



## Coulee Medical Center Nurse Staffing Committee

We the undersigned agree to the attached staffing plans for Coulee Medical Center for the 2022 year. This plan includes all units covered under our hospital license under RCW 70.41.

Dated this 7<sup>th</sup> day of December, 2021.

Signed:

DocuSigned by:  
Rachel Lewis 11/17/2021  
AE3A7D1F9794427...  
Rachel Lewis, RN Co-Chair

DocuSigned by:  
Rachael Seekins 11/23/2021  
E0E360B64C034C4...  
Rachel Seekins, RN Co-Chair

DocuSigned by:  
Stacy Moore 11/18/2021  
49E7989D96FA41A...  
Stacy Moore, RN

DocuSigned by:  
Margaret Ledbetter 12/2/2021  
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Margaret Ledbetter, RN

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Christy Phillips, RN Acute Care and Long Term Swing Manager

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Amy Haden 11/16/2021  
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Amy Haden, RN Surgical Services Manager

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Beth Goetz 11/16/2021  
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Beth Goetz, RN Emergency Department, Obstetrical, and Outpatient Manager

DocuSigned by:  
Marlene Elliott 12/6/2021  
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Marlene Elliott, RN Chief Nursing Officer



## Coulee Medical Center

### Attestation Form

#### Nurse Staffing

I, the undersigned with responsibility for Coulee Medical Center, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for the 2022 year 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.

Signed: DocuSigned by: Ramona Hicks Dated: 12/5/2021  
FC73D8846B27409...  
Ramona Hicks, CEO Coulee Medical Center

Signed: DocuSigned by: Marlene Elliott Dated: 12/6/2021  
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Marlene Elliott, CNO Coulee Medical Center



## **Surgical Services Department Staffing Plan:**

### **Purpose:**

The Surgical Services Staffing Plan for nursing services reflects specific service needs that align with patient care and organizational goals. Evaluation of the Nursing Department Staffing Plan is reviewed on an annual basis through budget analysis and a semi-annual basis through the Nurse Staffing Committee.

### **Guidelines:**

The Nurse Staffing Plan with minimum staffing guidelines has been developed to identify staffing needs based on the following criteria:

- 1) Average patient population
- 2) Average daily Census
- 3) Physical environment and available technology
- 4) Skill mix
- 5) Nationally recognized evidence based standards of nursing practice
- 6) Nursing sensitive indicators (falls, medication errors, staff turnovers)
- 7) Average daily activity of unit (scheduled procedures/appointments, add-on's, emergencies)

### **Staff Qualifications:**

Surgery department is composed multiple licensed professionals.

- Registered Nurses (RN) maintain a Washington State Nursing License that is verified annually. All RN's maintain certifications in ACLS, PALS, NRP, and BLS.
- Certified Scrub Technician (CST) maintain annual license and certification in BLS.
- Registered Scrub Technician (RST) maintain annual license and certification in BLS.
- Certified Registered Sterile Central Service Technician (CRSCST) maintain annual certification.

All staff complete initial competency checklists within the first 90 days of hire and have ongoing competencies that are verified annually during the employee evaluation.

### **Minimal Staffing Coverage:**

Department matrix are attached for the department. These outline the minimum staffing for each skill level determined by the above guidelines. These minimum staffing levels may be adjusted up or down based on workload assessment, which may include patient acuity, staff skill level, and patient care activities.

### **Staffing Assessment/Alternatives:**

Patient care workload and activities can fluctuate due to the variety of patients at Coulee Medical Center. All nurses are trained to care for the type of patients in their unit. Staffing levels are assessed continuously by the Charge Nurse each shift and adjustments are made for staff assignments based on the needs of the patients.



When staffing is challenged (e.g. higher patient acuity, sick calls or unplanned staffing leave) the following are guidelines for staffing alternatives.

1. Re-assign staff from other departments if the departmental activity is less than the minimum staffing guidelines for that area (e.g. Charge RN takes a patient assignment or float staff)
2. Contact unscheduled employees for availability to cover shift
3. Contact per diem staff
4. Adjust hours of current staff working
5. Contact agency staffing to cover staffing needs. This will be a last resort.

**If these alternatives are unsuccessful, the Charge Nurse will contact the Nurse Manager of the affected department for assistance in meeting guidelines.**

Breaks and meal times are covered by staff working the individual units. It is the Charge Nurse's responsibility to ensure that all staff receive breaks required by law.

**If these alternatives do not fix the staffing needs the Charge Nurse should contact the Nurse Manager of their department for assistance in meeting guidelines.**

**Surgical Services Nurse Manager (see call book for contact number)**

Breaks and meal times are covered by staff remaining on unit. It is the managers, or appropriate delegate's, responsibility to ensure that all staff receive breaks required by law.

