Central Washington Hospital Nurse Staffing Committee

Executive Summary - 2019 Staffing Plan
Tracey Kasnic, Chief Nursing Officer/SVP, Co-Chair
Sara Broome, RN, Co-Chair

Central Washington Hospital is a community hospital in Wenatchee, WA currently licensed for 176 beds. It is a Level III Adult and Pediatric Trauma Center, Level I Cardiac Center and Certified Stroke Center and serves as a referral hospital for 6 Critical Access and 1 smaller hospital.

For benchmarking purposes, we currently subscribe to both the National Database of National Quality Indicators (NDNQI) and Collaborative Alliance for Nursing Outcomes (CALNOC) and the benchmark information for both staffing and nurse sensitive indicators are available upon request.

The Nurse Staffing Committee currently meets monthly and is in compliance with HB 1714 and has been working to incorporate best practices as recommended by WSHA and NWONE. As per HB 1714, the key elements that have been included in development of these staff plans include:

- Census, including total number of patients on unit/shift including discharges, admissions, and transfers (please note - we are having difficulty with the Epic admission, discharge and transfer reports and are not including that data at this time. We will include in a future report when the reports have been corrected.
- Level of intensity of all patients and nature of care delivered on each shift
- Skill mix
- Level of experience and specialty certification
- Need for specialized or intensive equipment
- Layout of patient care unit including placement of patient rooms, treatment areas, nursing stations medication prep areas, and equipment (previously submitted)
- Staffing guidelines adopted by national nursing professional and specialty nursing organizations
- Availability of other personnel supporting nursing services
- Strategies to enable nurses to take meal rest breaks

In 2011, a new tower was added to CWH. This moved 154 beds from an older, inefficient hospital design to a modern, private room hospital. One previous area (Progressive Care 1 and Medical Unit 1) was remodeled to bring the beds to full licensure of 176. In 2018, the 22 bed Transitional Care Unit was closed as those services were available throughout North Central Washington.

The following units have submitted Nurse Staffing Plans:

- Intensive Care Unit
- Progressive Care Unit
- Medical/Oncology Unit
- Surgical/Orthopedic Unit
- Mother/Baby, Labor & Delivery, Special Care Nursery & Pediatrics Unit
- Medical Unit 1

- Resource Unit
- Emergency Department
- Perioperative Services - Operating Room, Pre-op/Post-op, Recovery Room
- Oncology Clinic & Infusion Center
- Cath Lab, Electrophysiology Lab, lnterventional Radiology
- Home Health Care & Hospice
- Rehab Wound Care & Ostomy
- Inpatient & Outpatient Case Management

The additional FTEs requested are highlighted in a table listed below with their ratio nale .

Department	FTE Change Requested	Rationale
CWH ED	2.1	Provide SANE coverage and as break/lunch relief help.
CWH Recovery Room	2.0	Provide coverage for non-operating room anesthesia (NORA) patients

The letter of attestation from Dr. Peter Rutherford is enclosed at end of this document.

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Wenatchee, WA 98801
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confluencehealth.org

Central Washington Hospital Attestation Form

Nurse Staffing Coalition
August 1, 2019

I, the undersigned with responsibility for Central Washington Hospital(hospital/health system name), attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for the 2019 (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.

Peter Rutherford MD
Signature

Peter Rutherford MD Chief Executive Officer
Printed Name

08/01/2019
Date

Intensive Care Unit

Unit Leadership:
Jackie Whited, RN, Director
Toni Holder, RN, Clinical Manager
Janet Wilde, RN, Staff Representative

Staffing Plan:

As of: July 2019

Unit: ICU

ADC: 11 ALOS: 2.42 in 2018

Daily Challenges/Movement:

ICU sees a wide variety of patient types with wide variations in acuity and diagnoses. Staffing levels are 1:1 or 1:2 generally based on acuity.

Our 1:1 patients include:

- Immediate post-operative open heart patients
- CVA patients who received TPA
- Intra Aortic Balloon Pumps
- Targeted Temperature Management
- Certain Septic Patients
- Overdoses
- Proned patients
- Certain pediatric patients
- Patients needing to be chemically paralyzed
- Patient on the Hyponatremia Protocol
- Patients on the Hypertriglyceridemia Protocol (this is in build phase now)

We care for all critically ill patients at CWH: medical, surgical, trauma, obstetric and pediatric. This creates an extremely diverse population of patients and requires a highly skilled nursing staff.

Skills Mix:

ICU has RNs, CNAs, & Unit Secretaries

Current Staffing Ratios/Patterns (Core):

D/E: 1 RN to 1-2 patients dependent upon acuity. Occasionally, we have patients who require 2 RNs. 1 Charge RN who does not take a patient assignment, they serve as a resource throughout the house.

EN: 1 RN to 1-2 patients dependent upon acuity. Occasionally, we have patients who require 2 RNs. 1 Charge RN who does not take a patient assignment, they serve as a resource throughout the house

Our E/N CNAs have dual roles of Unit Secretary/CNA so they are responsible for both roles from 2200-0700

Experience/Degrees/Certifications:

Average Length of Service among Nursing Staff is 6.3 years.
42.86 % with BSN, 4.08% with Masters, 20.41% with specialty certification

Does the unit have a need for specialized or intensive equipment? Yes

- Pacemakers
- Targeted Temperature devices
- Balloon Pumps
- Flo Tracs: Provide Non invasive Cardiac Output monitoring
- Intra-Cranial Monitors
- Arterial lines
- Vigilance Monitors: Provides invasive Cardiac Output monitoring
- Bladder Scanner
- Ventilators
- Glidescope: Airway adjunct for Intubation
- Pediatric Crash Cart
- POC for Blood Sugar Testing
- Open chest cart
- Continuous EEG monitoring
- Belmont Rapid Infuser: Used in the Massive Transfusion Protocol
- Blakemore Tubes: Specialized NG tube for GI Bleed patients
- Our ICU patient beds are different than other hospital beds

How does the layout of the unit impact staffing? It is an all-private room 20 bed Critical Care Unit. This creates a unit that is geographically large and spread out.

National/Other Staffing Guidelines Adopted? N/A our professional organization (American Association of Critical Care Nurses) does not recommend a specific staffing guideline, but rather to make care assignments based on acuity, patient needs, and staff competencies.

Other personnel assigned to support nursing services:

- Case Management: 0800-1700 Mon- Fri. They are available to ICU but are not working directly in the ICU
- Physical/Occupational/Speech Therapists:
- Pharmacists: Pharmacists assigned to the floor Mon- Fri 0700-1500
- Unit secretaries: 1 from 0700-2200 Monday thru Friday. Saturday/Sunday 0700-1730
- Palliative Care
- Social Workers
- Nutrition
- Environmental Services
- Respiratory Therapy
- Diagnostic Imaging
- Laboratory

Meal/Rest Break Data:

We use the Break Buddy system in addition to using a Circulating RN when able. This is an RN who does not routinely take a patient assignment but is available to assist with RN tasks and break relief for the RNs. Throughout 2018 we have trialed having the "Circulator RN" within our current staffing guidelines to help cover breaks and lunches. There are specific staffing guidelines in place that guides the use of this role. For 2019 we have been approved to use a Circulator RN when our census is 11 or higher in addition, if there are more than 3 patients requiring 1:1 nursing care we can staff with a circulator if it is available. This is being done within our current budget.

Requested Changes for 2019

ICU is not asking for any changes at this time.

Progressive Care Unit

Unit Leadership:
Jackie Whited, RN, BSN Director
Todd Warman, RN, Clinical Manager
Leeza Thomas, RN Clinical Supervisor
Lorna Sebastian, RN, Staff Representative

Staffing Plan:

As of: July 2019

Unit: PCU

ADC: 38 ALOS: 3.87 for 2018

Daily Challenges/Movement:

PCU sees a wide variety of patient types from CHF, NSTEMI, CVA, CIWA, GI bleed, thoracotomy, post op neuro-surgical, post-op open hearts, heart caths, pacemakers, ablations, insulin infusions, antiarrhythmic infusions, and many patients as a step-down out of ICU.

The fact that PCU is divided between 2 different floors can be challenging for providers, staff, & families. The PC1 Charge RN and 1 Monitor Tech are both on the Code Blue team which can take them off the floor for extended periods of time. The PC3 Charge RN attends all Code Neuro calls as well.

Some PCU RNs are cross-trained to work in ICU and when they are floated, they are replaced by Resource Unit RNs which can make patient assignments challenging. As an entry level department, we hire new grads which takes time to orient and train.

PC1 added an additional patient room in December 2018. They now have a capacity of 17.

Skill Mix:

PCU has RNs, CNAs, Unit Secretaries, & Monitor Techs

Current Staffing Ratios/Patterns (Core):

DE: 1 RN to 3-4 patients, 2 Charge RNs, 5 CNAs, 3 Monitor Techs, 1 Unit Secretary

EN: 1 RN to 3-4 patients, 2 Charge RNs, 5 CNAs, 3 Monitor Techs, 1 Unit Secretary until 2300

Experience/Degrees/Certifications:

Average Length of Service is 6.2 years.
22.22 % BSN, 1.39% Masters, 11.11% Specialty Certification.

