EvergreenHealth Monroe

I, Lisa LaPlante, the undersigned with responsibility for EvergreenHealth Monroe, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for 2022 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.

Lisa M. LaPlante
Signature

Lisa M. LaPlante
Printed Name

02/04/2022
Date

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EvergreenHealth Monroe

EvergreenHealth Monroe Nurse Staffing Plan for 2022

Purpose: The Nursing Staffing Plan facilitates a nursing care delivery system that provides, on a cost-effective basis, quality nursing care consistent with acceptable and prevailing standards of safe nursing care and evidenced-based guidelines established by national nursing organizations.

The Staffing Plan for nursing services reflects specific service and staffing to meet patient care and organizational needs.

Staff nurses, nursing leaders and senior management provide input from nursing quality indicators, continuous improvement projects, patients, families, employees and the medical staff when reviewing and updating department-specific needs related to the provision of patient care by nursing staff. All staff will accomplish clinical competencies and department orientation applicable to departments where they will perform work prior to assuming independent patient care in that area.

Staffing needs are based on the following criteria:

- Patient population
- Nationally recognized evidence-based standards of nursing care
- Average daily census
- Length of stay
- Specialty needs of patient population served
- Physical environment and available technology
- Type of patient care delivery system utilized
- Skill mix
- Completion of required competencies
- Measurable outcomes of nursing care
- Financial considerations

Nursing Unit Staffing Patterns at EvergreenHealth Monroe

Emergency Department (ED): See attachment A.

Medical-Surgical and Telemetry Unit (MSTU): See attachment B.

Critical Care Unit (CCU): See attachment C.

Surgical Services: See attachment D.

Nurse Staffing Committee

The Nurse Staffing Committee is responsible for developing, monitoring, and evaluating and modifying a hospital-wide staffing plan for nursing services that incorporates the rules and regulations of Washington State House bill 1714. The Committee meets monthly and minutes are shared as requested. Nurse staffing concerns are reported in with the following process:

1. The form will be located on each nursing unit and staff will be instructed on use of the form
2. Discuss the concern with the person responsible for the assignment on that shift. This person should then assess options and seek to remedy the situation. When no alternatives are identified as possible, the person in charge should contact their immediate supervisor on duty.
3. The supervisor should attempt to resolve the situation using available resources as he/she determines appropriate.
4. If the nurse is dissatisfied with the decision of the supervisor, the nurse should fill out a complaint form as soon as possible and should make every effort to submit a complaint no later than 24 hours upon the conclusion of their shift to their manager.

5. The manager will gather any information that would be helpful for the staffing committee
6. The managers give form to CNO
7. CNO will log the complaint and place it on the agenda for the next Nurse Staffing Committee
8. The Nurse Staffing Committee will review the complaint and document on the form findings and actions
9. The Co-Chairs will communicate to the nurse making the initial complaint and manager of the results of the review

An annual report is prepared summarizing the activities of the Committee. The Staffing Committee:

A. Monitors the provision of safe patient care and an adequate nursing staff as its primary focus
B. Includes an equal number of nurse leaders and direct care Registered Nurses
C. Includes representatives from different units and specialties as well as Human Resources
D. Reviews variance reports, identifies trends, and when appropriate, initiates efforts to resolve known issues or propose enhancements to nurse staffing and patient care.

Tactics for Effective Staffing: Skill mix evaluation is performed within each unit to ensure that the skill mix of the staff aligns with patient care needs. Cross training of personnel and "floating" augment staffing and help optimize resources.

At any time, nursing staff may request additional assistance based on clinical judgement and unit activity. Such requests will be made through the department leader or the Administrative Supervisor. Consideration may be given to temporary reassignment of personnel or other interventions to support nursing staff in the delivery of care including RSCs taking patients. If, at any time, staff and nursing leadership concur that staff have reached maximum capacity for safe patient care, nursing and organizational leaders may initiate a process for limitations on admission or diversion of patients until the situation resolves through the designated chain of command. This should be a rare occurrence and retrospectively reviewed by the Staffing Committee to minimize similar future incidents and create effective staffing contingency plans.

