

Providence St. Luke's Rehabilitation Medical Center Plan 2023

Cover Page

Nursing Staffing Plan Submission

The following is the nurse staffing plan for Providence St Luke's Rehabilitation Medical Center, submitted to the Washington Department of Health in accordance with the revised Code of Washington 70.41.420

Providence St. Luke's Rehabilitation Medical Center

12/31/2022

Nurse Staffing Plan Submission

Attestation Form

Nursing Staffing Coalition

December 31, 2022

I, the undersigned with responsibility for Providence St. Luke’s Rehabilitation Medical Center, 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:

- Census, including total number of patients on the unit on each shift and activities such as patient discharges, admissions, and transfers between units;
- 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 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 personal supporting nursing services on the patient care unit; and
- Strategies to enable registered nurses/licensed practical nurses to take meals 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.

The staffing plan was adopted by the hospital on: December 12, 2022

As approved by: 

Nancy Webster, COO, Hospital Administrator

Providence St. Luke's Rehabilitation Medical Center

I. Nursing Staffing Plan Purpose

This plan was developed for the management of schedule and provision of daily staffing needs for the medical center, and to define the 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

II. Nurse Staffing Plan Principles

- Access to high-quality nursing staff is critical to providing safe, reliable, 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 inform the staffing plan
- Staffing plans can be flexible and responsive to change within healthcare delivery

III. Structure:

The Chief Nurse Officer at Providence St Luke's Rehabilitation Medical Center (PSLRMC) has the authority for oversight for the provision of care across the organization.

The Chief Nurse Officer functions at the senior leadership level to provide effective leadership and to coordinate delivery of nursing care, treatment, and services.

The Chief Nurse Officer has the authority to speak on behalf of nursing to the same extent that other hospital leaders speak for their respective disciplines, departments, or service lines.

The Chief Nurse Officer is licensed as a registered professional nurse in the state of Washington and possesses a postgraduate degree.

The Chief Nurse Officer is responsible to the Administrator of PSLRMC; the Administrator is responsible to the Chief Executive for Providence INWA.

Nursing caregivers work collaboratively with a variety of disciplines within the organization to meet patient care needs. Direct bedside caregivers in nursing include registered nurses, licensed practical nurses (vocational), nursing assistant certified, nurse techs, patient attendants, health unit coordinators, respiratory therapy, rehab aides, physical therapist, occupational therapist, speech therapist, and recreation therapists. The department is further supported by the scheduling office. Nursing leadership has 24/7 presence and accountability. Agency and traveler resources are utilized as necessary.

IV. Staffing Plans:

Staffing plans serve as a guide to plan nursing staffing. Adjustments to the plan are the responsibility and authority of the nursing leader responsible for staffing during the assigned shift/time. The responsibility and authority come from the Chief Nurse Officer. When adjustments are made, the nurse leader provides rationale for the decision, which is reviewed by the Chief Nurse Officer. The collective set of data is analyzed and used to:

- Identify trends and common issues
- Identify the needs for changes to the staffing plan
- Identify process or performance improvement opportunities
- Budget planning

The following areas of the medical center are covered by the nursing staffing plan:

- Exhibit A – Brain Injury Unit
- Exhibit B – Spinal Cord Injury Unit
- Exhibit C – Stroke Unit

Department: Brain Injury Unit

Nursing Department overview:

- Budgeted for average daily census of 11 for Brain Injury and 51 for medical center inpatient
- 11 rooms/19 beds unit
- Support staff = NACs/Nurse Technician/Therapy assistance
- Nursing = RN/LPN
- **Nursing Model:** Care pair/married state team nursing consists of nursing being paired with a support staff to provide care for assigned number of patients. Assessments made based on acuity system within the matrix & may be adjusted for patient safety/outcomes.