Does the unit have a need for specialized or intensive equipment? Yes

- Temporary pacemakers
- Femoral Sheaths (during the day only) monitored on portable monitors
- Bladder Scanner
- Telemetry Devices
- Masimo Devices
- TR Bands
- Fem Stops
- Thopaz Chest tube drainage

How does the layout of the unit impact staffing?
It can sometimes be challenging to make assignments for the RNs to ensure that their assignment is not only appropriate from a patient acuity standpoint, but also geographically close to each other so the RN doesn't have to walk any more than necessary. Because PCU is spread between 2 floors the Unit Secretaries and Charge RNs need to go between the floors at times to help each other.

National/Other Staffing Guidelines Adopted?
PCUs are under the American Association of Critical Care Nurses. AACN does not endorse specific staffing ratios, but rather encourages assignments to be made based upon patient acuity and RN competency.

Other personnel assigned to support nursing services:

- Case Management
- Physical/Speech/Occupational Therapies
- Pharmacists
- Unit secretaries
- Palliative Care
- Social Worker
- Nutrition Services
- Environmental Services
- Respiratory Therapy
- Diagnostic Imaging
- Laboratory

Meal/Rest Break Data:
PCU assigns "break buddies" at the beginning of the shift. The RNs coordinate with each other for their breaks and lunches. If they are unable to get their breaks, they communicate with the Charge RN to help them problem solve. In March of 2018 we began trialing an "Admit/Discharge" RN within our current staffing grid. The aim of this was to help with breaks and lunches along with helping the RNs with those time-consuming activities. That is an attempt to help with patient throughput along with helping staff to get their breaks. For 2019 we are trialing the use of this RN on the E/N shift as well. This is not an additional RN but is used within our current staffing grid.

Requested Changes for 2019:
We have no requests for changes at this time.

Medical/Oncology Unit

Unit Leadership:
Lisa Hendershott, RN, Director
Heather Curry, RN Supervisor

Staffing Plan:

As of: July 2019

Unit: Medical/Oncology

ADC: 37.8 ALOS: 4.25

Acuity

The Medical/Oncology Unit accepts medical and oncology patients, stable telemetry patients and step-down patients on a short-term basis.

Skill Mix:
RNs and CNAs

Current Staffing Ratios/Patterns (Core):
Days: 2 Charge RNs, 12 RNs, 6 CNAs, 1 Unit Secretary
Nights: 2 Charge RNs, 11 RNs, 5 CNAs

Experience/Degrees/Certifications:
The Average Length of Service is 7.2 years

27.27% have BSN. 6.06% have Specialty Certification

Does the Unit have a Need for Specialized or Intensive Equipment? Yes
Massimo Patient Safety Net

How does the layout of the unit impact staffing?
The development of the new Tower has led to longer hallways which make distance an issue when having to obtain equipment, supplies, and assistance with this change we have become more decentralized.

National/Other Staffing Guidelines Adopted?
Neither AMSN or OCN endorse specific staffing ratios, but rather encourages assignments to be made based upon patient acuity and RN competency.

Other Personnel Assigned to Support Nursing Services:

- Case Management
- Physical Therapists
- Pharmacists
- Respiratory Therapy
- Palliative Care
- Social Workers
- Psychologists
- Unit Secretaries

Meal/Rest Break Data:

At this time, we are scheduling staff with a "buddy" to ensure that they will be able to take their breaks. We also have our Charge Nurse to assist when available and needed. A potential solution to assist in ensuring our staff nurses get their breaks could be that of a designated person on each unit. I understand that this position is something being piloted currently.

Requested Changes for 2019

No requested changes in staffing.

Surgical/Orthopedics Unit

Unit Leadership:
Thea Wertman, RN, Director
Kim Kohlman, RN, Clinical Manager
Kristen Wiegardt, RN, Staff Representative

Staffing Plan:

As of: July 2019

Unit: Surgical Orthopedics Unit

ADC: 32.6 ALOS: 3.5

Daily Challenges/Movement:
42 bed unit providing complex acute care services including; telemetry, step down care and respiratory acoustic monitoring. This unit has a high admissions/discharge rate. Staff touch a minimum of 6 patients a day due to the churn (admissions, discharges, transfers) of the unit.

Skills Mix:
RNs, CNAs.

Current Staffing Ratios/Patterns:
Days: 1 Nurse to 4 patients, 1 CNA to 6 -8 patients
Evenings: 1 Nurse to 4 patients, 1 CNA to 6 - 8 patients
Nights: 1 Nurse to 4 - 5 patients, 1 CNA to 8 - 9 patients

Experience/Degrees/Certifications:
Average Length of Service is 7.3 years

15.52 % have BSN, 3.45% have Masters, and 5.17% have Specialty Certification

Does the Unit Have a Need for Specialized or Intensive Equipment?

- Masimo Patient Safety Net
- Telemetry

How Does the Layout of the Unit Impact Staffing?
The unit is located on the 4th floor of the tower. It has long hallways and one business center. This does create increased walking for staff and makes them feel more isolated from their peers. This issue becomes more prevalent on the weekends when we have less staff and a lower census spread out thru the unit. To alleviate this issue many key areas have been duplicated on both sides of the unit, such as nourishment, clean and dirty utility rooms. Staff computer stations are spread through the unit and each patients room has a computer and medication barcode scanner. In addition, high use supplies are stored in patients' room at point of use.

National/Other Staffing Guidelines Adopted?
Neither the NAON or AMSN endorse specific staffing ratios, but rather encourages assignments to be made based upon patient acuity and RN competency.

Other Personnel Assigned to Support Nursing Services:

- Case Management
- Dietary
- Environmental services
- Pharmacists
- Social Services
- Therapists – PT, OT, ST, RT
- Unit secretaries

Meal/Rest Break Data:

SOU uses Buddy System and support from Charge nurse. Percent of missed breaks has decreased simply from staff awareness.

Requested FTE Changes for 2019:

No additional FTE or HPPD increases requested

Mother Baby & Pediatrics

Unit Leadership:
Barb Lawson, RN, Director
Rachel Miller, RN, Clinical Manager
Peggie Griffith, Staff RN, Pediatrics
Yolanda Jimenez, Staff RN, OB/SCN

Staffing Plan:

As of: July 2019

Unit: Mother Baby and Pediatrics

ADC: LDU Varies, MBU 7-8 MBU couplets plus 1-3 GYN surgical patients, SCN 2, Pediatrics 3

ALOS: OB 2.0 GYN 1.0 SCN 4.23 Peds 2.59

Daily Challenges/Movement:

- Pediatrics:
  - No CNA routinely scheduled; will call Resource or STAT staff for assistance. RN can call OB Charge nurse, OB Clinical Manager or Director for assistance.
  - Shares Unit Secretary with OB at 2nd floor business office. No US on Sunday or EN shifts.
  - Station fill – 1 Pediatric nurse scheduled at all times.
  - Low census given if census 0.
  - Isolation & unattended children require lower nurse to patient ratios.
  - Challenge – break and lunch relief. Options are Stat RN, OB Charge nurse, MBU nurse, OB Clinical Manager, House Supervisor, or Director. We continue to work on solutions especially for night shift.
  - FTEs adjusted to reflect station fill.
  - Cross-training for primary peds RN from SCN staff and resource
  - Cross-training MBU staff to be a "second" on peds.
  - Pediatric patients- outpatient infusion therapy.

- Mother-Baby (LD, MBU, SCN):
  - Staffing to fluctuating census requires granting low census vs. overtime for high census.
  - Providing education for skills days for various specialty skills.
  - Staff changes in assignment throughout shift related to fluctuating specialty needs.
  - Increased staffing requirements for surgical interventions, such as c-sections.
  - Increased number of TOLACs/VBACs (Trial of Labor after Cesarean; Vaginal Birth after Cesarean).
  - Increased staffing needs for TOLAC/VBAC and immediate availability of OR crew/anesthesia.
  - Mandatory call system and high house-wide census.
  - GYN surgical patient mix with couplet care

Skill Mix:

- Pediatrics: RNs; Resource CNAs as needed
- Mother-Baby: RNs, 2 LPNs on staff; Resource CNAs as needed
- Labor and Delivery: RN; Perinatal Techs – for surgical scrub, stocking, clerical duties, occasional CNA tasks, not assigned to patient care
- SCN: RN

Current Staffing Ratios/Patterns (Core):

- Days: Peds: 3-4 depending on acuity. Lower ratio with high acuity patients
- LD: 1:1 active labor; 1:2-3 antepartum and triage
- SCN: 1:3 depending on acuity
- MBU: 1:3 couplets; GYN surgicals1:3 or 1:1-2 couplets plus 1 GYN surgical
- Nights: Same ratio

Experience/Degrees/Certifications:

Pediatrics – Average Length of Service – 14.7 years
18.18% have BSN, 9.09% have Masters, 54.55% have Specialty Certification
OB Combined – Average Length of Service – 13.2 years
44.12 % have BSN, 1.47% have Masters, 23.53 have Specialty Certification

Does the Unit Have a Need for Specialized or Intensive Equipment? Yes

- Pediatrics & SCN
    - Cardiac monitors
    - Isolettes
    - Infant warmers
    - Photo therapy equipment
    - Ventilator for SCN stabilization
    - High flow O2 set ups
    - Peds Broselow Crash Cart
    - SCN Crash carts x 2
    - Various crib sizes
- MBU:
    - Bladder Scanner
    - Electric Breast Pumps
- LDU:
    - Fetal Monitors and FM telemetry units
    - Epidural continuous & PCA pumps
    - Infant warmers
    - Labor and Delivery beds
    - Glidescope
    - Difficult Airway Cart

How Does the Layout of the Unit Impact Staffing?

