Attestation Form

Nurse Staffing Coalition
February 17, 2022

I, the undersigned with responsibility for CHI Franciscan St. Clare Hospital (hospital/health system name), attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for the fiscal year FY19 (July2021-June2022) (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.

Lois Erickson COO/VP operations
Signature

Lois Erickson
Printed Name

2/17/2022
Date

St Clare Hospital 2021 Staffing Plan

Department: **Surgery**

Date: **November 2021**

This staffing plan was 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.
Staffing Grid for Patient Census Target Variable per 1 OR Hour: 7.0141
• Average census 15+ patients in 5 OR suites, Average monthly volume 300+ cases • Cases can range from 5 minutes to in excess of 4 hours • Cases supported: Orthopedics, Total Joints, General, Podiatry, Urology, Gynecology, Robotics, Plastics, Minor Vascular, and ENT • Patient acuity ranges from healthy to critically ill. Age of patients supported is 6 years and older • Hours of operation, Monday-Friday 0715-1900 except Wednesday 0745-1900, 4 OR's 0715-1700, 1 OR's 1700-1900 for emergent cases ONLY. • After hours, weekends and holidays is staffed with on-call staffing (1 RN, 1 ST) for urgent/emergent cases • All breaks are assigned • Staff flexing is monitored hourly by the Charge RN and/or Manager

# Surgery Suite	Charge RN	RN	ST	AT	PST
1	1	1	1	1	1
2	1	3	3	1	1
3	1	5	5	1	1
4	1	6	6	1	1
5	1	7	7	1	1

FOR COMMITTEE USE ONLY

Developed and Approved by Nurse Staffing Committee on 2/17/2022

Jan Erickson
COO, VP Operations

St Clare Hospital 2021 Staffing Plan

Department: **Perianesthesia Unit 4505103**

Date: **November 18, 2021**

This staffing plan was developed with consideration given to the following elements
• Surgical case volumes and procedural cases we support from GI and IR comprises our daily census. We assess the total numbers of patients in the department including anticipated length of stay and activity such as patient admissions, extended recovery and discharges • Staffing Pre-op, Phase I & Phase II Recovery based on ASPAN standards for care of the surgical patient and flexing to the volumes based on the surgical case, GI and IR volume. • Skill mix; Charge RN for all staffing areas. RN's, Pre-Admission Testing RN and HUC/CNA. RN's are crossed trained and float between areas to meet the need of the patients. Charge RN routinely evaluating patient status and staffing levels throughout the perianesthesia department and will staff accordingly. No current ADO's for dept. • Level of experience and specialty certification or training of nursing personnel providing care. All RN's are ACLS, PALS and BLS with 65% of RN staff holding specialty certifications. • The architecture and geography of the patient care unit staffs three main areas; pre-admission, SADU-Pre-op and Phase I and Phase II Recovery • American Society for PeriAnesthesia Nurses provides guidelines for staffing based upon acuity of patients (Phase 1 vs. Phase 2), census, patient flow processes and physical facility. • Perianesthesia is a closed unit utilizing core staffing and per-diem staff. • Staffing concerns are addressed as needed by charge RNs/staff and leadership to ensure staff and patient safety • Supervisor RN, Charge RN and designated float RN 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. • Nola Byrd is the staff representative for Shared Governance, transitioning to include Rebecca Heath
Staffing Grid for Patient Census **Variable Target Hours per Unit of Service 2.122**

18 hour coverage with 8/10/12 hour shifts during days and evenings for RN 0530-2130 & CNA 0530-1400 After hours coverage by 2 RNs on call on-call

Our Staffing Grid is based on surgical case volumes, GI and IR schedules. Higher numbers of surgical/procedural patients may require additional staff. HUC coverage for 8 hours each day (0530-1400) and use of per diem RNs and HUC as volumes require support.

