



PeaceHealth
Southwest Medical Center

TO: Nurse Staffing Coalition
FROM: PeaceHealth Southwest Medical Center
DATE: December 20, 2021
CONTACT: Brandi Hess (360) 514-7944

The following is the nurse staffing plan for PeaceHealth Southwest Medical Center, submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420.

I, the undersigned with responsibility for PeaceHealth Southwest Medical Center, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for 2019 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):

- ✓ 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.
- ✓ 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 patient care unit; and

This staffing plan was adopted by the hospital on December 14, 2021.

Approved by



Sean Gregory, Chief Executive, Columbia Network

**PEACEHEALTH SOUTHWEST MEDICAL CENTER
NURSE STAFFING PLAN**

PUBLICATION DATE: January 1, 2022

To define the nursing staffing plan for PeaceHealth Southwest Medical Center.

NURSE STAFFING PLAN STATEMENT:

1. PeaceHealth Southwest Medical Center has adopted the following Nurse Staffing Plan (“The Plan”) with initial and ongoing consideration given to the Nurse Staffing Committee (“The Committee”) recommendations.
2. The Plan is based on the needs of patients as well as evidence relating to patient-care needs.
3. Primary responsibility of the Nurse Staffing Committee shall include:
 - a. Development and oversight of an annual patient care unit and shift-based nurse staffing plan, based on the needs of patients, to be used as the primary component of the staffing budget. Factors to be considered in the development of The Plan should include, but are not limited to:
 - i. Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
 - ii. Level of intensity of all patients and nature of the care to be delivered on each shift;
 - iii. Skill mix;
 - iv. Level of experience and specialty certification or training of nursing personnel providing care;
 - v. The need for specialized or intensive equipment;
 - vi. 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;
 - vii. Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
 - viii. Availability of other personnel supporting nursing services on the unit; and,
 - ix. 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.
 - b. Semiannual review of The Plan against patient need and known evidence-based staffing information, including the nursing sensitive quality indicators collected by the hospital.
 - c. Review, assessment, and response to staffing variations or concerns presented to the committee.

4. In addition to the factors listed in subsection (3)(a) of this section, hospital finances and resources must be taken into account in the development of The Plan.
5. The Plan must not diminish other standards contained in state or federal law and rules, or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff.
 - a. Encourage nurses to provide feedback and input about The Plan to The Committee:
 - i. The Committee members solicit feedback and input from nurses on patient-care units throughout the hospital;
 - ii. Communications to nurses, through various forms of media, encourage frequent and detailed feedback and input to The Committee;
 - iii. Decisions made about The Plan primarily factor in The Committee's feedback and evaluation of the current plan; and,
 - iv. All safe-staffing requests or concerns made known to The Committee will be discussed during meetings and documented in the minutes.
 - b. Protect nursing staff that provide input to The Committee from retaliation:
 - i. Nurses are strongly encouraged to follow their chain of command as appropriate or utilize the Compliance Helpline for any suspicion of retaliation;
 - ii. Retaliation for reporting concerns about staffing are strictly prohibited; and,
 - iii. Nurses have the right to bypass the chain of command and make a report to an outside agency (e.g., WSNA or other appropriate organization) if they have a good faith belief of a violation of law and/or a substantial risk of harm to patients, whether or not the risk of harm is due to the failure of the facility or practitioner to conform to minimum professional standards.
 - c. Provide clear directives to nurses about to how to report concerns and how concerns are being addressed:
 - i. Periodic communications, including meeting minutes, will be sent via email to all nurses by The Committee facilitator.
 - d. Ensure that members are relieved of other work duties during Committee meetings:
 - i. Members need to plan ahead with making schedule requests and to coordinate Committee meetings with their unit manager in order to facilitate coverage for work duties during Committee meetings.
6. The chief nursing officer (CNO) is responsible for:
 - a. Quality of clinical care delivered to patients, including that which is provided by nurses employed by the facility, as well as nurses working at the facility, but who are employed by another entity.
 - b. Development, implementation, and revision of policies and procedures that affect clinical care.
 - c. Development and allocation of the nursing services budget.
 - d. Development and evaluation of objectives and indicators for patient-care delivery.
 - e. Compliance with applicable state, federal, and local laws and regulations.
 - f. Operation of nursing services, including determining the types and numbers of nursing personnel and staff necessary to provide nursing care for all areas of the hospital.

- g. Participation with leadership from the governing body, medical staff, and clinical areas in planning, promoting, and conducting performance-improvement activities.
- h. Ensuring that the RN supervises evaluates the nursing care for each patient and assigns the nursing care to other nursing personnel in accordance with the patient's needs and the specialized qualifications and competence of the nursing staff available.
- i. Ensuring that The Plan is reviewed at least semi-annually.