- SCN: divided into 2 pods of 3 patient rooms each. RNs challenged to collaborate and relieve each other for breaks, work together for stabilizations and sepsis workups.
- MBU: Long hallway, OB charge RN unassigned to coordinate patient movement and staffing.

National Staffing Guidelines Adopted?

Guidelines for Professional Registered Nurse Staffing for Perinatal Units, AWHONN (Association of Women's Health, Obstetrics and Neonatal Nurses) 2010.

Other Personnel Assigned to Support Nursing Services:

- Case Management-only as needed, social workers for social issues MBU and Peds and adoptions
- Physical Therapists-PRN, not permanently assigned to unit
- Rehab (speech therapist) for infants with difficult feeding issues-premies, cleft palettes
- Dieticians-eating disorders (Peds)
- Pharmacists-peds infusions, infant codes/stabilizations
- Unit secretaries-coverage DE shift Monday through Saturday only
- Respiratory Therapists- attend all c/sections and high-risk deliveries; respiratory peds patients
- Housekeeping- stat cleans on all c/section and PACU rooms
- Sterile Supply- OR sterile supplies

Meal/Rest Break Data:

Charge RN helps relieve staff in LDU, SCN, and Pediatrics for breaks. MBU staff break each other. Pediatrics can call stat RN, express admit RN, or occasionally the clinical manager. They also use MBU staff. If a very busy day with tight staffing, we may bring the call person in to make sure patients are cared for and staff are receiving breaks.

Requested Changes for 2019

No requested changes for 2019

Medical Unit-1

Unit Leadership:
Lisa Hendershott, RN, Director
Heather Curry, RN, Supervisor
Sara Bergenholtz, RN, Staff

Representative As of: July 2019

Unit: Medical Unit 1

ADC: 6.20 ALOS: 7.8 days

Medical Unit 1 is a 10-bed unit designed for medical/surgical patients with special observation needs. The patient population is geropsych patients, patients detained under current Washington State involuntary treatment act laws and being treated through single bed certification designation, patients whose psychiatric condition is complicating their hospital stay and those with a substance abuse disorder who need long-term antibiotics.

Daily Challenges/Movement:
Finding placement for our Geriatric population with dementia and/or behavioral health problems.

Skill Mix:
RN, CNA, Security

Current Staffing Ratios/Patterns (Core):
Days: 1 Charge RN, 3 RNs, 2 CNAs, 1 Security
Nights: 1 Charge RN, 2 RNs, 2 CNAs, 1 Security

Experience/Degrees/Certifications:
Average Length of Service is 14.2 years.
22% have BSN and 1% has Masters. 2% have Specialty Certification.

Does the Unit Have a Need for Specialized or Intensive Equipment?
Yes, MU1 is currently utilizing Tele-Psychiatry on the weekends, for holiday coverage, and emergent cases as needed. MU1 also has a Posey bed on the unit. MU1 also cares for patients in need of Massimo coverage if warranted.

How Does the Layout of the Unit Impact Staffing?
MU1 is a small and confined unit which when filled to capacity creates an environment that is not conducive to decreasing tension or stress. There is limited space in allowing patients to move about without disrupting others. This directly impacts the need for MU1 staffing ratios.

National/Other Staffing Guidelines Adopted?
None at this time. It is difficult to adopt a specific guideline due to our patient population mix of medical and behavioral health.

Other personnel assigned to support nursing services:
- Case Management
- Physical Therapists
- Pharmacists
- Unit secretaries
- Psychologists
- Telepsychiatry

- Catholic Child and Family Services
- Recreational Therapy
- Psychiatrist
- Social Worker
- Security
- Respiratory Therapy

Meal/Rest Break Data:
Staff are encouraged to establish a "break buddy" each shift and to let their Charge RN know if/when they need assistance to be able to go on a break. Our Charge RN is often available to cover for staff during breaks.

Requested Changes for 2019:
No requested changes in staffing at this time.

Resource Unit

Unit Leadership:
Kim Collier, RN, Director
Steve Dickens, RN, Clinical Manager
Open Position for Staff Representative

Staffing Plan:

As of: July 2019

Unit: Resource Unit

ADC: NA ALOS: NA

Daily Challenges/Movement:

- Ability to meet RN/CNA needs within the nursing units.
- Bed Planning in Epic.
- Inability to maintain some of the patient support roles due to staff needs (i.e. Express Admit, Stat RN, Dialysis CNA, House Supervisor).

Skills Mix:

NA

Current Staffing Ratios/Patterns (Core):

Resource Float RNs: Core is 5 RNs on days and 5 RNs on nights
Resource Float CNAs: Core is 5 CNAs on days and 5 CNAs on nights
Stat RN: two staffed 24/7 Stat CNA: one staffed 24/7
Dialysis CNA: Staffed 12 hours on D/E 7 days a week.
House Supervisor: One staffed 24/7, double coverage on D/E shift Monday-Friday for increased PHI work
Express Admit RN: One on days Monday – Friday.
Staffing Clerk: One seven days a week from 0430-2230.
API Application Specialist: One on days Monday through Friday.

Experience/Degrees/Certifications:
Average Length of Service is 12.4 years.
28% have BSN. 19% have Specialty Certification

Does the unit have a need for specialized or intensive equipment?
Ultrasounds equipment for PICC line placement

How does the layout of the unit impact staffing? Staff from Resource Unit cover entire hospital.

National/Other Staffing Guidelines Adopted? N/A

Meal/Rest Break Data:
We are working on a process to better cover the House Supervisor and Stat groups.

Requested Changes for 2019:
No requested changes for the next 6 months

Emergency Department

Unit Leadership:
Kelly Allen, RN, ED/WIC Service Line Director
Leslie Kees, RN, Clinical Manager
Erin Schwartz, RN, Staff Representative

Staffing Plan:

As of: July 2019

Unit: Emergency Department

ADC: 103(2016 to current) ALOS: 175 minutes

Daily Challenges/Movement:

- Current department geography with overcrowded space and hallway beds
- Boarding of admitted patients and holding direct admits
- Emergency Patient surges
- ED throughput for admitted patients
- Providing IV outpatient medication administration
- Providing Pre-op services when pre-op closes
- Accommodating specialty physicians to see their patients in the ED (prep for the OR, casting, post-op evaluation)
- Lack of designated mental health professionals to assist with increasing volume of these patient types
- Lack of care management accessibility
- SANE program going through a transition period currently, working on long-term solutions.

Skill Mix:

DE: 2 RNs to 1 EDT
Eve: 2 RNs to 1 EDT
EN: 5 RNs to 2 EDT

Current Staffing Ratios/Patterns (Core):

- Days: (07:00-19:30):
  1 Charge RN
  4 RN 07:00-19:30
  1 RN 09:00-17:30
  2 EDTs 07:00-19:30
  1 Unit Secretary (06:30 – 19:00)
- Evenings:
  1 RN (10:00-2230)
  1 RN 11:00 -23:30
  1 RN 13:00 – 01:30
  1 RN 17:00-02:30
  1 EDT 11:00-23:30
  1 EDT 13:00 – 01:30
- Nights: (19:00-07:30):
  1 Charge RN
  4 RNs 19:00-07:30
  2 EDT 19:00-07:30
  1 Unit Secretary 18:30 – 07:00

Experience/Degrees/Certifications:
Average Length of Service is 7.4 years
37.21 % have BSNs and 25.58% have Specialty Certifications

Does the Unit Have a Need for Specialized or Intensive Equipment? Yes

- We have trauma specific equipment on our trauma cart.
- Belmont IV fluid warmer
- Ultrasound for Fast Exams
- Glidescope
- Fibroscopic Endoscope
- Pediatric Crash Cart
- Specialty Airway Cart
- Monitoring Equipment: Cardiac & respiratory
- POC: FSBS/UPT/UA (macroscopic)
- UPT: 2118 (YTD) completed tests
- UA Macroscopic: 7199 (YTD) completed tests
- Breathalyzer

How does the layout of the unit impact staffing?
Geographic constraints within the department contribute to the following:

- Waste in motion and time
- Lack of efficiency
- Impaired communication
- Difficulty with teamwork related to those above items
- Safety concerns with overcrowded hallways
- Environment is a barrier to improving the patient experience (evidenced by Press Ganey comments)

National/Other Staffing Guidelines Adopted? Guideline tool. This tool uses the Median LOS along with the total number of patient visits to calculate nursing Time (both direct and indirect care) in minutes. That is, in turn, calculated into the number of FTEs. The Guideline tool indicates that we are short nursing FTE's but fails to take into consideration the use of Emergency Department technicians, which we currently staff with 9.75 FTE. We are researching best practice for ED staffing tools that takes into consideration the use of nurse extenders.