Daily number of RN's for SADU/PACU is 9-11 RN's to cover surgical/procedural pre & post care volumes plus 1 RN for Pre-admit Clinic

SADU/PACU Daily Staffing	Charge RN	RN	CNA/HUC	PAT RN
0530-1400	0	1	1	0
0600-1630	1	2 or 3		0
0730-1530		1		0
0800-1630				1
0800-1830		1		
0900-1930/2130	(1 RN)	1 or 2		
1100-2130		2		
Totals	1	9-10	1	1

FOR COMMITTEE USE ONLY

Developed and Approved by Nurse Staffing Committee on 2/17/2022

Joey Erickson
CO, VP operations

St Clare Hospital 2021 Staffing Plan

Department: **Medical Telemetry**

Date: **November 18, 2021**

This staffing plan was developed with consideration given to the following elements

• Average daily census is 37 patients.
• The unit cares for the following types of patients:
  o Cardiac/telemetry: CHF, rapid-rule out MI, medications requiring telemetry monitoring, post-heart cath patients with no sheath present
  o General surgery: overflow (when unable to be placed on ortho surgical unit); laparoscopic and open procedures such as open cholecystectomy, appendectomy, orthopedic surgery, and gynecology/urology surgery, incision and drainage
  o Other diagnoses: electrolyte imbalances, diabetic crises (hyper/hypoglycemia), stable CVA/TIA, end stage renal/liver disease, gastrointestinal conditions, acute and chronic respiratory diseases, infectious diseases, altered mental status/psychiatric conditions, failure to thrive, seizure disorders, end of life/palliative care, and alcohol and drug dependence/withdrawal.
  o All patients must be 15 years of age at minimum.
• Of the registered nurses on the unit, all are BLS certified, charge RNs are ACLS and NIHSS certified. Currently, 51% of staff are certified in med/surg nursing.
• The unit has 27 private rooms including 2 negative airflow rooms, 4 double rooms and a triple room. The unit houses most all non-critical care isolation patients.
• Other personnel supporting the unit include SWAT/IV therapy.
• In order to meet state requirements for staff breaks, each staff member signs up for their break/rest periods at beginning of shift and lets charge RN know if they are meeting obstacles in getting these breaks.
• Every effort will be made to obtain additional staff members to accommodate changes in capacity. The St. Clare Hospital internal disaster response allows temporary adjustments to the staffing plan to accommodate the increased patient needs that occur during a disaster. All decisions regarding such changes will be made collaboratively by the unit Charge Nurses, Hospital Supervisors, and Nursing leadership.

HOUS - 10.66 Per Patient Day

24 hour coverage with 12 hour shifts during both days and nights for RN and CNA
0700-1930 and 1900-0730
Staffing Grid is based on census.
HUC coverage for 12 hours each day (0700-1930)
Additional staff member(s) may be needed for high suicide/homicide or detained patients and is not included in the grid below.

Patient Census	Charge RN	RN	CNA	HUC
38	1	10	4	1
37	1	10	4	1
36	1	9	4	1
35	1	9	4	1
34	1	9	4	1
33	1	9	4	1
32	1	8	4	1
31	1	8	4	1
30	1	8	4	1
29	1	8	4	1
28	1	7	4	1
27	1	7	3	1
26	1	7	3	1
25	1	7	3	1
24	1	6	3	1
23	1	6	3	1
22	1	6	3	1
21	1	6	3	1
20	1	5	3	1
19	1	5	3	1
18	1	5	3	1
17	1	5	3	1
16	1	4	3	1
15	1	4	3	1
14	1	4	2	0
13	1	4	2	0
12	1	3	2	0
11	1	3	1	0
10	1	3	1	0
9	1	3	1	0
8	1	2	1	0
7	1	2	0	0
6	1	2	0	0
5	1	2	0	0
4	1	1	0	0