During alternate hours, EHM's chain of command consists of administrative supervisors, (in communication with Clinical Nurse Manager as needed) and administrator-on-call to help with any staffing concerns.

Overtime should be minimized as a matter of practice, but it is recognized that there are instances that it is necessary in order to maintain continuity and optimized patient care. The use of mandatory overtime, as allowed by Washington state law, should be limited to rare instances in which all other staffing options have been exhausted and there is potential harm to patients by releasing current staff. Staff and nursing leadership will collaborate when initiating mandatory overtime to solve the immediate problem, and any such instance of mandatory overtime will be reported to the Clinical Nurse Manager of the applicable department of Chief Nursing Officer.

Unforeseeable events such as an internal, local, regional, statewide or national disaster may impact the normal plan for the provision of nursing service and staffing. In such cases the hospital will implement its response policies and will make all reasonable attempts to plan for short and long-term staffing arrangements through the anticipated duration of the incident.

All registered nursing staff are graduates of an accredited school of nursing with a current Washington State Registered Nurse (RN) license. Additionally, the role requires current Basic Life Support (BLS) certification, Advanced Cardiac Life Support (ACLS) certification, and the applicable certifications per job description/per department.

Indicators of Staffing Effectiveness

Both patient outcomes indicators and staffing metrics will be reviewed to assist in the evaluation of nurse staffing and staffing plan effectiveness. Such data points may consist of:

- Patient falls and patient falls with injury
- Hospital-acquired pressure ulcer incidence
- ER left without being seen
- Hours per patient day
- RN vacancy rate
- RN turnover rate
- Patient satisfaction scores from Press Ganey
- Overtime, premium pay, low census, stand-by and call back as applicable to discussions

Plan Evaluation: The Staffing Committee will be responsible for review and maintenance of the Nursing Staffing Plan, which will be approved by the Chief Nursing Officer and the CAO annually.

Plan Review and Acceptance

The below committee members have reviewed the attached plans and have agreed to mutual acceptance by virtual vote on December 21, 2021.

Committee Member	Title/Department
Stacey Riden	Manager, Human Resources
Shirley Karlsen, MSN, RN	Asst Manager, Emergency Department
Stacey Donovan, RNFA	Exec Dir, Surgical Services
Molly Brown, DNP	Exec Dir, Emergency Department
Jessica LaBuda, CCRN	Administrative Supervisor
Junga Jang, RN	Peri-OP
Kirsten Bursch, RN	Emergency Department
Rachel Kraft, RN	Emergency Department
Kendra Moody, RN	Emergency Department
Nancy Anderson, RN	Med Surg - Telemetry
Raynee Frederick, RN	Med Surg – Telemetry