Other Personnel Assigned to Support Nursing Services:

- Case Management: When not available, the charge RN and staff nurses become responsible for helping to find placement for patients, ensuring a safe home environment for their return, and arranging transportation. The number of DMHP consults increased because we do not have anyone here to screen our mental health patients. The nursing staff must take over the responsibility of counseling our frequent utilizers and helping them to find needed resources in the community to meet their needs. Patient care suffers.
- Emergency Department Patient Navigator: Facilitation of care between the Emergency Department and managed care team by identifying, tracking and outreaching to patients in need of assistance navigating their healthcare plan.
- Physical Therapists: Acute stroke patients' swallowing evaluations would be delayed causing patient dissatisfaction regarding meal delays.
- Pharmacists: We currently have a pharmacist in the department 7 days a week during our peak hours. When they are not available and in on off hours, medication administration and

becomes a patient safety issue in calculating drug dosages and drug interactions. Without pharmacy coverage the nursing & physician staff must be the double checks for safety.

- Unit secretaries: Field all phone calls, place pages for physicians, traumas, codes, strokes, etc. They also prepare patients for transport, print patient charts for the transport teams, scan documents into Epic, and assist the charge nurse as needed. They also page the RNs for discharges. Nurses and the charge nurses would be picking up these additional responsibilities.
- Respiratory Therapy: Available 24/7 for vented patients adjusting the vent settings, suctioning, managing bi-paps, and for nebulizer treatments. Also assist in procedural sedation cases where deep sedation is needed. If respiratory therapy services were not available to support nurses, nurses would have to take over these responsibilities after adequate education is provided.
- Dietary: Assists with bringing trays to the ED for patients that have extended LOS. With dietary support, nursing would need to go to the kitchen to pick up the trays for our patients.
- Diagnostic Imaging: Assists by ensuring that testing is completed in a timely fashion. Screens patients for CT & MRI. Ensures that the images are sent to Radia and that the results are coming back within the required timeframes. LOS would be increased which translates into patient safety issues and dissatisfaction. Lack of D/I support would extend many of these tasks to the physicians.
- Laboratory: Acts as a back-up for the EDTs in phlebotomy and EKGs. Draws Type & Screen /Type & Cross. Performs phlebotomy on infants. Manages the Pediatric EKG to Children's Hospital. Flu & Beta Strep POC testing, which would all fall to nursing to complete.
- Environmental Services: All cleaning of rooms and the department would fall to the nursing staff to complete increasing LOS and infection control issues. Nursing Administration would also be called to help fill this need.
- Laundry: Provide clean linens/gowns/restraints for our patients. We would need to move to disposable linens, etc., which would increase cost and decrease patient comfort.

Meal/Rest Break Data:

In 2019, we added SANE nurses to mid-shift position to increase flexibility for breaks and lunches.

Increase to Staffing Plan in 2019

Emergency Department requested an additional 2.1 FTE in RN for permanent SANE nurses to assist with breaks and lunches. This was approved by the Nurse Staffing Committee and the CEO.

Recovery Phase I

Unit Leadership:
Marlene Van Orden, Clinical Manager
Unit Representative - open

Staffing Plan:

As of: July 2019

Unit: Recovery Phase I

ADC: 32 procedure and surgery patients ALOS: 40 minutes

Daily Challenges/Movement:
Recovery Room built 30 years ago with an open bay layout. No support staff are available to answer phone calls and transport patients. High inpatient census will cause back-up in PACU and into OR. Hours of operation: 24/7 for 365 days

Skills Mix:
ACLS/PALS certified RNs with critical care experience

Current Staffing Ratios/Patterns (Core):

- Days:
  - Recovery Phase I per AORN and ASPAN staffing standard: RN: 1: 1-2
  - 2 licensed Recovery staff present at all times (ASPAN National Standard)
  - 1:1 on all intubated patients until extubated and then 1:2
  - Pediatric <8 is 1:1 ratio/<3 is usually 2:1
  - Charge RN
  - 6-7 tiered RNs
- Evening/Nights: 2 RNs eight-hour shift with standby/call back coverage Monday-Thursday
  - 2 RNs standby/call back coverage nights and week-end Friday – Sunday
  - Breaks and lunches are covered by available staff during the breaks in between patients arriving to Recovery.
  - There is a staff member assigned to work beginning at 1000, who substitutes outthe first RN to begin lunches.
  - FMLA and sick calls are covered by a call out to staff not scheduled to work that day and to Pool staff. The Recovery Phase I unit does not utilize the staffing office.

Experience/Degrees/Certifications:
Average Length of Service – 17.9 years
40% have BSN and 13% have Specialty Certification

Does the unit have a need for specialized or intensive equipment?
None

How does the layout of the unit impact staffing?
N/A

National Staffing Guidelines Adopted?
AORN and ASPAN staffing standard

Other Personnel Assigned to Support Nursing Services:

- Case Management
- Physical Therapists
- Pharmacists

Meal/Rest Break Data:

Breaks are assigned and staffed are relieved of assignments.

Requested Changes for 2019

2.0 FTE in RN were requested in 2019 to accommodate NORA. These were approved by Nurse Staffing Committee and by the CEO. In addition, two permanent call positions Sunday – Friday morning were requested to eliminate overtime and staff fatigue. This was done by LOU and negotiated with WSNA.

Surgical Services – Operating Room

Unit Leadership:
Len Hamilton, RN, Director of Surgical Services Dawna Fox,
RN, Clinical Manager
Doug Landers, RN, Peri-op Supervisor
Rachel Kelly, RN, Peri-op Educator/Supervisor
Catherine Shellabarger, RN, Staff Representative

Staffing Plan:

As of: July 2019

Unit: Surgery ADC: 30-35

ALOS: 61 minutes

Daily Challenges/Movement:
The addition of a tenth room related to the amended, surgery block schedule, has added a need for increased nursing staff and support staff as well.

Skill Mix:

- OR Staffing per AORN guidelines
  - 1 Circulator/1.5 Scrubs per room
  - Additional staff is needed to support the increased need for a second scrub. Additional staff needed to support 4 SSRs per day Monday through Friday.
- Low census is encouraged and given during period of low volume and is shared by RNs and Techs
- Charge nurses will assume care of surgical patients, but typically do not have a patient assignment.

Current Staffing Ratios/Patterns (Core):

- Days:
  - M-Th: RNs 14-21
  - CST 13-15
  - AT (Anesthesia Tech) 6 (including 1 lead and 1 pool tech)
  - SST (Surgery Support Tech) 10 (staggered shifts)
  - Charge RN x 1
  - Fridays: RNs x12 CSTs x 7-11
- Evenings:
  - M-F: 1900 to 2100 RN x 3 (includes relief charge)
  - CST x 2-3
- Nights
  - On call RN x 1, CST x 1

Experience/Degrees/Certifications:
Average Length of Service is 9.6 years
38.8 % have BSN, 61% have Specialty Certification & 2 are certified RNFA

Does the unit have a need for specialized or intensive equipment? Yes

- Targeted Temperature devices
- Balloon Pump
- Flo Tracs
- Intra-Cranial Monitors
- Arterial lines
- Vigilance Monitor- PA Catheter
- Bladder Scanner
- Ventilators
- C-Mac Fiberoptic Bronchoscope
- Glidescope video Laryngoscope
- Stealth Imaging system
- Specialized video systems
- Cryo units for pulmonary vein isolation
- Specialized Surgical Beds
- Galaxy Gamma Probe
- Power equipment
- Autoclaves
- Cell Saver
- Da Vinci Surgical Robot
- Globus Surgical Robot
- Ultrasound units

National/Orth Staffing Guidelines Adopted?
AORN Standards

Other personnel assigned to support nursing services:

- Perioperative Supervisor x 1
- Nurse Educator x 1
- Administrative Assistant x 1
- Anesthesia Techs
- Surgery Support Techs
- Respiratory Therapy
- Diagnostic Imaging
- Laboratory

Meal/Rest Break Data:
The charge nurses work to ensure all staff receive their breaks and lunches. If a Scrub Tech or RN is unavailable to cover, the Charge nurses calls the perioperative supervisor, educator and manager to assist. On occasion, it is not practical for either a nurse or a tech to be relieved for a break due to the nature of the surgical case or the timing of the break during the procedure. In those instances, a break is provided after the final count is completed.

Requested Changes for 2019
We are not requesting any additional FTEs at this time.

Surgical Services – PreAdmit, Preop and PostOp Phase II Unit

Unit Leadership:
Len Hamilton, RN, Director of Surgical Services
Marlene Van Orden, RN, Clinical Manager
Paula Bennett, RN, Staff Representative

Staffing Plan:

As of: July 2019

Unit: PreAdmit, Preop and PostOp

ADC: 36 procedure and surgical patients ALOS: variable

Daily Challenges/Movement:
Limited physical space in the department. Incorporating surgical and procedural patient preparation and recovery in same area with same computer system.
Hours of operation: PreAdmit Office…0800-1830
PreOp…… 0500-1800
PostOp Phase II….0800-2100

Skills Mix:
Charge RN, RNs, CNAs, and Unit Secretaries

Current Staffing Ratios/Patterns (Core):

- PreAdmit/PreOp/PostOp – per AORN and ASPAN staffing standards
- Pre-admit office – RN: 3
- Pre-operative – RN: 1:3-4, CNA: 1:5-6
- Post-operative Phase II – RN: 1:3 CNA: 1:5-6
- Post-operative Extended Observation - RN 1:3-5 CNA 1:6-7
- Days:
    - Charge RN
    - 4-6 tiered RNs PreOp - 4 tiered RNs PostOp (2 RNs closing)
    - 2 tiered CNAs PreOp - 1 CNA Post-op (closing)
    - 3 tiered RNs PreAdmit Office
    - 3 tiered HUCs
    - 1 MAr
- Evenings
    - None
- Nights
    - None
- Charge nurses will assume care of PreOp/PostOp patients, but typically do not have a patient assignment.
- A closing RN assumes charge nurse duties when the charge shift ends while maintaining their patient assignment on PostOp.