Department: Spinal Cord Injury Unit

Nursing Department overview:

- Budgeted for average daily census of 20 for the Spinal Cord Injury Unit and 51 for medical center inpatient
- SCI is a 23 room/36 bed unit
- Support staff = NACs/Nurse Technician/Therapy assistance
- Nursing = RN/LPN
- **Nursing Model:** Care pair/married state team nursing consists of nursing being paired with a support staff to provide care for assigned number of patients. Assessments made based on acuity system within the matrix & may be adjusted for patient safety/outcomes

Department: Stroke Unit

Nursing Department overview:

- Budgeted for average daily census of 36 for the Stroke Unit and 51 for medical center inpatient
- CVA is a 24 room/38 bed unit
- Support staff = NACs/Nurse Technician/Therapy assistance
- Nursing = RN/LPN
- **Nursing Model:** Care pair/married state team nursing consists of nursing being paired with a support staff to provide care for assigned number of patients. Assessments made based on acuity system within the matrix & may be adjusted for patient safety/outcomes

V. Nurse Staffing Committee

The nursing staffing committee maintains oversight of the nurse staffing plan as well as monitoring the adherence to the plan. The committee's work is guided by the chapter. The Nurse Staffing Committee meets on a regular basis, typically monthly. The committee's work is informed by data from the units. Appropriate staffing levels may include analysis of:

- Individual and aggregate patient needs
- Staffing guidelines developed for the care area being discussed
- The skills and training of the nursing staff
- Resources and support for the nurses
- Anticipated absences and needs for nursing staff to take meal and rest breaks
- Hospital data and outcomes from relevant quality indicators
- Hospital finances

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

Staff will continuously monitor individual and aggregate patient care needs and adjust staffing per the agreed upon policy and collective bargaining agreement. The committee performs semiannual review of the staffing plan, if changes are made to the plan, they will subsequently be submitted to the Washington Department of Health (DOH). The hospital is committed to ensuring staff can take meal and rest breaks as required by law, and the collective bargaining agreement.

Exhibit A – Brain Injury Unit

CENSUS	DAYS - 0600 - 1800					NIGHTS 1800 - 0600				
	RN/LPN	RN/LPN Anticipated Ratios 5-7	ANM/CHG	Support Staff	Support Staff Anticipated Ratios 5- 7	RN/LPN	RN/LPN Anticipated Ratios 6-8	ANM/CHG	Support Staff	Support Staff Anticipated Ratios 6- 8
1	2	0, 1	1	0	0	2	0, 1	1	0	0
2	2	1, 1	1	0	0	2	1, 1	1	0	0
3	2	2, 1	1	0	0	2	2, 1	1	0	0
4	2	2, 2	1	0	0	2	2, 2	1	0	0
5	2	3, 2	1	0	0	2	3, 2	1	0	0
6	2	3, 3	1	0	0	2	3, 3	1	0	0
7	2	4, 3	1	1	7	2	4, 3	1	1	7
8	2	4, 4	1	1	8	2	4, 4	1	1	8
9	2	5, 4	1	1	9	2	5, 4	1	1	9
10	2	5, 5	1	1	10	2	5, 5	1	1	10
11	2	6, 5	1	2	6, 5	2	6, 5	1	2	6, 5
12	2	6, 6	1	2	6, 6	2	6, 6	1	2	6, 6
13	3	5, 4, 4	1	2	7, 6	2	7,6	1	2	7,6
14	3	5, 5, 4	1	3	5, 5, 4	2	7,7	1	2	7,7
15	3	5, 5, 5	1	3	5, 5, 5	3	5,5,5	1	3	5, 5, 5
16	3	6, 5, 5	1	3	6, 5, 5	3	6,5,5	1	3	6, 5, 5
17	3	6, 6, 5	1	3	6, 6, 5	3	6,6,5	1	3	6, 6, 5
18	3	6, 6, 6	1	3	6, 6, 6	3	6,6,6	1	3	6, 6, 6
19	3	7, 6, 6	1	3	7, 6, 6	3	7,6,6	1	3	7, 6, 6