7. The Plan:

- a. Departmental Staffing Levels:
 - i. Take into consideration specialty organization guidelines for special patient populations (e.g., pediatric, perioperative, emergency).
 - ii. Take into consideration the qualifications, experience, and training of the nursing staff.
 - iii. Are based on the nursing assessment for the individual patients and in accordance with evidence-based safe nursing standards.
 - iv. Allow for flexibility of minimum staffing requirements based on patient-acuity variations in order to meet the needs of the patients.
 - v. When patient-care needs exceed direct patient-care staff resources, provide for use of additional resources, including, but not limited to use of the following:
 - o Dedicated charge nurses
 - o Supplemental staff
 - o Use of voluntary overtime
 - o On-call staff
 - o Nurse managers
 - o Chains of command
 - o The Staffing Office, to evaluate department staffing, locate available resources, and reallocate hospital-wide nurse staffing immediately.
- b. When setting staffing levels for each unit for each shift, the following will be taken into consideration:
 - i. Patient acuity characteristics and number of patients.
 - ii. Number of admissions, transfers, and discharges.
 - iii. Intensity and variability of patient care.
 - iv. Scope of services being provided.
 - v. Context within which care is provided, including environment, documentation requirements, architecture, geography, equipment, technology, and communicability of diagnosis (e.g., isolation status).
 - vi. Characteristics of clinical staff including culture, consistencies, tenure, educational preparation, physical and emotional ability, and experience.
 - vii. Fatigue-related risks.
 - viii. Number and competencies of clinical and non-clinical support staff.
 - ix. If the outcome of evaluating each of these points above results in the need for additional or fewer nursing-care hours than allocated by budget, the unit manager (or designee) will be responsible for evaluating and approving a variance to ensure safe staffing.
 - x. Trends and relationships with nurse-sensitive indicators will be identified, along with any feedback from The Committee to determine if a permanent change in staffing processes should be made.

8. Staffing and Delivery of Care:

- a. A designated supervisory RN will be available 24/7 to provide/oversee emergency response when required.
- b. A RN will be assigned to every patient to supervise and evaluate nursing care, which includes assignment of care by other nursing services personnel.
- c. Each patient will have on record a plan of care addressing their individual needs.
- d. Any nursing staff reassigned to a unit they do not usually/routinely work on will only be assigned those tasks that they are competent to perform.
- e. Each nurse will evaluate their ability to provide nursing care before accepting any assignment.

Note: please refer to Article 6 Floating of WSNA contract.

- f. Extended shifts and multiple consecutive days of worked shifts are discouraged due to the potential for fatigue-related risks.

9. Use of Outcomes and Clinically-Sensitive Indicators:

- a. The Committee will annually determine the nurse-sensitive outcomes measures to be evaluated.
- b. The data will be trended and analyzed and considered as a factor in revising The Plan.

10. Scheduling guideline considerations:

- a. Schedules should be built to provide planned staffing to meet the minimum staffing for the YTD average daily census (refer to unit-specific staffing grids for staffing levels and skill mix).
- b. Actual ADC may vary from budgeted ADC; actual should be utilized when planning above schedules.

11. Denying and/or Holding on Admissions/Transfers to the Unit:

- a. The charge nurse is to notify the admin manager (or access center) immediately in the event a unit has determined that they cannot accept additional patients.
- b. The following actions will be taken:
 - i. Staff office will supply additional resources when available.
 - ii. When resources are unavailable the charge nurse will notify the unit manager (or designee).

12. Meal and rest periods:

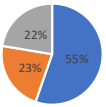
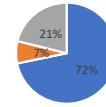
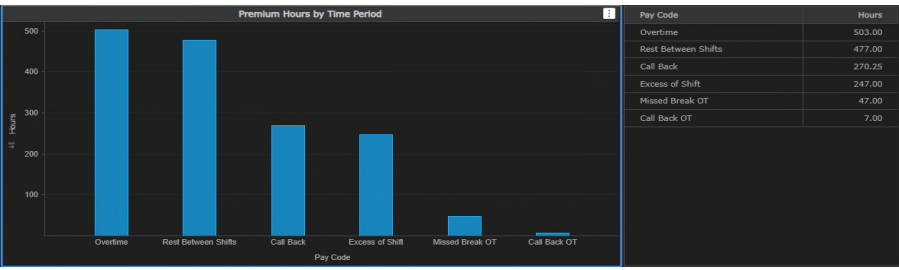
- a. 11.1.1 RN's will be allowed unpaid 30-minute meal period added to each work shift as defined in 11.2.2 as follows:
 - 11.3.1.1 One such meal period in connection with each 6- or 8-hour work shift; or
 - 11.3.1.2 Two such meal periods in connection with each 10- or 12-hour work shift; or
 - 11.3.1.3 As agreed to by the RN and the Medical Center in connection with alternative work schedules permitted under 11.2.2, consistent with applicable law.
- b. 11.3.1.4 If an RN works 3 or more hours longer than the scheduled duration of work shift of at least 8 hours, an additional meal period will be allowed.
- c. 11.3.1.5 Waiver of a meal period may occur in accordance with applicable law.
- d. 11.3.1.6 If an RN cannot be relieved from work during the meal period because of the nature of the RN's work, the RN will be paid for the time worked during the meal period.
- e. 11.3.1.7 The Medical center will not post any position conditioned upon the waiver of a meal period permitted by applicable law.
- f. 11.3.2 There will be 15 minutes of rest for each 4-hour period of the work shift. Missed rest breaks shall be treated as additional time worked for pay purposes under this agreement.
- g. 11.3.2.1 RN's who ask for these rest breaks and who cannot be relieved under any circumstances for all of their break time minutes during at least two shifts in a pay period, may refer the situation to the conference committee for review.
- h. Each unit has a plan to monitor and assess breaks and lunches. The committee will review trends related to missed rest breaks and lunches utilizing data from staffing concern forms and Kronos.