Degrees/Certifications:
There are 6 nurses with BSNs (26%) and 2 with certifications (9%)

National/Orth Staffing Guidelines Adopted?
AORN and ASPAN staffing standards – 1:3-4 for Phase II Recovery

Other Personnel Assigned to Support Nursing Services:

- Case Management
- Physical Therapists
- Pharmacists
- Unit secretaries (see above)

Meal/Rest Break Data:

- Breaks and lunches are covered by available staff during the breaks in patient arrival times, PreAdmit staff coming out of the office and closing RNs breaking Preop/Postop staff on arrival as their first assigned task.

Requested Changes for 2018

There are no requested changes to this year's Nurse Staffing Plan

Oncology & Infusion Center

Unit Leadership:
Mary Gunkel, RN, Oncology Service Line Director
Vaishali Bhide, RN, Practice Manager Oncology and Infusion
Jenn Dillion Kleine, RN, Staff Representative

Staffing Plan:

As of: July 2019

Unit: Oncology and Infusion

ADC: 40-50 infusion in Wenatchee, 16-22 in Omak and Moses Lake

Requirements of Staff/Skill Mix:

- There are 5 Medical Oncologists and 3 ARNP who provide service at all three locations of Wenatchee, Moses Lake and Omak.
- Wenatchee Oncology:
  - 3 – 8 Oncology Provider (MD/ARNP/DNP) depending on outreach needs and vacation
  - 3 - 8 Medical Assistants depending on number of providers
  - 1 Triage RN
  - 3-5 Nurse Navigators
- Wenatchee Infusion:
  - 4-7 Infusion Nurses depending on acuity and number of patients
- Moses Lake Oncology:
  - 1 Oncology Provider 3-4 days per week
  - 1 MA
- Moses Lake Infusion:
  - 2-3 Infusion Nurses depending on acuity and number of patient
- Omak Oncology:
  - 1 Oncology Provider (MD/ARNP/DNP) 3 days per week
  - 1 Nurse Navigator 4-5 days per week
  - 1 MA 4-5 days per week
- Omak Infusion:
  - 2-3 Infusion Nurses depending on acuity and number of patients
- Support Services available in departments by referral:
  - Social Worker
  - Integrated Behavioral Health
  - Oncology Research
  - Nutrition
- Support Services available by referral:
  - Palliative Care
  - Home Health
  - Hospice
  - Speech Therapy
  - Rehabilitation Services
  - Genetic Counseling
  - Certifications
  - Medical Oncologists are board certified
  - Infusion RNs are required to have ONS Chemotherapy/Biotherapy Certification
  - All RN and MA staff must have BLS

Staffing Plan:

Staffing for Infusion is based on acuity. Each patient is assigned acuity based on time of infusion, number of drugs in treatment, interventions required by RN and potential for adverse reaction to medications in treatment. The acuity levels assigned are 1-5. The standard is to have a ratio of one nurse to 15-20 acuity level.

Description of Assessment/reassessment practices, including timeframes:

- Every patient is assessed by a provider for a provider visit.
- RN Assessment for Infusion visit which includes assessment of peripheral/central IV site & line.
- Vital Signs are done at least once per visit and PRN. This may be done during a provider visit prior to infusion.

Hours of Operation/Operation:

- Wenatchee Oncology and Infusion
    - Clinic Hours - 8:00 AM to 5:00 PM, Monday – Friday, excluding Holidays. Emergency On-call coverage is provided by on-call physicians over the weekend and after business hours.
    - Infusion Hours: 7:00AM to 5:00 PM Monday - Friday
- Moses Lake Oncology and Infusion
    - Clinic Hours - 8:00 AM to 5:00 PM, Monday – Friday, excluding Holidays. Emergency On-call coverage is provided by on-call physicians over the weekend and after business hours.
    - Infusion Hours: 8:00AM to 5:00 PM Monday - Friday
- Omak
    - Clinic Hours - 8:00 AM to 5:00 PM, Monday – Friday, excluding Holidays. Emergency On-call coverage is provided by on-call physicians over the weekend and after business hours.
    - *Infusion Hours: 8:00AM to 5:00PM Monday - Thursday*

Breaks & Lunches

The Infusion Center insures that staff get breaks and lunches by the way patients are scheduled and through the buddy system.

Interventional Lab Services – EP, IR and Cath

Unit Leadership:
Cyndie Tener, Director
Ashleigh Zutter, RN, Manager
Madeline Orr, RN, Staff Representative

Staffing Plan:

As of: July 2019

Unit: Interventional Lab Services – EP, IR and CATH

ADC: average of 3 Heart Caths, 3 EP cases, 5 IR cases, plus 5 miscellaneous procedures/daily

Daily Challenges/Movement:
The addition of two very productive Interventional Radiologists have doubled our procedure volumes in IR. The addition of Dr. Lin in EP has doubled our ablation volumes in the last year. We currently have minimal backup support when staff call in sick. Challenges with staffing all cases that need to be performed at times due to procedure volumes.

Skill Mix:
- 1 Charge RN – Assist with patients as needed, no routine assigned case load
- 1 Lead Tech – Assists with supplies and education, is assigned 1-2 cases daily
- 7-9 RN Circulators/Monitor
- 8-10 CVT/RT Scrub/Monitor
- 2 Pool RN's – Average 2 days per week availability
- 2 Pool Techs – Minimal available days to work
- RLC is encouraged and given during periods of low volume and is shared by RN's and CVT/RT's.

Current Staffing Ratios/Patterns (Core):
- Days: M-F Charge RN 1
  - Varied shifts 0630-1700, 0700-1730 and 0700-1530
- Lead Tech 1, unless staff person is on vacation/sick
  - 0700-1530 Shift
- RNs 8-10
  - Varied shifts 0630-1700. 0700-1730 and 0700-1530
- Techs 8-11
  - Varied shifts 0630-1700, 0700-1530 and 0830-1700
- Evenings/Weekends/Holidays: RNs 2
- Techs 2

Degrees/Certifications:
BSN
RN Certifications – 1

Does the Unit Have a Need for Specialized or Intensive Equipment? Yes
- IABP
- IVUS
- Fluoroscopy
- Arterial Lines
- Angiojet

- ACIST
- CSI Coronary
- CSI Peripheral
- Istat
- Temp Pacers
- Ventilators
- MERGE Hemo
- MERGE Cardio
- Toshiba Imaging
- St Jude Ablation System
- Boston Scientific Ablation System
- Cool Point
- Open Irrigation cooling system
- Intracardiac Echo
- Sonosites

Other Personnel Assigned to Support Nursing Services:

- Manager 1
- Scheduler 1
- CVT/RT Techs 11
- Respiratory Therapy

Meal/Rest Break Data:

Current strategy for meal and rest breaks is to assign breaks/lunches and use buddy system. Manager can help relieve.

Requested Changes for 2019

We would like to work with the Nurse Staffing Committee to help develop a plan to improve coverage. There may be a request for a pool RN as a result of this work in the future.

Home Care Services

Unit Leadership:
Rebecca Davenport, RN, Director
Tana White, OT, Clinical Manager
Trisha Ward, RN Home Health Clinical Supervisor

Staffing Plan:

As of: July 2019

Unit: Home Health

ADC: 180 ALOS: 43.5days

Daily Challenges/Movement:
Predicting visits needed each day for patients residing in 2 large counties.

Skill Mix:

- RN admission nurses
- RN Case managers
- RN Charge Care Coordinator-Primarily tracking COP coordination with patients, physicians and facilities, assisting case managers and as needed visits.
- Medical Social Worker
- Certified Nursing Assistants
- Physical Therapy
- Occupational Therapy
- Speech Language Pathologist

Current Staffing Ratios/Patterns (Core):

- Days: M-F
    - RN Case Managers 7-10
    - RN Admission Nurse 2
    - RN Charge 1
    - MSW 1
    - CNA 1
    - PT 6-9
    - PTA 1
    - OT 4-5
    - SLP 1
- Saturday and Sunday:
    - RNs 2
- Call Nights: 1 primary call RN weekdays 4:30 PM to 0800 the next day with 1 back up standbyRN covering the same hours. (This role covers both HH and Hospice)
- Call Weekends: 1 Primary Call RN for 24 hours (8 AM to 8 AM the next day) with 1 RN back up standby Call for the same hours (This role covers both HH and Hospice)
- Average Length of Service is 10.2 years
- RNs with Degrees:
    - BSN/ADN 6/10
- RNs with Certifications:
    - WOCN 2
    - WCC 1

Does the Unit have a Need for Specialized or Intensive Equipment? Yes

- Infant phototherapy units
- Doppler
- Ultrasound
- Vital Stim

National/Orth Staffing Guidelines Adopted?