3	1	1	0	0
2	1	1	0	0
1	1	1	0	0

FOR COMMITTEE USE ONLY

Developed and Approved by Nurse Staffing Committee on 2/17/2022

Lois Erickson
COO, VP Operations

St Clare Hospital 2021 Staffing Plan

Department: Ortho Surgical Unit

Date: November 17, 2021

This staffing plan was 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.
- Every effort will be made to obtain staff members to accommodate changes in capacity. The St. Clare Hospital internal disaster response allows temporary adjustments to the staffing plan to accommodate the increased patient needs that occur during a disaster. All decisions regarding such changes will be made collaboratively by the unt Charge Nurses, Hospital Supervisors and Nursing Leadership.

Staffing Grid for Patient Census **Target Hours per Patient Day** **10.66 to 10.68**

24 hour coverage with 12 hour shifts during both days and nights for RN and CNA and includes different staff mixes for day shift vs. night shift and weekdays vs. weekends.

Shifts 07-1930 for day shift and 1900-0730 for night shift.

Staffing Grid is based on mixed census of surgical and non-surgical patients.

HUC coverage for 12 hours each day (0700-1930).

Additional staff member(s) may be needed for high suicide, detained or high risk safety patients and is not included in the grid below. Also Covid patients.

Weekday Night Shift 1900-0730					Weekend Night Shift 1900-0730			
Census	CN	RN	CNA		Census	CN	RN	CNA
33-34	1	8	4		33-34	1	8	4
32	1	7	4		31-32	1	7	4
29-31	1	7	3		29-30	1	7	3
26-28	1	6	3		27-28	1	6	3
24-25	1	5	3		24-26	1	5	3
21-23	1	5	2		21-23	1	5	2
19-20	1	4	2		19-20	1	4	2
16-18	1	3	2		17-18	1	3	2
14-15	1	3	1		14-16	1	3	1

Weekday DAY Shift 0700-1930						Weekend DAY Shift 0700-1930				
Census	CN	RN	CNA	HUC		Census	CN	RN	CNA	HUC
34	1	9	4	1		31-34	1	8	4	1
31-33	1	8	4	1		30	1	8	3	1
30	1	8	3	1		28-29	1	7	3	1
28-29	1	7	3	1		25-27	1	6	3	1
26-27	1	6	3	1		23-24	1	5	3	1
24-25	1	5	3	1		22	1	5	2	1
22-23	1	5	2	1		20-21	1	5	2	0
20-21	1	5	2	0		18-19	1	4	2	0
17-19	1	4	2	0		16-17	1	3	2	0
15-16	1	3	2	0		13-15	1	3	1	0