Respectfully submitted,

Megan Wirsching, MSN, RN, Co-chair
Chief Nursing Officer
EvergreenHealth Monroe

Serena Swarthout, RN, Co-chair
Med Surg - Telemetry
EvergreenHealth Monroe

Signed by,

Lisa M LaPlante, MHA
Chief Administrative Officer
EvergreenHealth Monroe

Date: 02/04/2022

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Attachment A

Emergency Department Nursing Staffing Plan

Patient Population & Nursing Care Provision	Essential Staffing & Evaluation Process	Staffing for Acuity	Standards & Quality
The Emergency Department is comprised of 11 cardiac beds, 2 Trauma rooms, and 1 Fast Track rooms. Nursing care is provided for all patients and all age groups are served; pediatric, adult and geriatric 24 hours a day, 7 days a week. **Primary Nursing Services Provided**: • Chest pain or Difficulty Breathing • Weakness/slurred Speech/ numbness on one side • Seizures/Fainting/change in mental state • Serious burns • Head or eye injury • Concussion/confusion • Broken bones and dislocated joints • Fever with a rash • Severe cuts that may require stitches • Life or limb threatening injury • Severe cold or flu symptoms • Vaginal bleeding with pregnancy • Calls from 911 **Nursing Services Not Provided:** • Dilation and Curettage • Chemotherapy/antineoplastic drug administration (except IM Methotrexate). • Any procedure requiring general or spinal anesthetic. • Routine/outpatient request of: blood Alcohol request, blood transfusions, paracentesis, HIV testing, and/or drug/alcohol screening on a minor • No cardiac bypass capabilities	The emergency department utilizes registered nurses, emergency medical technicians, and Health unit coordinators, to deliver patient care and perform unit operations. With the support of ancillary support staff to included, but not limited to: Environmental Services and Respiratory Therapy, and Imaging Technicians. All ED nurses are oriented and trained upon hire to the unit to demonstrate competency in the direct care of the aggregate patient population served. Each nursing staff member also receives annual skills training and review via education provided through HealthStream and skills fairs. **Minimum staffing will include two BLS, ACLS/PALS (or ENPC), TNCC, and NIHSS trained registered nurses. NRP recommended. Or any advanced trauma nursing certification. HUC/Tech with EDT, CNA' or MA and BLS. MA-P and ER Technician with EDT, CNA' or MA and BLS. MA-P.** Staffing will be based on acuity and census, to determine appropriate levels for nurses for all shifts. If the acuity of the unit is determined to be high, ED may bring in staff from other units to assist in patient care. ED will utilize nursing staff from other departments who are cross-trained and/or otherwise qualified when a nurse is needed in the department. Diversion of patients will be avoided whenever possible. **Diversion/Closed:** • Continually plan ahead for placement of next admission(s). • Contact physicians for possible discharges. • Call huddle with department managers, house supervisor to discuss options and decision-making. • Contact AOC to determine divert status and initiate communication.	Staffing for acuity on ED considers the following criteria: • Complexity of patient's condition, assessment and required nursing care • Knowledge and skills required of nursing staff to provide care • Type of technology involved in patient care • Degree of supervision required of nursing staff members • Infection control and safety issues • Continuity of patient care Patient conditions that contribute to a higher level of acuity on ED include but are not limited to: • Unstable or critical patient • Patients with a life or limb loss threatening injury • Multiple lines and/or drains • Trauma requiring greater then general surgery. • Active Bleeding requiring more than 3 units of blood. • Multiple IV medications • Patients requiring restraints • Dementia/delirium • High fall risk • Suicide risk • Stroke • Intubation	**Qualifications and Competencies:** **RN**: BLS, PALS (or ENPC), ACLS, TNCC, and NIHSS Competency. **HUC/Tech:** EDT, CNA' or MA and BLS. MA-P **ED Technician:** EDT, CNA' or MA and BLS. MA-P Quality Measures: • Patient Falls • Medication errors • Restraint use • CMS Core Measures • Staff injuries • Hand hygiene • Press Ganey survey results • Employee Engagement survey • SI • Procedural Sedation

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Attachment B

MSTU Nursing Staffing Plan

<table>
<tr>
<th>Patient Population & Nursing Care Provision</th>
<th>Essential Staffing & Evaluation Process</th>
<th>Staffing for Acuity</th>
<th>Standards & Quality</th>
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The medical surgical telemetry unit is comprised of 26 beds. Nursing care is provided for general medical and surgical patients, telemetry patients, and stable pediatric surgical patients (ages 4 - 17). The age groups served are pediatric, adult and geriatric.