Exhibit B – Spinal Cord Injury Unit

CENSUS	DAYS - 0600 - 1800					NIGHTS 1800 - 0600				
	RN/LPN	RN/LPN Anticipated Ratios 5-6	ANM/CHG	Support Staff	Support Staff Anticipated Ratios 5 - 7	RN/LPN	RN/LPN Anticipated Ratios 6-8	ANM/CHG	Support Staff	Support Staff Anticipated Ratios 6- 10
1	0	1,0	1	0	0	2	0,1	1	0	0
2	2	1,1	1	0	0	2	1,1	1	0	0
3	2	2,1	1	0	0	2	2,1	1	0	0
4	2	2,2	1	0	0	2	2,2	1	0	0
5	2	3,2	1	0	0	2	3,2	1	0	0
6	2	3,3	1	0	0	2	3,3	1	0	0
7	2	4,3	1	1	7	2	4,3	1	0	0
8	2	4,4	1	1	8	2	4,4	1	0	0
9	2	5,4	1	1	9	2	5,4	1	1	9
10	2	5,5	1	1	10	2	5,5	1	1	10
11	2	6,5	1	1	11	2	6,5	1	1	11
12	2	6,6	1	2	6,6	2	6,6	1	1	12
13	3	5,4,4	1	2	7,6	2	7,6	1	2	7,6
14	3	5,5,4	1	2	7,7	2	7,7	1	2	7,7
15	3	5,5,5	1	2	8,7	2	8,7	1	2	8,7
16	3	6,5,5	1	3	6,5,5	2	8,8	1	2	8,8
17	3	6,6,5	1	3	6,6,5	3	6,6,5	1	2	9,8
18	3	6,6,6	1	3	6,6,6	3	6,6,6	1	2	9,9
19	4	5,5,5,4	1	3	7,6,6	3	7,6,6	1	2	10,9
20	4	5,5,5,5	1	3	7,7,6	3	7,7,6	1	2	10,10
21	4	6,5,5,5	1	3	7,7,7	3	7,7,7	1	2	11,10
22	4	6,6,5,5	1	4	6,6,5,5	3	8,7,7	1	3	8,7,7
23	4	6,6,6,5	1	4	6,6,6,5	3	8,8,7	1	3	8,8,7
24	4	6,6,6,6	1	4	6,6,6,6	3	8,8,8	1	3	8,8,8
25	5	5,5,5,5,5	1	4	7,6,6,6	4	7,6,6,6	1	3	9,8,8
26	5	6,5,5,5,5	1	4	7,7,6,6	4	7,7,6,6	1	3	9,9,8
27	5	6,6,5,5,5	1	4	7,7,7,6	4	7,7,7,6	1	3	9,9,9
28	5	6,6,6,5,5	1	5	6,6,6,5,5	4	7,7,7,7	1	3	10,9,9
29	5	6,6,6,6,5	1	5	6,6,6,6,5	4	8,7,7,7	1	3	10,10,9
30	5	6,6,6,6,6	1	5	6,6,6,6,6	4	8,8,7,7	1	4	8,8,7,7
31	6	6,5,5,5,5,5	1	5	7,6,6,6,6	4	8,8,8,7	1	4	8,8,8,7
32	6	6,6,5,5,5,5	1	5	7,7,6,6,6	4	8,8,8,8	1	4	8,8,8,8
33	6	6,6,6,5,5,5	1	6	6,6,6,5,5,5	5	7,7,7,6,6	1	4	9,8,8,8
34	6	6,6,6,6,5,5	1	6	6,6,6,6,5,5	5	7,7,7,7,6	1	4	9,9,8,8
35	6	6,6,6,6,6,5	1	6	6,6,6,6,6,5	5	7,7,7,7,7	1	4	9,9,9,8
36	6	6,6,6,6,6,6	1	6	6,6,6,6,6,6	5	8,7,7,7,7	1	4	9,9,9,9