FOR COMMITTEE USE ONLY

Developed and Approved by Nurse Staffing Committee on 2/17/2022

Ross Erickson
COO, VP Operations

St Clare Hospital 2021 Staffing Plan

Department: **Intensive Care Unit**

Date: **November 18, 2021**

This staffing plan was developed with consideration given to the following elements
• 10 bed unit, all private rooms, ADC 9, 57.2% ICU, 25.4% PCU, 17.4% MT • Patients served in this unit are: Respiratory failure or airway compromise requiring invasive mechanical ventilation and accompanying sedative infusions, septic shock/hypotensive patients on vasopressors/inotropes, hypertensive crisis, DKA, myocardial infarction, cardiac arrhythmias, GI bleed, ETOH withdrawal, acute renal failure requiring dialysis, presence of arterial line, and end of life care following withdrawal of support. • Some patients may require additional skill level and acuity requiring 1:1 nurse staffing; these include proning patients for ARDS (both manual and mechanical), hypothermia management post cardiac arrest, and patients on maximum life support and vasoactive drips. Staffing for these higher acuity patients cannot be built into the staffing grid, but is always accommodated due to policy and ICU standards of care. • Similarly, the staffing model is created under the assumption of 100% ICU level patients, but can be adjusted to account for higher nurse/patient ratios when we are holding PCU or telemetry level of care patients in the unit. • Assignments are made based on acuity of patients taking into account a mix of level of care as well as the skill of the nurse and new resident progression, with specific training and tracking of special skills and specialty equipment like proning of patients and use of the Arctic Sun for hypothermia management. • All nurses have ICU experience coming into the unit, or go through a specialized ICU Residency or Fellowship program. • All nurses have ACLS, BLS, and NIHSS within 6 months of hire, if not sooner. • Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations; • IV Therapy, Respiratory Therapy and Lab services provide additional support to the nurses and staff on the unit. Virtual monitoring for 1:1 and 1:1 sitters for SI/HI/Detained provide additional support to nurses to care for high risk patients. • In order to meet state requirements for staff breaks, each staff member is assigned a time for their break/rest periods at beginning of shift and lets charge RN know if they are meeting obstacles in getting these breaks • Every effort will be made to obtain additional staff members to accommodate changes in capacity. The St. Clare Hospital internal disaster response allows temporary adjustments to the staffing plan to accommodate the increased patient needs that occur during a disaster. All decisions regarding such changes will be made collaboratively by the unit Charge Nurses, Hospital Supervisors, and Nursing leadership.
Staffing Grid for Patient Census **Target Hours per Patient Day 16.9**

- 24 hour coverage with 12 hour shifts during both days and nights for RN 0700-1930 and 1900-0730.
- We follow a primary nursing care model and do not typically staff a CNA, tech, or HUC in the unit.
- We maintain a free charge nurse for the unit to assist with additional patient care needs, to support higher acuity ICU patients, and to provide support hospital-wide for code response and patients upgrading and requiring a higher level of care.
- Staffing Grid is based on ICU census and is frequently adjusted up or down sure to higher or lower acuity patients by the charge nurse.
- Additional staff members may be needed for patients who require 1:1 nursing care per policy and ICU standards or care, this is not included in the below grid.
- Additional staff member(s) may be needed for 1:1 sitters for high suicide or high risk safety patients and is not included in the grid below.

Patient Census	Charge RN	RN
9-10	1	5
7-8	1	4
5-6	1	3
4	1	2
3 or less	1	1

FOR COMMITTEE USE ONLY

Developed and Approved by Nurse Staffing Committee on 7/13/2022

COO, VP Operations

St Clare Hospital 2021 Staffing Plan

Department: **Progressive Care Unit**

Date: **November 17 2021**

This staffing plan was developed with consideration given to the following elements
• 21 Bed Unit, 3 private rooms, ADC 18, Patients 50% PCU level with another 50% mixed between tele and medical. • Our unit provides monitoring and care for patients with moderate or potentially severe physiological instability requiring technical support with the potential for rapid intervention such as cardiac arrhythmias, DKA, ETOH Withdrawal, Drug Overdose and Withdrawal, CHF, MI, Sepsis and Pneumonia as well as respiratory system concerns. • Initiation and titration of vasoactive / anti-arrhythmic drips such as Dopamine, Nitroglycerin, Amiodarone, Diltiazem and Dobutamine • Assignments are made based on acuity of patients taking into account a mix of level of care as well as the skill of the nurse and new resident progression. • All nurses have BLS and ACLS as well as NHISS. Currently 14 nurses have PCCN certification. • All beds have the ability to be remotely monitored by the monitor techs. All rooms can have virtual monitoring added for sitters. • Staffing guidelines were discussed as a system and set to provide fair and equitable assignments based on agreed upon ratios of 3:1 or 4:1 for mixed level of care.   • Example -Patients requiring cardiac drips and titration, insulin titration as well as situations requiring 1:1 for SI/HI/Detained • IV Therapy, Respiratory Therapy and Lab services provide additional support to the nurses and staff on the unit. Virtual monitoring for 1:1 and 1:1 sitters for SI/HI/Detained provide additional support to nurses to care for high risk patients. • In order to meet state requirements for staff breaks, each staff member plans for their rest/break periods at the beginning of their shift. Staff are responsible to let the charge RN know if they are meeting obstacles in getting these breaks • Every effort will be made to obtain additional staff members to accommodate changes in capacity. The St. Clare Hospital internal disaster response allows temporary adjustments to the staffing plan to accommodate the increased patient needs that occur during a disaster. All decisions regarding such changes will be made collaboratively by the unit Charge Nurses, Hospital Supervisors, and Nursing leadership.
Staffing Grid for Patient Census **Target Hours per Patient Day 12.9222**