Primary Nursing Services Provide (include but are not limited to):
• Acute illness care
• Telemetry Monitoring
• Pre and postoperative care
• Wound care, wound vacs
• IV infusion therapy
• Parenteral Nutrition
• Palliative/End of life care
• Medication administration
• Patient/family education
• Psychosocial care and support
• Coordination of patient care and collaboration with support services
• Assistance with ADL's
• Care of the bariatric patient
• Medical care for antepartum / postpartum patients
Nursing Services Not Provided:
• Ventilator support / BiPap
• Titration of vasoactive IV drugs
• Continuous antiarrhythmic IV drips
• Invasive hemodynamic monitoring
• Acute psychiatric therapy/seclusion
• Elective cardioversion
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The medical surgical telemetry unit utilizes registered nurses, certified nursing assistants, nursing technicians, as well as health unit coordinators to deliver patient care and perform unit operations. All nurses, certified nursing assistants, and nursing technicians on MSTU are oriented and trained upon hire to the unit to demonstrate competency in the direct care of the aggregate patient population served. Each nursing staff member also receives annual skills training and review via education provided through HealthStream and skills fairs, and CEU's.

Minimum staffing will include two ACLS, BLS trained nurses with the support of trained ancillary support staff to include, but not limited to the nursing house supervisor, respiratory therapy, and diagnostic imaging. Staffing will follow the staffing matrix, based on acuity and census, to determine appropriate levels for nurses, nursing aides and health unit coordinators for all shifts. Nursing ratios include:
<table>
<tr><th>MSTU Days:</th><th>MSTU Nights:</th></tr>
<tr><td>RN = 5 patients</td><td>RN = 6 patients</td></tr>
<tr><td>NAC = 9 patients</td><td>NAC = 15 patients</td></tr>
<tr><td>Charge RN = 2 patients</td><td>Charge RN = 3 patients</td></tr>
</table>
The charge nurse, in conjunction with the unit manager, will determine the number of staff for the oncoming shift and throughout the shift to ensure the amount of staff and appropriate skill mix are available to ensure safe patient care. Nurse staffing is also provided throughout the shift to accommodate meal and rest breaks for all staff on the unit. The goal each shift is to have staff available in order to meet increases in patient volumes, patient acuity, and/or cover staff illness or unexpected leaves during the shift.

The formal process for determining the ability for MSTU to take admissions is initiated with a consideration for the acuity and overall census of the unit. If the acuity of the unit is determined to be high, MSTU can bring in extra staff or limit the amount of patients to be admitted until the acuity decreases. MSTU will utilize nursing staff from other departments who are cross-trained and/or otherwise qualified when a nurse is needed in the department. Diversion of patients will be avoided whenever possible.

Diversion/Closed for Admission Process:
• Continually plan ahead for placement of next admission(s).
• Attempt to call in additional staff
• Call huddle with department managers, charge nurses, house supervisor to discuss options and decision-making.
• Contact physicians for possible discharges.
• Contact AOC to determine divert status and initiate communication.
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<td>
Staffing for acuity on MSTU considers the following criteria:
• Complexity of patient's condition, assessment and required nursing care
• Knowledge and skills required of nursing staff to provide care
• Type of technology involved in patient care
• Degree of supervision required of nursing staff members
• Infection control and safety issues
• Continuity of patient care

Patient conditions that contribute to a higher level of acuity on MSTU include but are not limited to:
• Unstable patient
• Frequent VS or CBG monitoring
• Multiple lines and/or drains
• Multiple IV medications
• CIWA patient with high score
• Dementia/delirium
• Complicated wound care
• Complicated family or social situation
• Bariatric patient
• High fall risk
• Pediatric patient
• Suicide risk
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<td>
Qualifications and Competencies:

RN's: BLS, ACLS, NIHSS, Telemetry trained

CNA & Nurse Tech: BLS

Quality Measures:
• Patient Falls
• Medication errors
• Pain assessment & reassessment
• Restraint use
• CMS Core Measures
• Staff injuries
• Hand hygiene
• Press Ganey survey results
• Employee Engagement survey
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</table>