PeaceHealth Southwest Medical Center Nursing Departments

- 2nd Floor Mother Joseph
- 4th Floor Cardiology Mother Joseph
- Acute Inpatient Rehab (3West)
- ADAPT Behavioral Health
- Anesthesia Pre-Op (PAS)
- Behavioral Health Consultation & Liaison
- Cardiac Clinic
- Cardiac Prep Recovery (CVO)
- Cardiac Rehab
- Cardiovascular ICU
- Care Management
- Cath Lab
- Clinical Documentation Integrity (CDI)
- CT Services/Radiology/Diagnostic Imaging
- Emergency
- Gastro Endo Lab
- Home Health
- Hospice House
- ICU
- ICU Stepdown (PCU)
- Kearney Breast Center
- Labor & Delivery
- Medical 3 (3 North)
- Neonatal ICU/Peds
- Neurology T6
- Nursing Float Pool (Resource Team)
- Observation Unit
- Operating Room
- Pain Clinic
- Palliative Care
- Recovery Room (PACU)
- Same Day Services
- Short Stay Unit
- Surgical 7
- Surgical 8
- Transfer Center
- Vascular Lab (Vascular Access)
- Wound & Enterostomal (WOCN)
- Wound Healing Center

Mother Joseph 2nd Floor August 10, 2021

Topic	Completed	Discussion	Decision/Follow up														
Patient Care Needs		Medical/Surgical patients															
Skill Mix of Nursing Personnel		<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MJ 2 Skill Mix of Nursing Personnel: Days</p>  <p>■ 0-4 Years Experience ■ 5-9 Years Experience ■ 10+ Years Experience</p> </div> <div style="text-align: center;"> <p>MJ 2 Skill Mix of Nursing Personnel: Nights</p>  <p>■ 0-4 Years Experience ■ 5-9 Years Experience ■ 10+ Years Experience</p> </div> </div>															
Open Positions/ Staff Retention		I have 3 Day RN positions open (2 already have hired) 5 NOC RN positions (all 5 have been hired). We have had 8 RNs leave this year. 2 to the critical care internship, 3 moved out of state, 1 move to resource team, 1 moved to M4, 1 moved to short stay.															
Layout of Unit		64 beds, 4 beds used for storage. 20 private rooms and 40 double rooms. There are 8 camera rooms, 5 rooms with ceiling lifts, 2 breakrooms, 1 staff quiet room, 1 lactation room, several offices.															
Guidelines Adopted by Various Nursing Associations		Nursing Care Standards, WACS															
Hospital Finances and Resources		Budgeted HPUOS 10.3 ; General staffing ratio for days 4-5:1 RN; CNA 7-10; General staffing ratio for night shift 5-6:1 RN; CNA 7-10; PTS 2 at 30 patients															
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers)		50.5 hours missed breaks. 31 missed lunches.															
Incremental Overtime (for past 30 days)		 <table border="1" style="margin-left: auto; margin-right: 0;"> <thead> <tr> <th>Pay Code</th> <th>Hours</th> </tr> </thead> <tbody> <tr> <td>Overtime</td> <td>503.00</td> </tr> <tr> <td>Rest Between Shifts</td> <td>477.00</td> </tr> <tr> <td>Call Back</td> <td>270.25</td> </tr> <tr> <td>Excess of Shift</td> <td>247.00</td> </tr> <tr> <td>Missed Break OT</td> <td>47.00</td> </tr> <tr> <td>Call Back OT</td> <td>7.00</td> </tr> </tbody> </table>	Pay Code	Hours	Overtime	503.00	Rest Between Shifts	477.00	Call Back	270.25	Excess of Shift	247.00	Missed Break OT	47.00	Call Back OT	7.00	
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Staffing Out of Matrix (how often in past 30 days)		27/30 Red															