Exhibit C – Stroke Unit

CENSUS	DAYS - 0600 - 1800					NIGHTS 1800 - 0600				
	RN/LPN	RN/LPN Anticipated Ratios 5-7	ANM/CHG	Support Staff	Support Staff Anticipated Ratios 5- 7	RN/LPN	RN/LPN Anticipated Ratios 6-8	ANM/CHG	Support Staff	Support Staff Anticipated Ratios 6- 10
1	2	1,0	1	0	0	2	1,0	1	0	0
2	2	1,1	1	0	0	2	1,1	1	0	0
3	2	2,1	1	0	0	2	2,1	1	0	0
4	2	2,2	1	0	0	2	2,2	1	0	0
5	2	3,2	1	0	0	2	3,2	1	0	0
6	2	3,3	1	0	0	2	3,3	1	0	0
7	2	4,3	1	0	0	2	4,3	1	0	0
8	2	4,4	1	1	8	2	4,4	1	0	0
9	2	5,4	1	1	9	2	5,4	1	0	0
10	2	5,5	1	2	5,5	2	5,5	1	0	0
11	2	6,5	1	2	6,5	2	6,5	1	1	11
12	2	6,6	1	2	6,6	2	6,6	1	1	12
13	3	5,4,4	1	2	7,6	2	7,6	1	1	13
14	3	5,5,4	1	2	7,7	2	7,7	1	1	14
15	3	5,5,5	1	2	8,7	2	8,7	1	2	8,7
16	3	6,5,5	1	2	8,8	2	8,8	1	2	8,8
17	3	6,6,5	1	2	9,8	2	9,8	1	2	9,8
18	3	6,6,6	1	3	6,6,6	3	6,6,6	1	2	9,9
19	4	5,5,5,4	1	3	7,6,6	3	7,6,6	1	2	10,9
20	4	5,5,5,5	1	3	7,7,6	3	7,7,6	1	2	10,10
21	4	6,5,55	1	3	7,7,7	3	7,7,7	1	2	11,10
22	4	6,6,5,5	1	4	6,6,5,5	3	8,7,7	1	2	11,11
23	4	6,6,6,5	1	4	6,6,6,5	3	8,8,7	1	3	8,8,7
24	4	6,6,6,6	1	4	6,6,6,6	3	8,8,8	1	3	8,8,8
25	5	5,5,5,5,5	1	4	7,6,6,6	3	9,8,8	1	3	9,8,8
26	5	6,5,5,5,5	1	4	7,7,6,6	4	7,7,6,6	1	3	9,9,8
27	5	6,6,5,5,5	1	5	6,6,5,5,5	4	7,7,7,6	1	3	9,9,9
28	5	6,6,6,5,5	1	5	6,6,6,5,5	4	7,7,7,7	1	3	10,9,9
29	5	6,6,6,6,5	1	5	6,6,6,6,5	4	8,7,7,7	1	3	10,10,9
30	5	6,6,6,6,6	1	5	6,6,6,6,6	4	8,8,7,7	1	4	8,8,7,7
31	6	6,5,5,5,5,5	1	5	7,6,6,6,6	4	8,8,8,7	1	4	8,8,8,7
32	6	6,6,5,5,5,5	1	5	7,7,6,6,6	4	8,8,8,8	1	4	8,8,8,8
33	6	6,6,6,5,5,5	1	6	6,6,6,5,5,5	5	7,7,7,6,6	1	4	9,8,8,8
34	6	6,6,6,6,5,5	1	6	6,6,6,6,5,5	5	7,7,7,7,6	1	4	9,9,8,8
35	6	6,6,6,6,6,5	1	6	6,6,6,6,6,5	5	7,7,7,7,7	1	4	9,9,9,8
36	6	6,6,6,6,6,6	1	6	6,6,6,6,6,6	5	8,7,7,7,7	1	4	9,9,9,9
37	6	7,6,6,6,6,6	1	6	7,6,6,6,6,6	5	8,8,7,7,7	1	4	10,9,9,9
38	6	7,7,6,6,6,6	1	6	7,7,6,6,6,6	5	8,8,8,7,7	1	4	10,10,9,9