



Garfield County  
Hospital District

Caring for Generations

Nurse Staffing Coalition  
February 28, 2022

I, the undersigned with responsibility for Garfield County Hospital District, 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.

Mat Slaybaugh  
Signature

Mat Slaybaugh Co-CEO  
Printed Name/Title

03/04/2022  
Date



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**Nurse Staffing Committee Charter**

Revised February 28, 2022

<b>Committee Name</b>	Garfield County Hospital District Nurse Staffing Committee
<b>Committee Membership and Leadership</b>	<p>Co-Chair (Staff Registered Nurse Representative): None at this time  Co-Chair (Management Representative): Annette Davis RN, Trauma Nurse Manager &amp; Jayd Keener RN, DNS, Stephanie Hughes, LPN Quality Assurance  Committee Membership:</p> <ol style="list-style-type: none"> <li>1. Travis McFarland, RN ED/Acute</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8. Charles Pitcher, HR</li> <li>9. Carolyn Moore, Admin. Assistant, Minutes Keeper</li> </ol> <p>The Nurse Staffing Committee will consist of seven members: five Registered Nurses currently providing direct patient care (one half of the total committee membership) and three hospital administrative staff (up to one half of the total membership).</p> <p>Each area where nursing care is provided will have the opportunity to provide advice to the Nurse Staffing Committee. These areas will be called to meetings when their attendance is required. Committee meetings are open, and any interested Registered Nurse employed by Garfield County Hospital District may attend, but only committee members will have a vote.</p> <p>The Nurse Staffing Committee will be co-chaired by one staff Registered Nurse and one management representative. Co-chairs will be selected every two years by the Nurse Staffing Committee.</p> <p>Registered nurse participants will be selected by their peers if staff are not represented by a union.</p>
<b>Overall Purpose/ Strategic Objective</b>	<p>The purpose of this Committee is to: protect patients, support greater retention of Registered Nurses, and promote evidence-based nurse staffing by establishing a mechanism whereby direct care nurses and hospital management can participate in a joint process regarding decisions about nurse staffing.</p>



	<p>Daily staffing numbers will be determined based on the census and acuity of the facility and will be reviewed whenever is needed related to influx of patient census and acuity. Registered Nurse's that work the swing bed area of the facility will take a meal break and rest break while working the 12 hour shift. Registered Nurse's that work the ED/Acute area will be able to take meal breaks and rest periods however these will be paid as they have certifications that are required to be in the building at all times related to the Critical Access Hospital regulations. See usual staffing ratio's.</p> <p>The staffing committee has ready access to organizational data pertinent to the analysis of nurse staffing which may include but is not limited to:</p> <ul style="list-style-type: none"><li>• Patient census and census variance trends</li><li>• Patient LOS</li><li>• Quality metrics and adverse event data where staffing may have been a factor</li><li>• Patient experience data</li><li>• Staff engagement/experience data</li><li>• Nursing overtime and on-call utilization</li><li>• Breaks taken, breaks missed</li><li>• Nursing agency utilization and expense</li><li>• "Assignment by objection" or other staffing complaint/concern data</li><li>• Patient utilization trends in those areas where on-call is used</li><li>• Recruitment, retention, and turn-over data</li><li>• Education, vacation, and sick time (including leaves of absence, scheduled or unscheduled)</li></ul> <p>The committee conducts routine surveys to assess the satisfaction of both nurse staffing committee members, and bedside nursing staff, with nurse staffing and with the effectiveness of the staffing committee.</p>
<b>Tasks/ Functions</b>	<ul style="list-style-type: none"><li>• Develop / produce and oversee the establishment of an annual patient care unit and shift-based nurse staffing plan and staffing plan modifications based on the needs of patients and use this plan as the primary component of the staffing budget.</li><li>• Provide semi-annual review of the staffing plan against patient need and known evidence-based staffing information, including nurse sensitive quality indicators collected by the hospital.<ul style="list-style-type: none"><li>Typical timeline for annual review and validation of staffing plans:<ul style="list-style-type: none"><li>▪ January &amp; July – committee review every 6 months</li><li>▪ October/November– Staff input</li><li>▪ December– finalize communication to the CEO</li></ul></li></ul></li><li>• Review, assess, and respond to staffing variations or concerns presented to the committee</li><li>• Assure that patient care unit annual staffing plans, shift-based staffing, and total clinical staffing are posted on each unit in a public area.</li></ul>