2nd Floor - 2103

Census	Days										Evenings					Evenings					Nights									
	6 am - 10 am					10 am - 2 pm					2 pm - 6 pm					6 pm - 10 pm					10 pm - 2 am					2 am - 6 am				
	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts
60	15.0	6.0	1.0	2.0	-	15.0	6.0	2.0	2.0	-	15.0	6.0	2.0	2.0	-	12.0	6.0	1.0	2.0	-	12.0	6.0	-	2.0	-	12.0	6.0	-	2.0	-
59	14.0	6.0	1.0	2.0	-	14.0	6.0	2.0	2.0	-	14.0	6.0	2.0	2.0	-	12.0	6.0	1.0	2.0	-	12.0	6.0	-	2.0	-	12.0	6.0	-	2.0	-
58	14.0	6.0	1.0	2.0	-	14.0	6.0	2.0	2.0	-	14.0	6.0	2.0	2.0	-	12.0	6.0	1.0	2.0	-	12.0	6.0	-	2.0	-	12.0	6.0	-	2.0	-
57	14.0	6.0	1.0	2.0	-	14.0	6.0	2.0	2.0	-	14.0	6.0	2.0	2.0	-	12.0	6.0	1.0	2.0	-	12.0	6.0	-	2.0	-	12.0	6.0	-	2.0	-
56	14.0	6.0	1.0	2.0	-	14.0	6.0	2.0	2.0	-	14.0	6.0	2.0	2.0	-	11.0	6.0	1.0	2.0	-	11.0	6.0	-	2.0	-	11.0	6.0	-	2.0	-
55	13.0	6.0	1.0	2.0	-	13.0	6.0	2.0	2.0	-	13.0	6.0	2.0	2.0	-	11.0	6.0	1.0	2.0	-	11.0	6.0	-	2.0	-	11.0	6.0	-	2.0	-
54	13.0	6.0	1.0	2.0	-	13.0	6.0	2.0	2.0	-	13.0	6.0	2.0	2.0	-	11.0	6.0	1.0	2.0	-	11.0	6.0	-	2.0	-	11.0	6.0	-	2.0	-
53	13.0	6.0	1.0	2.0	-	13.0	6.0	2.0	2.0	-	13.0	6.0	2.0	2.0	-	11.0	6.0	1.0	2.0	-	11.0	6.0	-	2.0	-	11.0	6.0	-	2.0	-
52	13.0	6.0	1.0	2.0	-	13.0	6.0	2.0	2.0	-	13.0	6.0	2.0	2.0	-	10.0	6.0	1.0	2.0	-	10.0	6.0	-	2.0	-	10.0	6.0	-	2.0	-
51	12.0	6.0	1.0	2.0	-	12.0	6.0	2.0	2.0	-	13.0	6.0	2.0	2.0	-	10.0	6.0	1.0	2.0	-	10.0	6.0	-	2.0	-	10.0	6.0	-	2.0	-
50	12.0	6.0	1.0	2.0	-	12.0	6.0	2.0	2.0	-	12.0	6.0	2.0	2.0	-	10.0	6.0	1.0	2.0	-	10.0	6.0	-	2.0	-	10.0	6.0	-	2.0	-
49	12.0	5.0	1.0	2.0	-	12.0	5.0	2.0	2.0	-	12.0	5.0	2.0	2.0	-	10.0	5.0	1.0	2.0	-	10.0	5.0	-	2.0	-	10.0	5.0	-	2.0	-
48	12.0	5.0	1.0	2.0	-	12.0	5.0	2.0	2.0	-	12.0	5.0	2.0	2.0	-	10.0	5.0	1.0	2.0	-	10.0	5.0	-	2.0	-	10.0	5.0	-	2.0	-
47	11.0	5.0	1.0	2.0	-	11.0	5.0	2.0	2.0	-	11.0	5.0	2.0	2.0	-	10.0	5.0	1.0	2.0	-	10.0	5.0	-	2.0	-	9.0	5.0	-	2.0	-
46	11.0	5.0	1.0	2.0	-	11.0	5.0	2.0	2.0	-	11.0	5.0	2.0	2.0	-	9.0	5.0	1.0	2.0	-	9.0	5.0	-	2.0	-	9.0	5.0	-	2.0	-
45	11.0	5.0	1.0	2.0	-	11.0	5.0	2.0	2.0	-	11.0	5.0	2.0	2.0	-	9.0	5.0	1.0	2.0	-	9.0	5.0	-	2.0	-	9.0	5.0	-	2.0	-