24 hour coverage with 12 hour shifts during both days and nights for RN and CNA 0700-1930 and 1900-0730
Staffing Grid is based on a mixed census of PCU/Non PCU patients. Higher numbers of PCU patients may require additional staff based on patient acuity.
HUC coverage for 12 hours each day (0700-1930)
Additional staff member(s) that may be needed for high suicide or high risk safety patients that have failed less restrictive alternatives are not included in the grid below.

Patient Census	Charge RN	RN	CNA	HUC
21	1	7	2	1
18-20	1	6	2	1
15-18	1	5	2	1
12-14	1	4	2	1
9-11	1	3	1	1
8 or less	1	2	1	1

FOR COMMITTEE USE ONLY

Developed and Approved by Nurse Staffing Committee on 2/17/2022
Ross Erickson
COO, VP operations

St Clare Hospital 2021 Staffing Plan

Department: **Emergency Services**

Date: **November 2021**

This staffing plan was developed with consideration given to the following elements
• Budgeted Average Census: 87 per day   o census slowly trending back up • Patient arrival times by day. • Average number of patients in department by hour of day. • Acuity of patients. • Skill mix: RN, ED Technician, HUC. • Needs of specific types of patients requiring extra care: Sitter, 1:1, procedural sedation • Level of intensity of all patients and nature of the care to be delivered on each shift. • Level of experience and specialty certification or training of nursing personnel providing care. • 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. • Staff member is responsible for notifying the charge RN for troubleshooting assistance if they are unable to get their breaks. • Every effort will be made to obtain additional staff members to accommodate changes in capacity. The St. Clare Hospital internal disaster response allows temporary adjustments to the staffing plan to accommodate the increased patient needs that occur during a disaster. All decisions regarding such changes will be made collaboratively by the unit Charge Nurses, Hospital Supervisors, and Nursing leadership. •
Staffing Grid - Target Hours per Unit of Service (per Patient) = 2.66

The grid is built to an average daily census of 93 patients per day

- Charge nurse reviews staffing to determine the need to flex staffing up or down in response to unplanned census changes.
- During periods of sustained low volume, core staffing and scheduling does not change. The grid used by the charge nurse for assignments may be adjusted up or down to reflect the roles that can be staffed for the census. All staff remain scheduled but the grid reflects staff who may be placed on call or low census to flex staffing to volume.

FOR COMMITTEE USE ONLY

Developed and Approved by Nurse Staffing Committee on 2/17/2022

Chris Erickson
COO, VP operations

August 2021 SCH ED GRID.xlsx

St Clare Hospital 2021 Staffing Plan

Department: IV Therapy

Date: November 18, 2021

This staffing plan was developed with consideration given to the following elements

- Census, including total numbers of patients in the hospital on each shift and activity such as patient discharges, admissions, and transfers;
- SWAT/IVT team provides a resource throughout the hospital
- Specialized training for inserting PICC lines, midlines, ultrasound guided IV, IV starts
- Able to assist with procedures requiring procedural sedation
- Responds and assists with codes
- Float to department to assist with staffing needs
- Educate staff on PICC line/IV-line care and management
- Audit of Central lines and participate in prevalence studies to ensure compliance with policy and procedures.
- 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.
  - IV Therapy Staff have autonomy in their scheduling of breaks. They prioritize their responsibilities to include their breaks.
  - Monitored missed breaks in KRONOS and incremental OT. JIT training provided to staff unable to take breaks.
-

Staffing Grid for Patient Census **Target 0.1336**

12 hour coverage from 0700-1930, seven days a week

Patient Census	RN
103-50	1
<50	1 (Will have RN come to work and check in with hospital supervisor and all CRNs to determine if any IVT procedures need to be completed for hospital throughput, then will consider low censusing.

