Moses Lake and Omak, and are staffed with a total of 6 Medical Oncologists and 4 APRN’s. Our Outpatient Infusion departments care for patients receiving treatment for both cancer and non-cancer, to include chemo analytics, non-chemo analytics, biotherapies, blood product, antibiotics, etc.

**6. Staffing Grid for Patient Census**

Staffing for Infusion is based on acuity. Each patient is assigned acuity based on time of infusion, number of drugs in treatment, interventions required by RN and potential for adverse reaction to medications in treatment. The acuity levels assigned are 1-5. The standard is to have a ratio of one nurse to 15-22 acuity level.

Our normal days / hours of operation are weekdays (occasional weekends) day shift, 7am – 6pm.

**Per Shift**

Location	RN’s	MA’s	Oncology RN Navigators	Notes
Wenatchee Medical Oncology		3-7 dependent on Providers in	3-5 dependent on Providers in	
Wenatchee infusion	6-7 dependent on total patient acuity			
Moses Lake Oncology		1	1	
Moses Lake Infusion	2-3 dependent on total patient acuity			
Omak Oncology		1	1	
Omak Infusion	2-3 dependent on total patient acuity			