44	11.0	5.0	1.0	2.0	-	11.0	5.0	2.0	2.0	-	11.0	5.0	2.0	2.0	-	9.0	5.0	1.0	2.0	-	9.0	5.0	-	2.0	-	8.0	5.0	-	2.0	-
43	10.0	5.0	1.0	1.0	-	11.0	5.0	2.0	1.0	-	11.0	5.0	2.0	1.0	-	9.0	5.0	1.0	2.0	-	9.0	5.0	-	2.0	-	8.0	5.0	-	2.0	-
42	10.0	5.0	1.0	1.0	-	10.0	5.0	2.0	1.0	-	10.0	5.0	2.0	1.0	-	9.0	5.0	1.0	2.0	-	9.0	5.0	-	2.0	-	8.0	5.0	-	2.0	-
41	10.0	5.0	1.0	1.0	-	10.0	5.0	2.0	1.0	-	10.0	5.0	2.0	1.0	-	8.0	5.0	1.0	2.0	-	8.0	5.0	-	2.0	-	8.0	5.0	-	2.0	-
40	10.0	5.0	1.0	1.0	-	10.0	5.0	2.0	1.0	-	10.0	5.0	2.0	1.0	-	8.0	5.0	1.0	1.0	-	8.0	5.0	-	1.0	-	8.0	5.0	-	1.0	-
39	10.0	4.0	1.0	1.0	-	10.0	4.0	2.0	1.0	-	10.0	4.0	2.0	1.0	-	8.0	4.0	1.0	1.0	-	8.0	4.0	-	1.0	-	8.0	4.0	-	1.0	-
38	9.0	4.0	1.0	1.0	-	9.0	4.0	2.0	1.0	-	9.0	4.0	2.0	1.0	-	8.0	4.0	1.0	1.0	-	8.0	4.0	-	1.0	-	7.0	4.0	-	1.0	-
37	9.0	4.0	1.0	1.0	-	9.0	4.0	2.0	1.0	-	9.0	4.0	2.0	1.0	-	8.0	4.0	1.0	1.0	-	8.0	4.0	-	1.0	-	7.0	4.0	-	1.0	-
36	9.0	4.0	1.0	1.0	-	9.0	4.0	2.0	1.0	-	9.0	4.0	2.0	1.0	-	7.0	4.0	1.0	1.0	-	7.0	4.0	-	1.0	-	7.0	4.0	-	1.0	-
35	9.0	4.0	1.0	1.0	-	9.0	4.0	2.0	1.0	-	9.0	4.0	2.0	1.0	-	7.0	4.0	1.0	1.0	-	7.0	4.0	-	1.0	-	7.0	4.0	-	1.0	-
34	8.0	4.0	1.0	1.0	-	8.0	4.0	1.0	1.0	-	8.0	4.0	1.0	1.0	-	7.0	4.0	-	1.0	-	7.0	4.0	-	1.0	-	7.0	4.0	-	1.0	-
33	8.0	4.0	1.0	1.0	-	8.0	4.0	1.0	1.0	-	8.0	4.0	1.0	1.0	-	7.0	4.0	-	1.0	-	7.0	4.0	-	1.0	-	7.0	3.0	-	1.0	-
32	8.0	3.0	1.0	1.0	-	8.0	4.0	1.0	1.0	-	8.0	4.0	1.0	1.0	-	7.0	4.0	-	1.0	-	7.0	4.0	-	1.0	-	6.0	3.0	-	1.0	-
31	8.0	3.0	1.0	1.0	-	8.0	3.0	1.0	1.0	-	8.0	3.0	1.0	1.0	-	6.0	4.0	-	1.0	-	6.0	4.0	-	1.0	-	6.0	3.0	-	1.0	-
30	7.0	3.0	1.0	1.0	-	8.0	3.0	1.0	1.0	-	8.0	3.0	1.0	1.0	-	6.0	3.0	-	1.0	-	6.0	3.0	-	1.0	-	6.0	3.0	-	1.0	-
29	7.0	3.0	1.0	1.0	-	7.0	3.0	1.0	1.0	-	7.0	3.0	1.0	1.0	-	6.0	3.0	-	1.0	-	6.0	3.0	-	1.0	-	6.0	3.0	-	1.0	-
28	7.0	3.0	1.0	1.0	-	7.0	3.0	1.0	1.0	-	7.0	3.0	1.0	1.0	-	6.0	3.0	-	1.0	-	6.0	3.0	-	1.0	-	6.0	3.0	-	1.0	-
27	6.0	3.0	1.0	1.0	-	7.0	3.0	1.0	1.0	-	7.0	3.0	1.0	1.0	-	6.0	3.0	-	1.0	-	5.0	3.0	-	1.0	-	5.0	3.0	-	1.0	-
26	6.0	3.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	5.0	3.0	-	1.0	-	5.0	3.0	-	1.0	-	5.0	3.0	-	1.0	-