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Attachment C

Critical Care Unit Nursing Staffing Plan

Patient Population & Nursing Care Provision	Essential Staffing & Evaluation Process	Staffing for Acuity	Standards & Quality
The critical care unit is comprised of 4 beds. Nursing care is provided for critical medical and surgical patients, and telemetry patients. The age groups served are adult and geriatric. **Primary Nursing Services Provided**: • Ventilator support • Titration of IV drugs (i.e. Insulin, vasoactive, anticoagulants, etc.) • Continuous antiarrhythmic or IV drips • Invasive hemodynamic monitoring • Acute psychiatric therapy/seclusion • Elective cardioversion • Acute illness care • Telemetry Monitoring • Pre and postoperative care • Parenteral Nutrition • Palliative/End of life care • Medication administration • Patient/family education • Psychosocial care and support • Coordination of patient care and collaboration with support services • Assistance with ADL's • Care of the bariatric patient **Nursing Services Not Provided:** • Patients needing dialysis • Post op Open Heart surgery • Medical care for antepartum / postpartum patients	The critical care unit utilizes registered nurses to deliver patient care and perform unit operations. With the support of ancillary support staff to included, but not limited to: Diagnostic Imaging and Respiratory Therapy. All CCU nurses are oriented and trained upon hire to the unit to demonstrate competency in the direct care of the aggregate patient population served. Each nursing staff member also receives annual skills training and review via education provided through HealthStream and skills fairs. **Minimum staffing for critical care patients will include two ACLS, BLS, and NIHSS critical care trained nurses.** Staffing will be based on acuity and census, to determine appropriate levels for nurses for all shifts. Nurse to patient ratio can be 1 to 3, based on acuity. The formal process for determining the ability for CCU to take admissions is initiated with a consideration for the acuity and overall census of the unit. If the acuity of the unit is determined to be high, CCU can bring in extra staff or limit the amount of patients to be admitted until the acuity decreases or the unit beds are full. CCU will utilize nursing staff from other departments who are cross-trained and/or otherwise qualified when a nurse is needed in the department. Diversion of patients will be avoided whenever possible. **Diversion/Closed for Admission Process:** • Continually plan ahead for placement of next admission(s). • Contact physicians for possible discharges or potential downgrade of CCU status • Call huddle with department managers, house supervisor to discuss options and decision-making. • Contact AOC to determine divert status and initiate communication.	Staffing for acuity on CCU considers the following criteria: • Complexity of patient's condition, assessment and required nursing care • Knowledge and skills required of nursing staff to provide care • Type of technology involved in patient care • Degree of supervision required of nursing staff members • Infection control and safety issues • Continuity of patient care Patient conditions that contribute to a higher level of acuity on CCU include but are not limited to: • Unstable patient • Multiple lines and/or drains • Multiple IV medications • CIWA patient with high score • Dementia/delirium • High fall risk • Suicide risk	**Qualifications and Competencies:** **RN**: BLS, ACLS, NIHSS, Telemetry interpretation Competency Quality Measures: • Patient Falls • Medication errors • Pain assessment & reassessment • Restraint use • CMS Core Measures • Staff injuries • Hand hygiene • Press Ganey survey results • Employee Engagement survey