References: AORN guidelines.



**Coulee Medical Center**  
**Minimum Nurse Staffing Guidelines**  
**Surgical Services Department**

The Surgical Services Department at Coulee Medical Center average 50 surgeries/procedures a month. Surgical Registered Nurses are trained to perform every role within the unit and are cross-trained to work in other areas of the hospital. Two surgically trained RN's or one RN and one Certified or Registered Scrub Technician are available 24/7 in-house or on-call within 20 minutes of the hospital.

Surgical Patients require 2 trained RN's or 1 RN and 1CST/RST while in the OR.

Patient Status	Shift	# of pts OR RN can manage with listed role.
Admit/ Phase II	Day	3
	Night	1

Patient Status	Shift	# of pts OR RN can manage with listed role:
Intraoperative	Day	1
	Night	1

Patient Status	Shift	# of pts CST/RST can manage with listed role:
Intraoperative	Day	1
	Night	1

Patient Status	Shift	# of pts OR RN can manage with listed status
PACU	Day	1
	Night	1



## **Coulee Medical Center Nurse Staffing Plan 2022**

### **Purpose:**

The Acute/Emergency Room/Obstetrics Nurse Staffing Plan reflects specific service needs that align with patient care and organizational goals. Evaluation of the Nurse Staffing Plan is reviewed on an annual basis through budget analysis and semi-annual basis through the Nurse Staffing Committee.

### **Guidelines:**

The Nurse Staffing Plan with minimum staffing guidelines has been developed to identify staffing needs based on the following criteria:

1. Average patient population
2. Average Daily Census
3. Physical environment and available technology
4. Skill mix
5. Nationally recognized evidence based standards of nursing practice
6. Nursing sensitive indicators (e.g. risk for fall, medication errors, staff turnover)
7. Average daily activity of unit (e.g. transfers/discharges/admissions)

### **Staff Qualifications:**

Nursing Department Staff are composed of both licensed and unlicensed personnel. RN's and LPN's maintain a Washington State Nursing License that is verified annually. Non-licensed staff that carry certifications have certification checks completed annually.

- Charge RN/ER RN's maintain certifications in ACLS, PALS, NRP, TNCC, and BLS
- Acute/Long Term Swing RN's complete certifications within the first year of hire. The required certifications include ACLS, PALS, NRP, BLS.
- OB RN's maintain certifications in ACLS, PALS, NRP, BLS, and EFM
- NAC's maintain certifications in BLS

### **Minimum Staffing Coverage:**

A Departmental Matrix is attached for each department. These outline the minimum staffing for each skill level determined by the above guidelines. These minimum staffing levels may be adjusted up or down based on workload assessment, which may include patient acuity, staff skill level, and patient care activities.

### **Staffing Assessment/Alternatives:**

Patient care workload and activities can fluctuate due to the variety of patients at Coulee Medical Center. All nurses are trained to care for the type of patients in their unit. Staffing levels are assessed continuously by the Charge Nurse each shift and adjustments are made for staff assignments based on the needs of the patients.



When staffing is challenged (e.g. higher patient acuity, sick calls or unplanned staffing leave) the following are guidelines for staffing alternatives.

6. Re-assign staff from other departments if the departmental activity is less than the minimum staffing guidelines for that area (e.g. Charge RN takes a patient assignment or float staff)
7. Contact unscheduled employees for availability to cover shift
8. Contact per diem staff
9. Adjust hours of current staff working
10. Contact agency staffing to cover staffing needs. This will be a last resort.

**If these alternatives are unsuccessful, the Charge Nurse will contact the Nurse Manager of the affected department for assistance in meeting guidelines.**

Breaks and meal times are covered by staff working the individual units. It is the Charge Nurse's responsibility to ensure that all staff receive breaks required by law.

References: WSHA, WSNA (Nurse Staffing Tool Kit), American Academy Medical Surgical Nurses, ACOG Guidelines, AWHONN Guidelines, MCG Health Client Information.