25	6.0	2.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	5.0	3.0	-	1.0	-	5.0	3.0	-	1.0	-	5.0	2.0	-	1.0	-
24	5.0	2.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	5.0	3.0	-	1.0	-	5.0	3.0	-	1.0	-	4.0	2.0	-	1.0	-
23	5.0	2.0	1.0	1.0	-	6.0	2.0	1.0	1.0	-	6.0	2.0	1.0	1.0	-	5.0	3.0	-	1.0	-	4.0	3.0	-	1.0	-	4.0	2.0	-	1.0	-
22	5.0	2.0	1.0	1.0	-	5.0	2.0	1.0	1.0	-	6.0	2.0	1.0	1.0	-	5.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-
21	5.0	2.0	1.0	1.0	-	5.0	2.0	1.0	1.0	-	5.0	2.0	1.0	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-
20	4.0	2.0	1.0	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-

If census is below 20, contact Director

19	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	
18	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	
17	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	
16	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	
15	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	
14	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	
13	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	
12	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	
11	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	
10	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	-
9	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	-
8	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	-
7	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	-
6	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	-
5	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	1.0	-	1.0	-
4	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	1.0	-	1.0	-
3	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	1.0	-	1.0	-
2	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	1.0	-	1.0	-
1	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	1.0	-	1.0	-

Matrix Review Form for: 4th Floor Cardiology		Date: August 10, 2021	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		Cardiac patients including CHF, chest pain, abnormal cardiac rhythms, Preop open heart, preop TAVR patients, post procedural patients including watchman, stents, pacers, ablations, Tikosyn and Sotalol loading, cardiac drips. COPD patients. General Medical patients.	
Skill Mix of Nursing Personnel		RN's 67 Total RN's Open RN positions are filled per the WSNA contract. New grads are hired through the Residency Program. CNA's 28 Total CNAs. PTS's 5 Total PTS. 4th Floor Cardiology RN WSNA Seniority: 24% <1year, 12% 1-4 years, 15% 5-9 years, 10% 10-15 years, 19% 16-20 years, 16% 21-29 years, 4% 30+ years.	
Open Positions/ Staff Retention		Currently here are 7 CNA, 3 PTS and 10 RN open positions. The 3 PTS and 10 RN positions are for additional staff for the 14 beds in 4 West.	
Layout of Unit and Churn Rate		19 private rooms and 23 semi-private rooms. Each room has a computer. These rooms include 3 reverse airflow rooms (non working), 9 rooms with ceiling lifts, and 8 rooms with cameras. There are 2 medication/clean utility rooms, 2 dirty utility rooms, 2 storage rooms, 1 staff quiet room, 1 education room and a physician charting room. Churn rate is between 40-75% daily.	
Guidelines Adopted by Various Nursing Associations		Nursing Care Standards and WACS	
Hospital Finances and Resources		Budgeted HPPD 10.5 General staffing ratio for day shift is: 4:1 RN, 10:1 CNA 2nd charge at 37pts. or above. General staffing ratio for night shift is : 5:1 RN 10:1 CNA 2nd charge at 44pts. or above PTS 2 scheduled daily shifts from 0700-2130. Cardiology, TVC, FMSW, Sound admit to our unit	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		Missed breaks 26.5 hrs; 28 missed lunches . The barrier has been not having enough staff to staff the unit to the matrix. The 2nd charge nurse is frequently getting pulled to the floor due to our own unit being short or by the Adm. Manager so that a nurse from the FP can be sent to another unit. Ill calls from the staff have really affected our staffing. In July 118 instances of sick calls.	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		74 hours	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		Short days: 13 shifts; Short nights: 19 shifts Each shift over once.	

If census is below 20, contact Director

19	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-
18	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-
17	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	2.0	2.0	-	-	1.0	2.0	2.0	-	-	1.0	2.0	2.0	-	-	1.0
16	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	2.0	2.0	-	-	1.0	3.0	2.0	-	-	1.0	2.0	2.0	-	-	1.0
15	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	2.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0
14	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	2.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0
13	3.0	1.0	-	-	1.0	3.0	1.0	-	-	1.0	3.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0
12	2.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0
11	2.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0
10	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0
9	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0
8	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0	2.0	1.0	-	-	1.0
7	2.0	-	-	1.0	-	2.0	-	-	1.0	-	2.0	-	-	1.0	-	2.0	-	-	-	1.0	2.0	-	-	-	1.0	2.0	-	-	-	1.0
6	2.0	-	-	1.0	-	2.0	-	-	1.0	-	2.0	-	-	1.0	-	2.0	-	-	-	1.0	2.0	-	-	-	1.0	2.0	-	-	-	1.0
5	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0
4	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0
3	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0
2	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0
1	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0

Matrix Review Form for: 3 West		Date: 12/14/2021
Topic	Discussion	
What's working well?	Executive leadership has supported the departmental need for support of staff taking breaks/ lunches when only 2 staff are present on the unit during low census times. This break support is staffed through the Telesitter staff. Further, staff can request reduced or functional assignment when floating to acute care.	
What concerns you the most?	Staffing shortage. Also, break coverage is not consistently prioritized for our unit. Reduced or functional assignments are not currently granted due to known staffing shortages. Staff is very fatigued as a result of the effects of the COVID pandemic on healthcare. Limited or no applicants for open CNA positions.	
Open Positions/ Staff Retention	Open positions: 1x 0.9 FTE day shift RN, 1x 0.9 FTE NOC shift RN, 1x 0.9 FTE CNA days shift, 2x 0.9 FTE CNA NOC shift	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>	3% of shifts reported a missed break or lunch.	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>	37% of shifts.	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>	Day shift: 72% of shifts short staffed, NOC shift 68% of shifts short staffed.	