EvergreenHealth Monroe

Surgical Services Nursing Staffing Plan

Patient Population & Nursing Care Provision	Essential Staffing & Evaluation Process	Staffing for Acuity	Standards & Quality
The surgical services department is comprised of several subunits: Central Sterile Processing; 12 bed Ambulatory Care; 2 room Procedural Services; 5 bed Post Anesthesia Care area; 3 Operating rooms. Regular hours are 0700-1530 Monday through Friday with On-call requirements by surgery and recovery room staff for evenings and weekends. Populations served are pediatrics to adults of all ages needing surgical or procedural studies or interventions. Service lines include: Orthopedics, General Surgery, Ophthalmology, Gynecology, Podiatry, Colonoscopy, Endoscopy, Pain Management **Primary Nursing Services Provide** (include but are not limited to): **Ambulatory Care Unit:** • Pre and postoperative and procedural care • IV infusion therapy • Patient/family education • Psychosocial care and support • Coordination of patient care and collaboration with support services • Pain Management **Operating Room:** • Patient identification • Surgical procedure and site verification marked • Assessment and preparation for surgery	The Surgical Services unit utilizes registered nurses, certified surgical technicians, anesthesia technicians, certified sterile processing technicians as well as health unit coordinators to deliver patient care and perform unit operations. All nurses and certified technicians in Surgical Services are oriented and trained upon hire to the unit to demonstrate competency in the direct care of the aggregate patient population served. Each nursing staff member also receives annual skills training and review via education provided through HealthStream and skills fairs, and CEU's. **Minimum staffing for each nursing area is as follows:** **Ambulatory Care Unit:** 2 BLS, ACLS and PALS trained RNs **Operating Rooms:** 2 BLS, ACLS, and PALS trained RNs, 1 BLS trained Certified Surgical Tech, 1 BLS trained Anesthesia Tech **Post Anesthesia Care Unit:** 2 BLS, ACLS and PALS trained RNs Staffing will follow the staffing matrix, based on acuity, census, and procedures to determine appropriate levels for nurses, health unit coordinator for regular and on-call shifts. In addition, National Specialty Organizations provide staffing guidelines for specialty care in each unit are referenced to develop matrixes in each clinical area as available. For Ambulatory Care and Operating Room AORN, ASPAN and SGNA standards are referenced. For Post Anesthesia Care Unit ASPAN standards are referenced. The Resource Shift Coordinator, in conjunction with the unit manager, will determine the number of staff for the oncoming shift and throughout the shift to ensure the amount of staff and appropriate skill mix are available to ensure safe patient care. Nurse staffing is also provided throughout the shift to accommodate meal and rest breaks for all staff on the unit. The goal each shift is to have staff available in order to meet increases in patient volumes, patient acuity, and/or cover staff illness or unexpected leaves during the shift. The formal process for determining the ability for Surgical Services to take admissions for surgeries and procedures is initiated with a consideration for the acuity and overall census of the unit and staff available on call. If the acuity or volume of the unit is determined to be high for planned staffing, surgical services units can bring in extra staff or stagger the care of patients	Staffing for acuity in Surgical Services considers the following criteria: • Complexity of patient's condition, assessment and required nursing care • Knowledge and skills required of nursing staff to provide care • Type of technology involved in patient care • Degree of supervision required of nursing staff members • Infection control and safety issues • Continuity of patient care Patient conditions that contribute to a higher level of acuity in Surgical Services include but are not limited to: • Unstable patient • Unconscious patient • Frequent VS or CBG monitoring • Multiple lines and/or drains • Multiple IV medications • Difficult anesthesia recovery • Complicated family or social situation • Bariatric patient • High fall risk • Pediatric patient • Compromised airway	**Qualifications and Competencies:** **RN's:** BLS, ACLS, PALS, Telemetry trained **Certified Surgical Techs and Anesthesia Techs**: BLS Quality Measures: • Procedural Sedation: ACU • Staff injuries • Hand hygiene • Press Ganey survey results: ACU • Employee Engagement survey • Sterilization processes, IUSS • Volume by service line metrics

• Support of patient during anesthesia positioning and induction • Circulate cases • Complete safety counts and safe patient transfers **Post Anesthesia Care:** • Anesthesia recovery care • Airway management • Pain management • Discharge to inpatient care unit or home with instructions as needed **Nursing Services Not Provided:** • Titration of vasoactive IV drugs • Continuous anti-arrhythmic IV drips • Obstetrical care	until the acuity decreases. Surgical Services will utilize nursing staff from other departments who are cross-trained and/or otherwise qualified when a nurse is needed in the department. Diversion of patients will be avoided whenever possible. **Diversion/Closed for Admission or Surgeries/Procedures Process:** • Continually plan ahead for provision of next admissions and surgeries. • Attempt to call in additional staff • Call huddle with department managers, charge nurses, house supervisor to discuss options and decision-making. • Contact physicians for possible discharges. • Contact AOC to determine divert status and initiate communication.		