

**Attestation Form
Skyline Health
Nurse Staffing Committee**

The following is the nurse staffing plan for SKYLINE HEALTH, submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420

I, the undersigned with responsibility for Skyline 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; 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.

This staffing plan was adopted by the hospital on: Dec 12, 2022

As approved by Diane Matthews, Chief Nursing Officer

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 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 – ED
- Exhibit B – Acute Care
- Exhibit C—Surgery
- Exhibit D-ICU (Intermediate Care Unit)

Nurse Staffing Plan Critical Elements

The following represents critical elements about the nurse staffing plan:

Nurse Staffing Plan Matrices

Exhibit A- ED

D	RN	1
A	UC/	1
Y	CNA	
0700- 1930		

Signed:

N	RN	1
O	UC/	1
C	CNA	
1900- 0730		

Signed:

***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 B-Acute Care

Patients		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
D	R N	1	1	1	1	1	1	2	2	2	2	2	2	2	3	3	3
A	U C	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Y 0700- 1930	C N A	0	0	0	0	1	1	0	1	1	2	2	2	2	2	2	2
Signed:																	
Patients		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
N O C 1900- 0730	R N	1	1	1	1	1	1	1	2	2	2	2	2	2	3	3	3
C	C N A	0	1	1	1	1	1	2	1	2	2	2	3	3	3	3	3
Signed:																	
<u>*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.</u>																	

Exhibit C- Surgery

Patients		1	2	3
Circulator	RN	1	1	1
Pre-op/ PACU	RN	2	2	2
Surgical Tech		1	1	1
US/CNA		1	1	1

1 procedure is performed at a time due to having 1 CRNA, 1 OR suite, and 1 Endo suite. Surgeries/procedures are on Monday, Tuesday, Wednesday and Thursday 0630-1530

Exhibit D-Intermediate Care Unit (ICU) Staffing Matrix
Staffing determined by the IV Infusion Guidelines attached to the ICU policy

DAY 0700-1930 Drips requiring 1:2 Nurse/Patient ratio	RN	1	1
	Pts	1	2
Signed:			
NOC 1900-0730 Drips requiring 1:2 Nurse/Patient ratio	RN	1	1
	Pts	1	2
Signed:			
*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. The CNA/UC from Acute Care will assist. There are 2 ICU rooms.			

DAY 0700-1930 Drips requiring 1:3 Nurse/Patient ratio	RN	1	1	1
	Pts	1	2	3
Signed:				
NOC 1900-0730 Drips requiring 1:3 Nurse/Patient ratio	RN	1	1	1
	Pts	1	2	3
Signed:				
*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. The CNA/UC from Acute Care will assist. There are 2 ICU rooms, 3rd patient would be an Acute Care pt.				

Exhibit D-Intermediate Care Unit (ICU) Staffing Matrix
Staffing determined by the IV Infusion Guidelines attached to the ICU policy

D AY 0700-1930 Drips requiring 1:4 Nurse/Patient ratio	RN	1	1	1	1
	Pts	1	2	3	4

Signed: _____

NOC 1900-0730 Drips requiring 1:4 Nurse/Patient ratio	RN	1	1	1	1
	Pts	1	2	3	4

Signed: _____

***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. The CNA/UC from Acute Care will assist. There are 2 ICU rooms, 3rd and 4th patients would be Acute Care pts.**