Productivity standards

Other Personnel assigned to Support Nursing Services:

- Clinical Manager 1
- Clinical Supervisor 1
- RN Charge 1
- Administrative Assistant 1
- Secretary 1
- Scheduler 1 (shared with Hospice)
- RN Wound specialist 2
- Nursing Assistant 1
- Intake Medical Assistant 1
- Quality Specialist RN 1 (Shared with Hospice)
- Clinical Review RN 1 (shared with Hospice)
- Certified Coder 1 (Shared with Hospice)

Meal/Rest Break Data:

Majority of work is completed out in the field delivering care where the patient resides. Nurses are scheduled to established productivity standards and because they are autonomous out in the field, they set up their own schedules for the day. They are expected to schedule their rest breaks and lunches. .

Requested Changes for 2019

Have added additional staff RN, PT, OT to meet increased census demands. There will be new reimbursement system in 2020 that will change staffing demands.

Hospice

Unit Leadership:
Rebecca Davenport, RN, Director
Tana White, OT, Clinical Manager
Michele Church, RN Hospice Clinical Supervisor

Staffing Plan:

As of: July 2019

Unit: Hospice ADC: 93

ALOS: 64.17 days

Daily Challenges/Movement:
In the past 6 months, 36% of hospice admissions are on service for 7 days or less. Short length of stay patients have a greater acuity which require more frequent and time intensive visits.

Skill Mix:

- RN admission nurses
- RN Case managers
- RN Charge Care Coordinator-Primarily office for patient triage, care coordination, re-certification visits and as needed visits.
- RN Hospice Coordinator- imbedded in the hospital for GIP patients and hospice consults
- Hospice Medical Director and team physicians
- Medical Social Workers
- Chaplains
- Certified Nursing Assistants
- PT, OT, SLP for consultation
-

Current Staffing Ratios/Patterns (Core):

- Days: M-F
    - RN Case Managers 8-12
    - RN Admission Nurse 1-2
    - RN Charge 1
    - RN Hospice Coordinator 1
    - MSW 5
    - CNA 5
    - Medical Director 1 part time
    - Chaplain 1
    - PT,OT, SLP Part time as needed (HH staff)
- Saturday and Sunday:
    - RNs 2; MSW 1
- Call Nights: 1 primary call RN weekdays 4:30 PM to 0800 the next day with 1 back up standby RN covering the same hours. (This role covers both HH and Hospice)
- Call Weekends: 1 Primary Call RN for 24 hours (8 AM to 8 AM the next day) with 1 RN back up standby Call for the same hours (This role covers both HH and Hospice)

Experience/Degrees/Certifications:

- Average Length of Service is 12.7 years
- RNs with Degrees:
- BSN/ADN 6/16
- RNs with Certifications:
- CHPN 4

Does the Unit Have a Need for Specialized or Intensive Equipment?

No

National/Orth Staffing Guidelines Adopted?

Productivity standards

Other Personnel Assigned to Support Nursing Services:

- Clinical Manager 1
- Clinical Supervisor 1
- RN Charge 1
- Secretary 1
- Scheduler 1 (shared with HH)
- RN Wound specialist 2 (HH nurses)
- Nursing Assistants 5
- Intake Nurse 1
- Quality Specialist RN 1 (Shared with HH)
- Clinical Review RN 1 (Shared with HH)
- Certified Coder 1 (Shared with HH)

Meal/Rest Break Data:

Majority of work is completed out in the field delivering care where the patient resides. Nurses are scheduled to established productivity standards and because they are autonomous and schedule their own patients, they are responsible to manage their own breaks.

Requested Changes for 2019

We are not requesting any additional FTEs at this time.

Wound and Ostomy Specialists

Unit Leadership:
Kim Dilling, DPT, Director of Rehabilitation Services
Susanne Cushman, MS, CCC-SLP, Clinical Manager
Stacee Malstead, PT, CWS, Wound Care and Ostomy Lead

Staffing Plan:

As of: July 2019

Unit: Rehabilitation Services, Wound & Ostomy

ADC: N/A ALOS: N/A

Daily Challenges/Movement:
Variable census, increased outpatient ostomy referrals, outpatients needing emergent ostomy care, transitioning between outpatient and inpatient care.

Current Staffing Ratios/Patterns (Core):

- Days: M-F
  - RNs 3
- Saturday:
  - RN 1

Degrees/Certifications:

- RNs with Degrees:
- BSN-2
- RN-2
- RNs with Certifications:
- RN, WCC, OMS-2
- RN, BSN, CWOCN-1
- RN, BSN, CWON- 1

Does the Unit Have a Need for Specialized or Intensive Equipment? Yes

- Negative Pressure wound therapy (Vacuum assisted closure device)
- Advanced ostomy appliances
- Advanced wound care dressings

National/Orth Staffing Guidelines Adopted?
Wound Ostomy Continence Nursing Society (WOCN)

Other Personnel Assigned to Support Nursing Services:

- Rehabilitation Aide x2
- Wound Specialist Physical Therapists x5
- Patient Coordinator x4
- Staffing Coordinator x1
- Floor Nurses
- Manager
- Director

Meal/Rest Break Data:

All staff are strongly encouraged to take their breaks, and this is area that we continue to work on. The missed breaks listed in this department also includes physical therapists and rehabilitation aides allocated to the department, not just the nurses.

Requested Changes for 2019

In order to expand services, we would need to add an additional FTE.

Inpatient Care Management

Unit Leadership:
Laurie Bergman, RN MN, Director of Care Management
Stacy Canada, RN BSN, Clinical Manager
Heather Hubbs MSW, Supervisor

Staffing Plan:

As of: July 2019

Unit: Inpatient Care Management

ADC: N/A ALOS: N/A

Daily Challenges/Movement:
Currently needing 3 MSW, Pool staff not always available for ill calls and also work in other departments.

Skill Mix:
- 1 RN Case Manager/ PC1, PCU, ICU, SOU, Team Surgical, 5 E., 5 W, Peds referralonly
- 1 RN Charge
- 1 MSW / ED, MU1 & Peds, 5th floor, 1,3,4th, WVH
- 1 Administrative Assistant
- 1 MA/Insurance Pre-Authorization/ Admin Assistant coverage
- 3 Discharge Coordinators cover the hospital
- CMA/ 1st, 3rd, SOU, Team surgical, 5 E, 5 W
- 3 Pool RNCM
- 1 Pool MSW

Current Staffing Ratios/Patterns (Core):
- Days: M-F 8am-5pm
  - Full staffing as above
- Days: S- S 8am-5pm
  - 2 RNCM, 1CMA, 1 MSW
- Holidays: 8am-5pm
  - 1-2 RNCM

Experience/Degrees/Certifications:
- **Average Length of Service is 15.3 years**
- RNs with Degrees:
  - MSN-1
  - MSN pending-1
  - BSN/AND-6/4
- RNs with Certifications:
  - Case Management-6
- Social Workers
  - MSW-8
  - BSW-4

Does the Unit have a Need for Specialized or Intensive Equipment?
No

National/ Staffing Guidelines Adopted?
URAC, NCQA, Gundersen Lutheran Standard Operating Procedures, CMSA, ACMA

Other Personnel Assigned to Support Nursing Services:
See above

Meal/Rest Break Data:
There is a plan to enable staff to get breaks and lunches. If staff have not been able to get break by 2pm, they are to contact Charge Nurse who will relieve them and help problem-solve so that issue is not repeated.

Requested Changes for 2019
We are only requesting replacement FTEs at this time.