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	<ul style="list-style-type: none"><li>• Assure factors are considered and included, but not limited to, the following in the development of staffing plans:<ul style="list-style-type: none"><li>○ Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers</li><li>○ Level of intensity of all patients and nature of the care to be delivered on each shift</li><li>○ Skill mix</li><li>○ Level of experience and specialty certification or training of nursing personnel providing care</li><li>○ The need for specialized or intensive equipment</li><li>○ 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</li><li>○ Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations</li><li>○ Availability of other personnel supporting nursing services on the unit; and</li><li>○ Strategies to enable registered nurses to take meal and rest breaks as required by law or collective bargaining agreement.</li></ul></li><li>• Evaluate staffing effectiveness against predetermined nurse sensitive metrics collected by Washington hospitals.</li><li>• Hospital finances and resources as well as defined budget cycle must be considered in the development of the staffing plan.</li><li>• Develop and implement a process to examine and respond to complaints submitted by a nurse that indicates:<ul style="list-style-type: none"><li>○ That the nurse personnel assignment in a patient care unit is not in accordance with the adopted staffing plan; or</li><li>○ An objection to the shift-to-shift adjustments in staffing levels required by the plan made by the appropriate hospital personnel overseeing patient care operations.</li></ul></li><li>• Track complaints coming in and the resolution of the complaints.</li><li>• Make a determination that a complaint is resolved or dismissed based on unsubstantiated data.</li><li>• Orientation to the staffing committee law is a part of routine hospital orientation.</li></ul>
<b>Special Circumstances for GCHD Nurse Staffing Committee</b>	<ul style="list-style-type: none"><li>• In 2020 and 2021 GCHD had a significant amount of Nursing turn over. This has directly impacted the Nurse Staffing Committee participation.</li><li>• The COVID-19 Pandemic also has negatively impacted the Nurse Staffing Committee with limiting participation for our meetings.</li><li>• In 2021 the scheduled meetings were not routinely attended by direct care nursing staff. We would wait 15 minutes and with no staff showing at some meetings or no quorum at other meetings were not able to be held per the 2021 Nurse Staffing Committee Charter. Minutes were taken for all meetings and are on file for review.</li></ul>



	<ul style="list-style-type: none"><li>• For year end 2021 there was not a quorum at the meetings for staff involvement in the development of the Nurse Staffing plan for 2022. Because of this it was decided to schedule another Nurse Staffing Meeting in January 2022.</li><li>• In Early January 2022, Garfield County had a spike in Omicron COVID-19 cases that directly affected patient census and hospital staffing making unsafe and unfeasible to hold the meeting.</li><li>• On February 24, 2022 a Nurse Staffing Committee Meeting was held. Two direct floor staff members participated. There were two nurses actively working the floor, one was a manager so would not count as a direct floor staff. The other nurse was actively involved in critical patient care in the Emergency Room. This nurse was offered to be relieved but declined since her attendance would have not made a quorum.</li><li>• During this meeting it was discussed that the staffing plan charter would be updated with items as stated above, the staffing matrix would mirror 2021 and the nurse staffing coalition would be reviewed by the Co-CEO and submitted to Department of Health.</li><li>• There will be another meeting scheduled for March 2022 with personal invitations being hand delivered to all nurses explaining the role and importance of the committee to see if we can get more participation.</li><li>• The 2022 staffing matrix will continue to be reviewed and worked on as how to add a third part time staff nurse to help with the increase in patient census in all departments. The financial piece of this position has been approved and now the clinical details need to be worked out.</li></ul>
<b>Meeting Management</b>	<p><b>Meeting schedule:</b> The Nurse Staffing Committee will meet on a quarterly basis. Notices of meeting dates and times will be distributed at least 15 days in advance in order to better accommodate unit scheduling. Participation by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. Members shall be relieved of all other work duties during meetings. Staff Registered Nurse members of the Nurse Staffing Committee will be paid, and preferably will be scheduled to attend meetings as part of their normal full time equivalent hours for the majority of the meetings. It is understood that meeting schedules may require a Registered Nurse member attend on his/her scheduled day off. In this case, the Registered Nurse may be given equivalent hours off during another scheduled shift.</p> <p><b>Record-keeping/minutes:</b></p> <ul style="list-style-type: none"><li>• Meeting agendas will be distributed to all committee members at least one week in advance of each meeting.</li><li>• The minutes of each meeting will be distributed to all committee members with each meeting agenda, with approval of the minutes as a standing agenda item for each meeting.</li><li>• A master copy of all agendas and meeting minutes from the Nurse Staffing Committee minutes will be maintained and available for review on request.</li></ul>