UNIT 3 West	DAY SHIFT				Day Hours	NOC SHIFT		Night Hours	Average	9.06	TP Avg @ 8-12						
	Shift Hours	12	12	12		8	12		12	Average @8-12		8.96	10.28				
	Census	TM or Charge RN	RN	CNA		US	RN		CNA	Actual Hours		HPUOS	Direct Care HPUOS	Add Fixed Hours 10.2	Total Prod HPUOS	Total Paid	
14	1	2.0	2.0	1	70	2.0	2.0	48	118	8.43	8.43	10.20	9.16	10.07			
13	1	2.0	2.0	1	70	2.0	2.0	48	118	9.08	9.08	10.20	9.86	10.85			
12	1	2.0	2.0	1	70	2.0	2.0	48	118	9.83	9.83	10.20	10.68	11.75			
11	1	2.0	1.5	1	64	2.0	1.5	42	106	9.64	9.64	10.20	10.56	11.62			
10	1	1.0	1.5	1	52	2.0	1.5	42	94	9.40	9.40	10.20	10.42	11.46			
9	1	1.0	1.0	1	46	2.0	0.5	30	76	8.44	8.44	10.20	9.58	10.54			
8	1	1.0	1.0	0.5	41	2.0	0.5	30	71	8.88	8.88	10.20	10.15	11.17			
7	1	1.0	0.5	0.5	35	2.0	0.0	24	59	8.43	8.43	10.20	9.89	10.87			
6	1	1.0	0.0	0.5	29	2.0	0.0	24	53	8.83	8.83	10.20	10.53	11.59			
5	1	1.0	0.0	0	24	2.0	0.0	24	48	9.60	9.60	10.20	11.64	12.80			
											9.06		10.25	11.27			
													REC	10.97			

Matrix Review Form for: ADAPT (BH Partial Hospital Program)		Date: 4.13.2021	
Topic	Completed	Discussion	Decision/Follow up
Patient care needs		The program is an alternative to inpatient psychiatric hospitalization, serving as a diversion to or step down from inpatient psychiatric treatment, primarily through psychoeducation groups and psychiatric evaluations/medications. The program serves patients 18 years and older with acute psychiatric symptoms who are able to be safe with self and others within an outpatient setting.	
Skill mix of nursing personnel		Multidisciplinary team includes: 1.0 FTE LICSW Clinical Lead 0.5 FTE Charge RN/RN 0.8 FTE Charge RN/Care Manager RN 0.2 FTE OT 0.8 FTE LICSW 0.8 FTE CD Counselor 0.6 FTE Front Desk/PAR Psychiatry support as needed. Miscellaneous relief staff: RN, LMHC, SW, OT Program runs 8:00am – 4:00pm, Monday – Friday. See Staffing Matrix.	
Open Positions/ Staff Retention		0.8 LICSW position open and posted 0.8 CD Counselor on FMLA, anticipated return end of May 2021.	
Layout of Unit		All services are currently provided in a virtual format using Microsoft Teams and the client's own electronic device. The program can serve 4-16 patients daily. In-person services occur in an environment easily accessible to the individual, and ADA accessible. Rooms include private meeting rooms/offices, 2 Activity Group Rooms, Sensory Room, Resource Room, Library, and comfortable gathering lobby/reception area separate from therapy areas.	
Guidelines Adopted by Various Nursing Associations		SAMSHA Recovery Principles, CBT, DBT, SOC for Depression, SOC for Psychosis, Change Theory, Crisis Intervention Therapy, Addiction Recovery Principles, Peer Support, Trauma Informed Care approaches	
Hospital Finances and resources		HPPD 3.45 Staff flex based upon attendance volume & staffing matrix Staffing ratio: 1:10 in a group setting Each staff member teaches 1-2 groups/day, depending on census & acuity.	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) (Please show as a percent)		5.2% (3/58) Missed Breaks/3.4% (2/58) Missed Meals (March 2021) Barriers: Moderate. 1:1 Trouble-shooting of technical difficulties with client electronic devices and MS Teams. Numerous coordination emails to provide instruction and access to daily groups via MS Teams. Occasional occurrences d/t patients in crisis or large referral list to triage. Inflexibility of daily schedule with regard to patient activities: Groups, Intakes. Solution: Manage in the moment where possible; redundant processes being identified and revised/converted to electronic processes. Ongoing revision and streamlining of the intake process and daily workflow to accommodate these variabilities.	