**Coulee Medical Center**  
Minimum Nurse Staffing Guidelines Acute Care

Census	Shift	Chg RN	RN	NAC	HUC/NAC
1	Day	1	1	0	0
	Night	1	1	0	0

Census	Shift	Chg RN	RN	NAC	HUC
7	Day	1	2	1	0
	Night	1	2	0	0

Census	Shift	Chg RN	RN	NAC	HUC/NAC
2	Day	1	1	0	0
	Night	1	1	0	0

Census	Shift	Chg RN	RN	NAC	HUC
8	Day	1	2	1	1
	Night	1	2	1	0

Census	Shift	Chg RN	RN	NAC	HUC/NAC
3	Day	1	1	0	0
	Night	1	1	0	0

Census	Shift	Chg RN	RN	NAC	HUC
9	Day	1	2	1	1
	Night	1	2	1	0

Census	Shift	Chg RN	RN	NAC	HUC/NAC
4	Day	1	1	0	1
	Night	1	1	0	0

Census	Shift	Chg RN	RN	NAC	HUC
10	Day	1	2	1	1
	Night	1	2	1	0

Census	Shift	Chg RN	RN	NAC	HUC/NAC
5	Day	1	2	0	1
	Night	1	2	0	0

Census	Shift	Chg RN	RN	NAC	HUC
11	Day	1	3	1	1
	Night	1	3	1	0

Census	Shift	Chg RN	RN	NAC	HUC/NAC
6	Day	1	2	0	1
	Night	1	2	0	0

Census	Shift	Chg RN	RN	NAC	HUC
12+	Day	1	3	1	1
	Night	1	3	1	0

Census counts include inpatient, swing, couplets (count as 1 pt), and observation patients  
Coulee Medical Center does not low census when census falls below guidelines- see downtime  
suggestions for staff options





**Coulee Medical Center**  
**Minimum Nurse Staffing Guidelines**  
**Long Term Swing**

Census	Shift	RN	NAC
1	Day	1	0
	Night	1	0

Census	Shift	RN	NAC
7	Day	1	1
	Night	1	1

Census	Shift	RN	NAC
2	Day	1	0
	Night	1	0

Census	Shift	RN	NAC
8	Day	1	2
	Night	1	1

Census	Shift	RN	NAC
3	Day	1	0
	Night	1	0

Census	Shift	RN	NAC
9	Day	1	2
	Night	1	1

Census	Shift	RN	NAC
4	Day	1	1
	Night	1	0

Census	Shift	RN	NAC
10	Day	1	2
	Night	1	1

Census	Shift	RN	NAC
5	Day	1	1
	Night	1	0

Census	Shift	RN	NAC
11	Day	1	2
	Night	1	1

Census	Shift	RN	NAC
6	Day	1	1
	Night	1	1

Census	Shift	RN	NAC
12+	Day	1	2
	Night	1	1



**Coulee Medical Center**  
 Minimum Nurse Staffing Guidelines  
 Emergency Department

In the ED Department at CMC, we utilize the 5 level triage system to identify patient acuity. Below is a matrix to identify the number of patients the ED RN can typically care for by triage level. At any given time there can be a mixture of patients with different triage scores and census can fluctuate quickly. During times of high census, patients with a lower triage score take precedence over those with higher triage scores. Patients will be triaged by nursing staff within 30 minutes of arrival to the ED. If the ED is at capacity (by # of patients or acuity of patients), patients with triage scores of 4-5 will be returned to the lobby until rooms and/or staff are available for treatment. The ED RN is responsible for determining if additional staff is needed to manage the current patient census and triage mix. If additional help is required, the ED RN will notify the Charge Nurse on duty. The Charge Nurse may assist, reassign staff from other units as available, or bring in on-call/perdiem staff as necessary.

Pt. Triage Score	Shift	# of pt's ED RN can manage with triage score
1	Day	1
	Night	1

Pt. Triage Score	Shift	# of pt's ED RN can manage with triage score
3	Day	2-3
	Night	2-3

Pt. Triage Score	Shift	# of pt's ED RN can manage with triage score
5	Day	5-6
	Night	5-6

Pt. Triage Score	Shift	# of pt's ED RN can manage with triage score
2	Day	1-2
	Night	1-2

Pt. Triage Score	Shift	# of pt's ED RN can manage with triage score
4	Day	4-5
	Night	4-5



**Coulee Medical Center**  
**Minimum Nurse Staffing Guidelines**  
**Obstetrical Department**

The Obstetrical Department at Coulee Medical Center averages 5-10 deliveries/month. Obstetrical staff are all cross-trained to work in other areas of the hospital as well as labor and delivery. An OB trained RN is available 24/7 in house or on-call within 20 minutes of the hospital. A full OR crew is also available 24/7 in the event of an obstetrical emergency. Charge Nurses are trained in basic electronic fetal monitoring to assist OB nurses in the event that more than one OB patient presents at any given time. Acuity of OB patients also varies depending on risk of pregnancy, stage of labor, fetal tracing category, co-morbidities, dilatation, needed medications, induction status, etc. Due to our low delivery numbers and the varying acuity of patients, the OB department relies heavily on the OB nurse in-house or on-call to coordinate with the Charge Nurse in the event of multiple patients. If multiple patients present at the same time, the OB nurse is responsible for notifying the charge nurse if additional staff are needed. In the event that multiple OB patients are on the unit at the same time, all non-emergent/urgent inductions will be stopped until adequate staffing is available. The Charge Nurse may assist, reassign staff from other units as available, or bring in on-call/perdiem/non-scheduled staff as necessary. Below is a matrix guideline for obstetrical patients; the OB nurse is responsible for determining if at any given time more staff assistance is necessary.

