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The following is the Nurse Staffing Plan for Willapa Harbor Hospital, submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420.

Willapa Harbor Hospital Nurse Staffing Plan Submission 2022

CEO Attestation Attached below_

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 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:

- o Individual and aggregate patient needs;
- o Staffing guidelines developed for specific specialty areas;
- o The skills and training of the nursing staff;
- o Resources and supports for nurses;
- o Anticipated absences and need for nursing staff to take meal and rest breaks;
- o Hospital data and outcomes from relevant quality indicators; and
- o 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.

- 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 and collective bargaining agreements. The committee considers breaks and strategies to ensure breaks when developing the plan. 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:

- Medical-Surgical Unit
- Emergency Department
- Surgery and Surgery Clinic

Nurse Staffing Plan Critical Elements

The following represents critical elements about the nurse staffing plan:

- Nursing staff committee representation will be shared equally between direct patient care representatives and nurse leaders.
- The Staffing Committee will review, assess and respond to reports submitted to the committee.
- The staffing committee will track complaints reported to the committee to include the resolution of each complaint.
- The hospital will submit the staffing plan annually and when changes are made.
- Coordinating seamlessly with the hospital and more regional resources to assure timely and quality care transitions.
- Improving processes to increase productivity
- Developing additional access points and adding extended hours, walk-in hours and perhaps urgent care.

Resources to Support Nurse Staffing

Clinical and ancillary services have been augmented to create flexibility as patient volumes increase and direct care staff availability fluctuates. The following services are available and provide support to the direct care nursing staff:

- CRNA coverage
 - Willapa Harbor Hospital provides 24/7/365 nurse anesthetist coverage for the facility. Our CRNAs can assist with airway management, sedation, critical care, and vascular access as needed, as well as providing anesthesia services for the surgery

department.

- **Respiratory Therapy**
 - Willapa Harbor Hospital provides Respiratory Therapy services Monday-Friday 08:00-16:30. Our RT provides support to direct care staff and patients with breathing treatments, noninvasive ventilation support, and cardiopulmonary testing.
- **Unassigned Charge Nurses**
 - Previously, the Charge Nurse has also staffed patient care on the Medical-Surgical unit. We are moving toward unassigned charge nurses. We were approved for 5 FTEs in 2021 to contribute to this position. While the COVID pandemic and staff turnover have limited forward momentum on this project, we remain committed to it.
- **Nursing Leader Call**
 - Has been implemented to ensure that frontline nursing have constant and reliable access to a nursing leader to assist with issues, answer questions, provide guidance, or assist with patient care in the event of critical staffing shortages or surges in acuity. This call rotation is staffed by the Chief Nursing Officer, the Emergency Department Manager, the Med-Surg Manager, the Surgery Department Manager, the Case Management Nurse Supervisor, the Cardiac Rehab Nurse Supervisor, and the Infection Control/ Employee Health Nurse Supervisor.
- **Assisting Other Units**
 - When the census is low, the Charge Nurse can direct the assignment of the nurses based on changing needs in the hospital. The RN may be utilized in the department for assignment or work on personal educational development, cross-training or departmental projects that have been assigned by the department director and for which there is a planned outcome or goal or may be utilized in another department as determined by the Charge Nurse, Nursing Leaders, and/or Chief Nursing Officer. While the flexibility and use of the registered nurse is important, it is imperative that other units' needs not supersede staffing in such a way that interferes with adequate patient care in the unit. Any patient assignment given to the RN must include a plan for immediate release of the nurse to the unit should it become necessary. Based on relatively low patient volumes, this flexibility of staffing allows nurses additional support when volume or acuity are rising.
- **Staff Breaks**
 - Support is available for staff breaks, including the Charge Nurse, the Discharge Planning Nurse, and Nursing Leadership.

Nurse Staffing Plan Matrices per Unit

- Medical-Surgical Unit
- Emergency Department
- Surgery Department and Clinic

Medical-Surgical Unit Staffing Matrix

The Medical-Surgical unit is budgeted for 240 inpatient admissions and 260 observation patients in 2022.

The Staffing Matrix is a tool to help determine what levels of each staff group are needed based on the census. This matrix is used as a guideline. Adjustments are made that take into consideration patient needs and acuity. Charge nurses assess the staffing needs on an ongoing basis and confer with the Charge Nurse, Nursing Leaders, and the Chief Nursing Officer to make adjustments as needed.

Census	Time	Charge RN	RN	LPN	CNA	HUC	DP RN (M-F)
0-5	0600-1000	1	0	1	1	1	1
	1000-1800	1	0	1	1	1	1
	1800-2200	1	0	1	1	1	0
	2200-0600	1	0	1	1	1	0

Census	Time	Charge RN	RN	LPN	CNA	HUC	DP RN (M-F)
6+	0600-1000	1	1	1	1	1	1
	1000-1800	1	1	1	1	1	1
	1800-2200	1	1	1	1	1	0
	2200-0600	1	1	1	1	1	0

A Nurse Manager and a Supervisor, in conjunction with the Chief Nursing Officer, support Medical Surgical unit. One RN on each shift is assigned to be a charge nurse. When there are no patients in the Medical Surgical unit, the nursing staff will assist in the Emergency Department but are available to return to the Medical-Surgical unit for any admissions.

Emergency Department Staffing Matrix

Emergency Department Budgeted Census for 2022 is 4,250 visits.

This matrix is used as a guideline. Adjustments are made that take into consideration patient needs and acuity. Charge nurses assess the staffing needs on an ongoing basis and confer with the Charge Nurse, Nursling Leaders, and the Chief Nursing Officer to make adjustments as needed.

Shift	RN	ED Tech
0600-1000	2	0
1000-1800	2	1
1800-2200	2	1
2200-0600	2	0

A Nurse Manger, in conjunction with the Chief Nursing Officer, supports the Emergency Department. One RN on each shift is assigned to be a charge nurse. When there are no patients in the Emergency Department, the nursing staff will assist in the Medical-Surgical unit but are available to return to the Emergency Department for any patient arrivals.

Surgery Department Staffing Matrix

Surgery Clinics	Tues, Wed, & Thurs, 1300-1700
RN	4 hours
CNA	4 hours

Day	Hours	Cases (mix of Endo/OR)	Surgery Manager (RN)	RN	Surgical Tech (0600- 1430)	Surgery Clinic CNA (0600- 1630)
Monday	0600- 1700	0	1	0	1	1
Tuesday	0600- 1800	3-5	1	2	1	1
Wednesda y	0600- 1800	3-5	1	2	1	1
Thursday	0600- 1800	3-5	1	2	1	1
Friday	0600- 1800	0	1	0	1	0

The Surgery Department is budgeted for 280 endoscopies, 92 surgeries and 650 surgery clinic visits for 2022.

The Surgery department is supported by a Nursing Manager who also staffs cases and clinic in conjunction with the other surgical staff members. Adjustments to schedule and staffing can be made by the Surgery Manger, in conjunction with Nursing Leaders and the Chief Nursing Officer. 2 additional nurses are cross-trained to surgery to provide the ability for enhanced management of dynamic staffing and acuity concerns. In addition, all surgery nurses are cross-trained to both Medical-Surgical and the Emergency Department for the same considerations.

Nurse Staffing Plan Attestation Form

I, the undersigned, with responsibility for Willapa Harbor Hospital, attest that the attached staffing plans and matrixes were developed in accordance with RCW 70.41.420 for the year 2022 and includes all units covered under our hospital license under RCW 70.41. These plans were developed with consideration given to the following elements:

- 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.



Signature



Printed Name



Date