FOR COMMITTEE USE ONLY

Developed and Approved by Nurse Staffing Committee on 2/17/2022

Lois Erickson
CCO, VP operations

St Clare Hospital 2021 Staffing Plan

Department: Oncology, Outpatient Infusion

Date: November 18, 2021

This staffing plan was developed with consideration given to the following elements

- Average daily volume is 17 patients.
- Services provided includes:
  Administration of Chemotherapy, biologic and immunologic, blood and blood product transfusion, antibiotics, Erythropoietin Stimulating Agents (ESA), bisphosphonates, immune globulin, therapeutic phlebotomy, SQ/IM injections, hydration for bariatric, and maternal patients. patient teaching and education
- Clinic Nurses: All RNs received certification in administration of Chemotherapy and Biologic agents. 75% of nurses have BSN degrees, 33% certified in Oncology Nursing
- The Infusion Clinic follows Oncology Nursing Society's guidelines in the administration of chemotherapy and biologic agents.
- The clinic has 5 beds (3 single bed rooms and 1 double bed room),1 quadruple chair room, 2 single chair rooms and an injection/blood draw room. Patients receiving chemotherapy are placed in beds. The clinic does not accept isolation patients because of immunocompromised patients being treated at the clinic. Clinic provides care to patients ages 14 and above and at least 100 lbs.
- Departments supporting the clinic includes pharmacy, laboratory, SWAT/IV team
- Staff are assigned breaks and lunches as required and are written on the assignment sheet. No patient appointments are scheduled between 12 and 1 pm unless approved by the manager or charge nurse.

Staffing Grid for Patient Census **Target Hours per Procedure: 1.2354**

Clinic hours: Monday – Friday from 0800 – 1630; no Holidays and weekends
RNs, PSR and HUC/CA work 8-hour shifts

Patient Census	Charge RN	RN	PSR	CA2
20-23	1	2	1	1
16-19	1	2 then review for possible reduction	1	0.5 then review for possible reduction
<15	1	1	1	

FOR COMMITTEE USE ONLY

Developed and Approved by Nurse Staffing Committee on 2/17/2020

Lois Erickson
CCO, VP operations

St Clare Hospital 2022 Staffing Plan

Department: **Interventional Radiology**

Date: **March 2022**

This staffing plan was developed with consideration given to the following elements

- Interventional Radiology serves inpatients and outpatients above the age of 16
- Level of intensity of all patients and nature of the care to be delivered on each shift
- Skill mix- including invasive procedures, port placement, feeding tubes, paracentesis, thoracentesis, fistulagram, biopsies, drainages, IVC filters, and pain management.
- Level of experience and specialty certification or training of nursing personnel providing care
- The need for specialized or intensive equipment. Recovery time varies from 1-6 hours.
- 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
- 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

Average Patients per day 10-15

24 hour coverage with 10 hour shifts during the day
On-call services on weekday nights 530p-7a (currently paused)
Weekend on-call coverage is 24hours 7a-7a (currently paused)
Staffing Grid is based on mixed volume of both inpatients and outpatients
Imaging Clerk coverage for 12 hours each day (0700-1930)
Imaging Technologists coverage for 10 hours each day (0700-1730)

	RN	Technologist	Imaging Clerk
7a-530p	2	2	1
On-call after 530p & weekend	1	2	0

FOR COMMITTEE USE ONLY

Developed and Approved by Nurse Staffing Committee on 3/17/2022

[signature]
COO, VP operations