- \* In addition to this matrix, the following staffing guidelines will apply:
  - 1) All Births are attended by an additional RN to assist with care of the mother during delivery and post-partum
  - 2) All C-sections are attended by the OB RN and a Circulating RN to care for the mother.
  - 3) Deliveries involving multiples will have an OB RN available for each infant.

Patient Status	Shift	# of pts OB RN can manage with listed
Routine NST Testing	Day	2-3
	Night	2-3

Patient Status	Shift	# of pts OB RN can manage with listed
First Stage of Labor-uncomplicated	Day	2-3
	Night	2-3

Patient Status	Shift	# of pts OB RN can manage with listed
Pt's on IV Magnesium	Day	1
	Night	1

Patient Status	Shift	# of pts OB RN can manage with listed
Pt's on Pitocin for Induction of Labor	Day	1
	Night	1

Patient Status	Shift	# of pts OB RN can manage with listed status
Stable Antepartum	Day	3
	Night	3

Patient Status	Shift	# of pts OB RN can manage with listed status
Second Stage of labor and immedite post-partum period	Day	1
	Night	1

Patient Status	Shift	# of pts OB RN can manage with listed status
Pt's receiving Cervical Ripening Agents	Day	2
	Night	2

Patient Status	Shift	# of pts OB RN can manage with listed status
Pt's with labor/fetal complications	Day	1
	Night	1

Information on staffing guidelines obtained from AWHONN and ACOG guidelines.



## **Outpatient Department Staffing Plan 2021**

### **Purpose:**

The Outpatient Staffing Plan for nursing services reflects specific service needs that align with patient care and organizational goals. Evaluation of the Nursing Department Staffing Plan is reviewed on an annual basis through budget analysis and a semi-annual basis through the Nurse Staffing Committee.

### **Guidelines:**

The Nurse Staffing Plan with minimum staffing guidelines has been developed to identify staffing needs based on the following criteria:

- 8) Average patient population
- 9) Average daily Census
- 10) Physical environment and available technology
- 11) Skill mix
- 12) Nationally recognized evidence based standards of nursing practice
- 13) Nursing sensitive indicators (falls, medication errors, staff turnovers)
- 14) Average daily activity of unit (scheduled procedures/appointments, add-on's, emergencies)

### **Staff Qualifications:**

Outpatient department is composed multiple licensed professionals.

- Registered Nurses (RN) maintain a Washington State Nursing License that is verified annually. All RN's maintain certifications in ACLS, PALS, NRP, and BLS.
- Wound Care Certified Nurse (WCC) maintains a Wound Care Certified License that is verified every four years.

All staff complete initial competency checklists within the first 90 days of hire and have ongoing competencies that are verified annually during the employee evaluation.

### **Minimal Staffing Coverage:**

Outpatient: One RN

### **Staffing Assessment/Alternatives:**

Patient care workload and activities can fluctuate due to the variety of patients at Coulee Medical Center. All nurses are trained to care for the type of patients in their unit. Staffing levels are assessed continuously by the Charge Nurse each shift and adjustments are made for staff assignments based on the needs of the patients.



When staffing is challenged (e.g. higher patient acuity, sick calls or unplanned staffing leave) the following are guidelines for staffing alternatives.

1. Re-assign staff from other departments if the departmental activity is less than the minimum staffing guidelines for that area (e.g. Charge RN takes a patient assignment or float staff)
2. Contact unscheduled employees for availability to cover shift
3. Contact per diem staff
4. Adjust hours of current staff working
5. Contact agency staffing to cover staffing needs. This will be a last resort.

**If these alternatives are unsuccessful, the Charge Nurse will contact the Nurse Manager of the affected department for assistance in meeting guidelines.**

Breaks and meal times are covered by staff working the individual units. It is the Charge Nurse's responsibility to ensure that all staff receive breaks required by law.

Breaks and meal times are covered by staff remaining on unit or staff assigned by the charge nurse. It is the charge nurse's responsibility to ensure that all staff receive breaks required by law.

Patient Status	Shift	# of pts OP RN can manage with listed status
Outpatient	Day	3
	Night	*see notes

\*Outpatient is covered by the Emergency Department and Charge Nurse on Nights and Weekends