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	<p><b>Attendance requirements and participation expectations:</b></p> <ul style="list-style-type: none"><li>• All members are expected to attend at least 80 percent of the meetings held each year. Failure to meet attendance expectations may result in removal from the committee.</li><li>• If a member needs to be excused, requests for an excused absence are communicated to the Director of Nursing or Designee. Failure to request an excused absence will result in attendance recorded as “absent” in the meeting minutes.</li><li>• Replacement will be in accordance with aforementioned selection processes.</li><li>• It is the expectation of the Nurse Staffing Committee that all members will participate actively, including reading required materials in advance of the meeting as assigned, coming prepared to meetings, and engaging in respectful dialogue as professional committee members.</li></ul> <p><b>Decision-making process:</b></p> <ul style="list-style-type: none"><li>• Consensus will normally be used as the decision-making model.</li><li>• Should a particular issue need to be voted upon by the committee, the action must be approved by a majority vote of the full committee (not just the majority of the members present at a particular meeting).</li></ul>
<p><b>New Staff Committee Requirements</b></p>	<ul style="list-style-type: none"><li>• Staffing committee members will go through education prior to joining the committee and the regulation will be explained to them</li><li>• If possible, staff are encouraged to attend at least 1 meeting and review charter prior to committing.</li></ul>

FY 2022 Usual Staffing Ratios/Plan  
12 Hour Shifts

Care Site/Unit/Cost Center  
Types of Patients Served

Acute/Swing  
Acute/Observation/Swing Bed

Director

Jayd Keener, RN DNS  
Annette Davis, Trauma  
Coordinator, Nurse Manager

# of Beds

25

Average Swing Bed

18/month

Average Acute

11/month

Average Observation

4/month

<b>D A Y S</b>	Director	2 - M-F 8AM-5PM with a lunch
	Activities Coordinator	1 - M-F 8AM-5PM with a lunch
	Care Coordinator	1 M-F 8AM-5PM with a lunch
	RN	1 – scheduled 6AM – 6PM
	Nursing Assistant Certified	3 - scheduled 6AM – 6PM
	HUC	1 – M-F 8AM – 5PM with a lunch
	Case Manager/Social Worker	M-F 7:45AM-4:45PM with a lunch

<b>N I G H T S</b>	Director	0
	RN	1 – scheduled 6PM – 6AM
	PCT	0
	Admissions Desk	0
	Nursing Assistant Certified	3 - scheduled 6PM – 6AM

FY 2022 Usual Staffing Ratios/Plan  
12 Hour Shifts

Care Site/Unit/Cost Center  
Types of Patients Served

Emergency Room  
Emergency (minor to critical)

Director

Annette Davis, Trauma Coordinator,  
Nurse Manager

# of Beds

3

Average Visits

800 Average visits annually

<b>D A Y S</b>	Director	1 - M-F 8AM-5PM with a lunch
	PCT/LPN	0
	RN	1 – scheduled 6AM – 6PM
	Nursing Assistant Certified	1 - scheduled 6AM – 6PM
	Admissions Desk	1 – M-F 7AM – 5PM with a lunch
	On Call Nurse – available within 40 minutes	1 – scheduled 6AM – 6PM
	Case Manager/Social Worker	M-F 7:45AM-4:45PM with a lunch

<b>N I G H T S</b>	Director	0
	RN	1 – scheduled 6PM – 6AM
	PCT	0
	Admissions Desk	0
	Nursing Assistant Certified	1 - scheduled 6PM – 6AM
	On Call Nurse – available within 40 minutes	1 – scheduled 6PM – 6AM