Central
WASHINGTON HOSPITAL

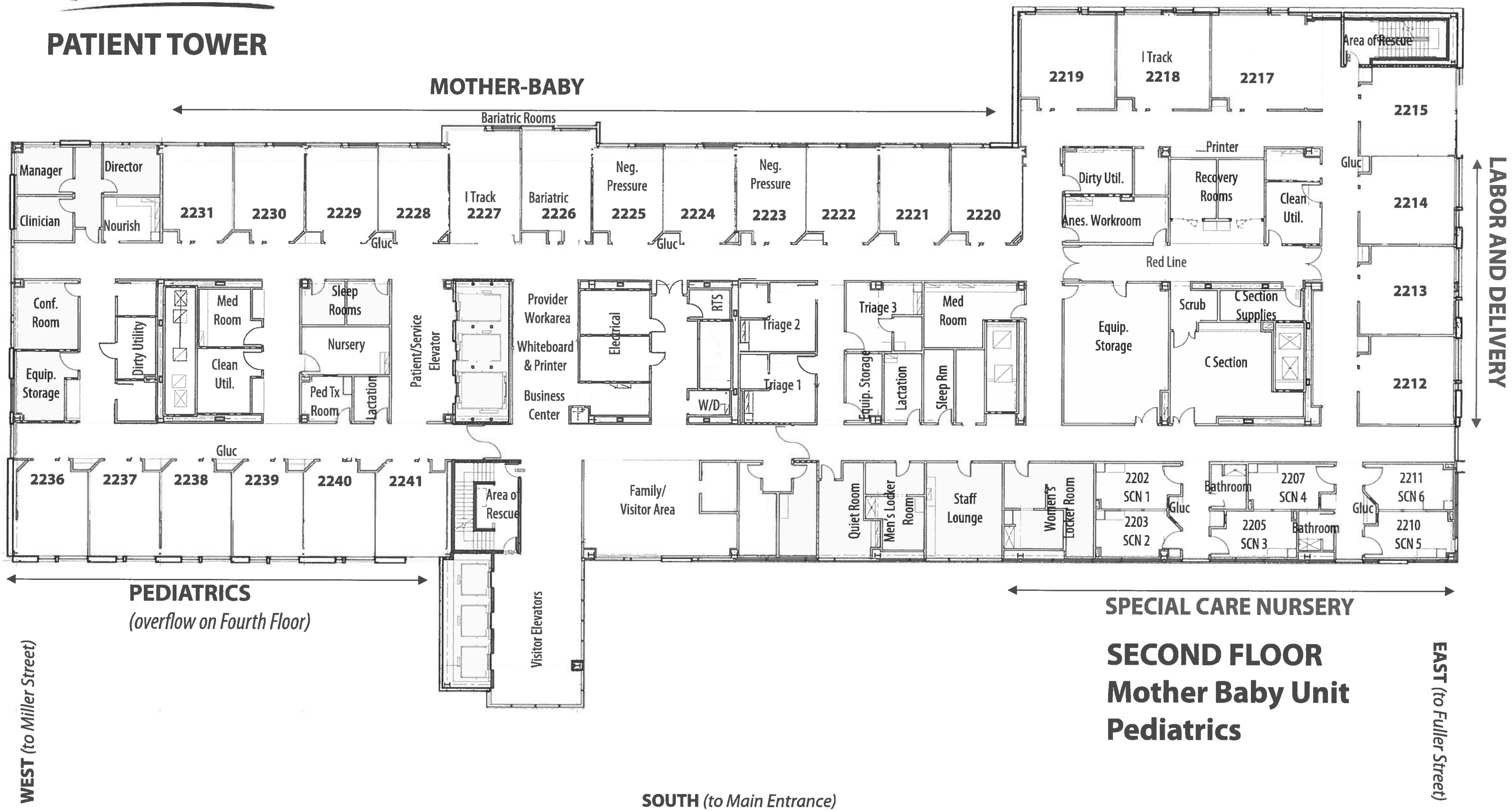
PATIENT TOWER

NORTH *(to Red Apple Road)*

LABOR AND DELIVERY

MOTHER-BABY

Bariatric Rooms



PEDIATRICS
(overflow on Fourth Floor)

SPECIAL CARE NURSERY

SECOND FLOOR
Mother Baby Unit
Pediatrics

WEST *(to Miller Street)*

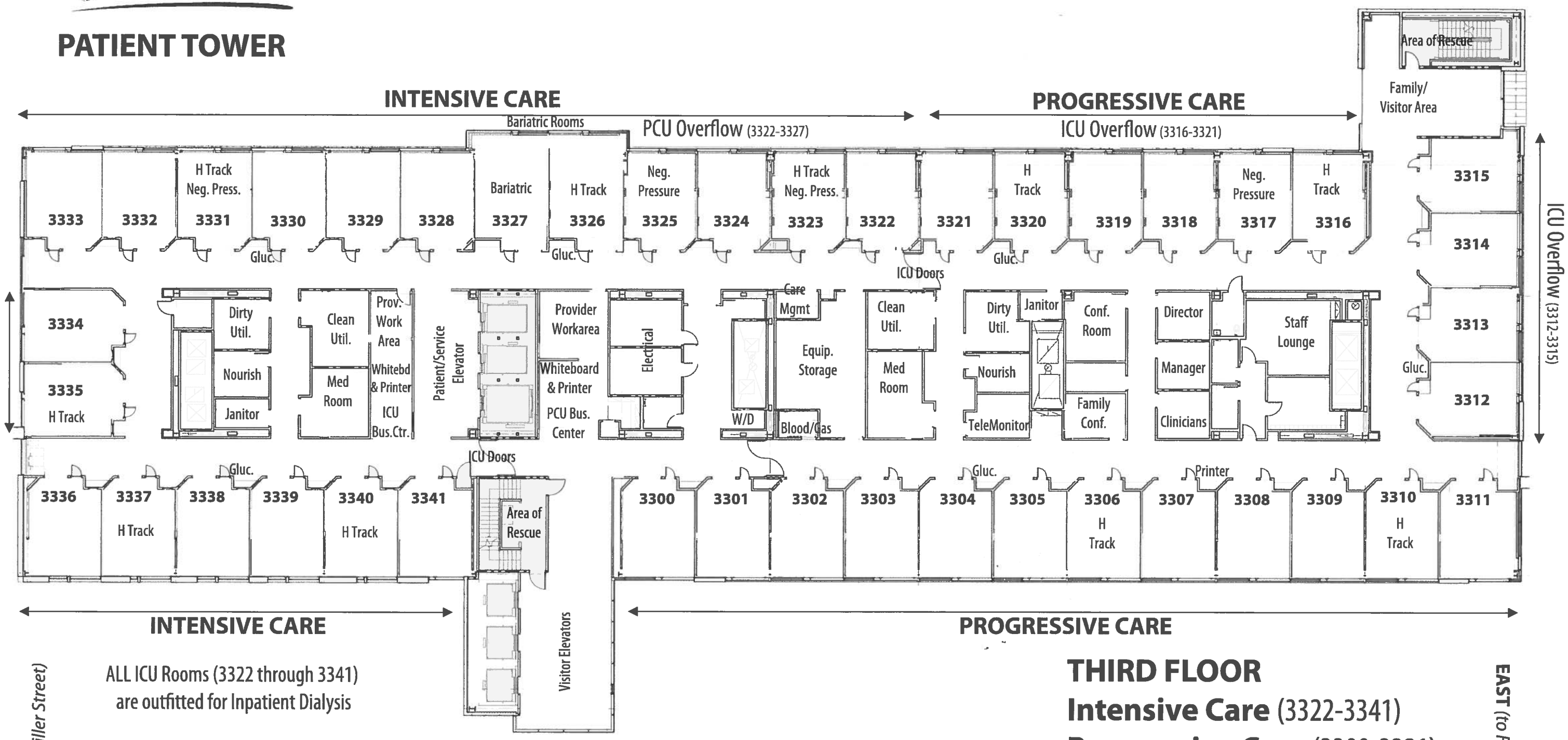
EAST *(to Fuller Street)*

SOUTH *(to Main Entrance)*

Central
WASHINGTON HOSPITAL

PATIENT TOWER

NORTH *(to Red Apple Road)*



ALL ICU Rooms (3322 through 3341)
are outfitted for Inpatient Dialysis

THIRD FLOOR
Intensive Care (3322-3341)
Progressive Care (3300-3321)
ICU Overflow (3312-3321)
PCU Overflow (3322-3327)

WEST *(to Miller Street)*

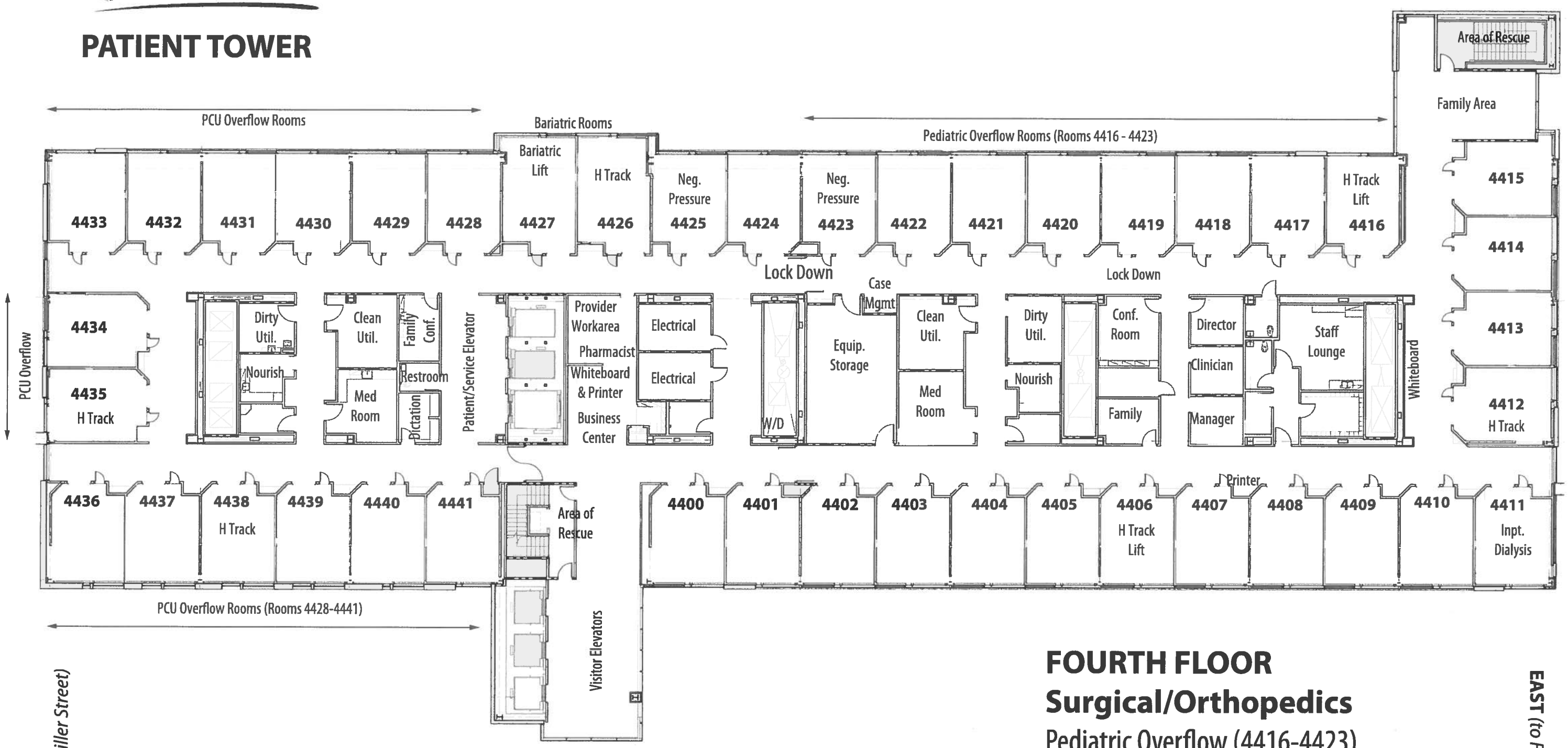
EAST *(to Fuller Street)*

SOUTH *(to Main Entrance)*

NORTH *(to Red Apple Road)*

Central WASHINGTON HOSPITAL

PATIENT TOWER



WEST *(to Miller Street)*

EAST *(to Fuller Street)*

SOUTH *(to Main Entrance)*

FOURTH FLOOR
Surgical/Orthopedics

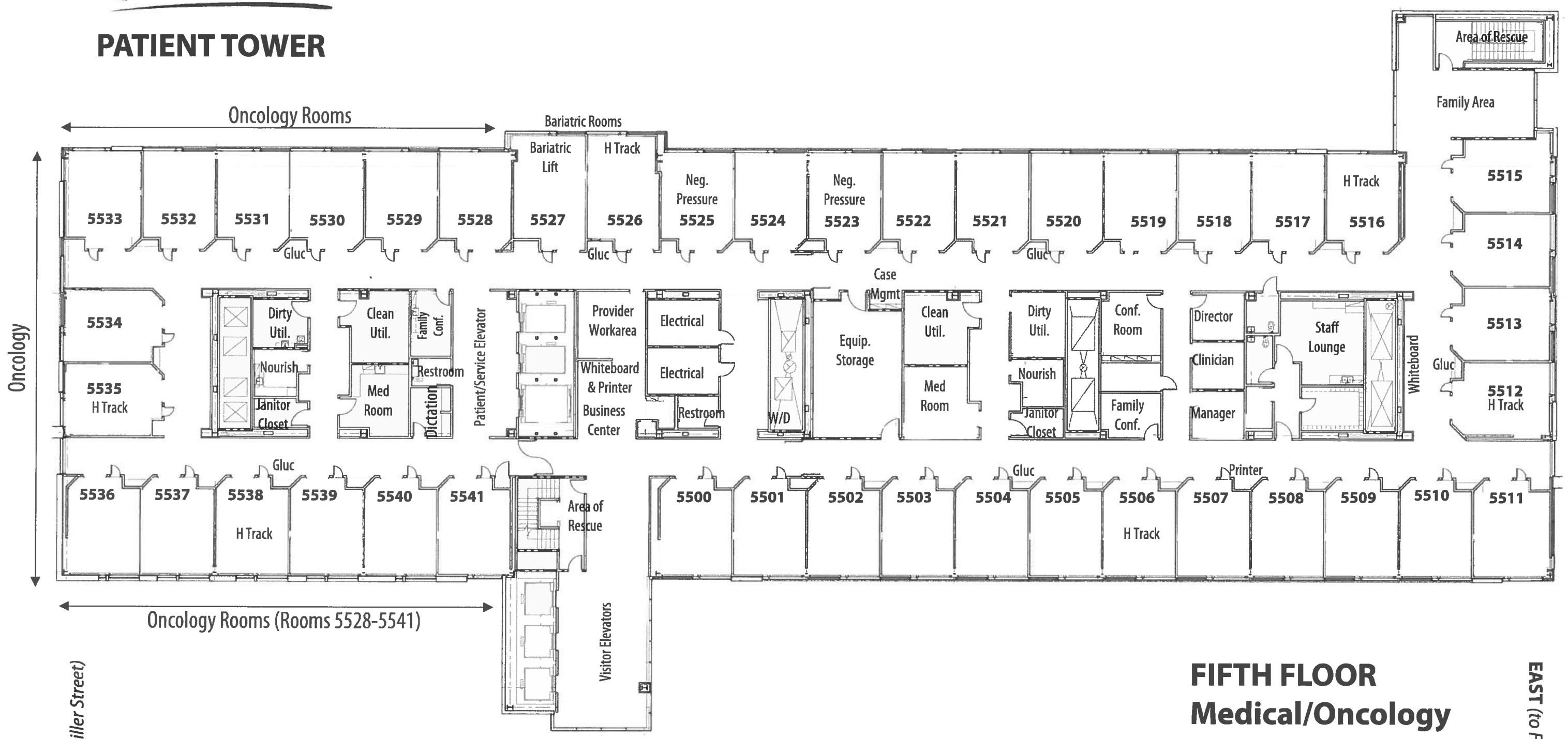
Pediatric Overflow (4416-4423)

PCU Overflow (4428-4441)

NORTH *(to Red Apple Road)*

Central WASHINGTON HOSPITAL

PATIENT TOWER



WEST *(to Miller Street)*

EAST *(to Fuller Street)*

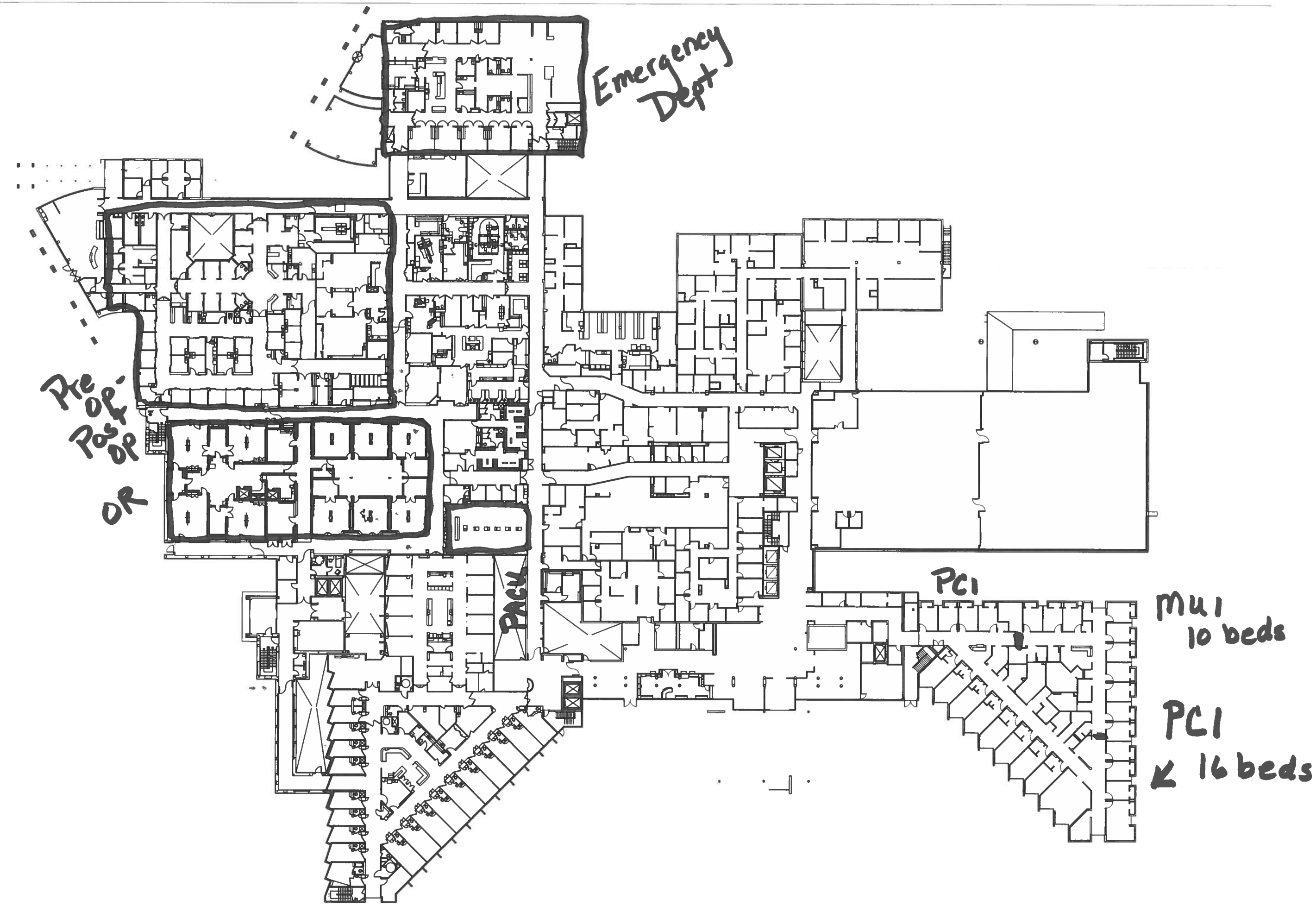
SOUTH *(to Main Entrance)*

FIFTH FLOOR
Medical/Oncology

WAYFINDING LOCATIONS

Floor 4

MARES BUILDING


Emergency Dept
Pre OP
Post OP
OR
PACU
PCU
MU
10 beds
PCU
16 beds