<p>Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i></p>		<p>12.7% (March 2021)</p> <p>The majority of overtime is a direct result of increased administrative tasks related to the virtual environment (MS Teams), combined with not being able to fill a vacant PAR position for over 1 year. ADAPT was authorized to fill the position in March and the new PAR has completed orientation, which should result in a significant decrease in OT.</p>	
<p>Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i></p>		<p>30% (March 2021)</p> <p>6 of 20 days over productivity hours d/t Virtual Program efficiency issues and variable attendance -- average attendance 8.6</p>	

Staffing Matrix for ADAPT FY21 *Revised*

Census	Target Hours	Potential Staff (not required)	When to consider Admin hours in staffing
≤ 5 Patients	16 (shorten program)	1 CRN/ 1 Other	
6-7 Patients	20	1 CRN/ 1.5 Other	
8 Patients	24	1 CRN/ 2 Other	
9 Patients	24	1 CRN/ 2 Other w/ LC	<i>Plus admin hours = 30.</i>
10 Patients	29	1 CRN/ 2-2.5 Other w/ LC	<i>Plus admin hours = 35.</i>
11-13 Patients	35	1 CRN/ 3-3.5 Other w/ LC	<i>Plus admin hours = 41.</i>
14 Patients	42	1 CRN/ 3-4 Other	<i>Plus admin hours = 48.</i>
15-16 Patients	46	1 CRN/ 4-4.5 Other	<i>Plus admin hours = 52.</i>
17-22 Patients	56	1 CRN / 4-5 Other <i>Second parallel program required</i>	<i>Plus admin hours = 62.</i>

*Other includes PAR, RN, Occupational Therapists, CD Counselor, and/or Social Work/MH Professionals

Core Staffing (3-4 Staff @ 14 patients) includes 1 CRN, 1 RN, 1 OT, 1 CD Counselor, or 1 LICSW, and/or 1 Front Desk (or other disciplines if these disciplines are not available).

Safety is our number 1 priority. The staffing matrix is a *guideline*. The staffing needs are to be assessed every 4 hours. Contact Teresa or Dave when there are staffing questions or concerns.

Updated: 4.12.21

Matrix Review Form for: PAS				Date: 09/14/2021
Topic	Completed	Discussion	Decision/Follow up	
Patient Care Needs		Prescreens patients under going anesthesia, lab draws, ekg and mrsa screening. Provides presurgical COVID screening to asymptomatic patients		
Skill Mix of Nursing Personnel		RNs – 13 RN total, SSA - 2, UC - 2 BLS required		
Open Positions/ Staff Retention		2 - SSA Open positions.		
Layout of Unit and Churn Rate		PAS is located on the first floor of the Firstenburg Tower		
Guidelines Adopted by Various Nursing Associations		ASPAN WACS Nursing Care Standards		
Hospital Finances and Resources		UOS - adjusted patient days		
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		0.15 hrs of missed breaks, 0.5 hours of missed lunches (Grand total hours worked 2270) = Less than 1%		
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		11 hrs = Less than 1%		
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		0 - working on matrix that fits the departments function		

Matrix Review Form for: Psychiatric Consultation & Liaison Service		Date: 4.13.21	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		The Psychiatric Consultation & Liaison Service (C&L) provides appropriate mental health care and treatment for medically admitted/observation patients and Emergency Department outpatients at PeaceHealth Southwest Medical Center.	
Skill Mix of Nursing Personnel		Multidisciplinary team includes: 0.8 RN 0.6 LICSW 1.0 Assistant Nurse Manager Psychiatrists (FTE currently flexing due to new BH Outpatient Clinic opening) Relief staff: RN, LMHC, LICSW	
Open Positions/ Staff Retention		0.6 LICSW position open and posted	
Layout of Unit and Churn Rate		Services are provided throughout the Medical Center in patient rooms and the Emergency Department	
Guidelines Adopted by Various Nursing Associations		SAMHSA Recovery Principles, CBT, DBT, Change Theory, Crisis Intervention Therapy, Addiction Recovery Principles	
Hospital Finances and Resources		Daily Fixed Staffing: 1-2 Psychiatrists 1 BH RN or LICSW Psychiatrists flex based on referral needs. Other disciplines triage and prioritize patient needs in consultation with the psychiatrists, based on presenting symptoms, staff support needs, and urgency of referrals.	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) (Please show as a percent)		0% (0/39) Missed Breaks/0% (0/39) Missed Meals (March 2021)	
Incremental Overtime (for past 30 days) (Please show as a percent)		0%	
Staffing Out of Matrix (how often in past 30 days) (Please show as a percent)		0% (Fixed Staffing)	

Matrix Review Form for: Heart and Vascular Cardiology Clinic		Date: 3/9/2021	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		Outpatient Cardiology patients	
Skill Mix of Nursing Personnel		3.0 FTE for clinical Triage RN's 1.0 FTE for Diagnostic testing 1.0 FTE for Device clinic Total experience of 49 years Triage RN's- assists with walk in nurse visit, Phone Triage, IV lasix, working directly with the cardiologist, PA-C's and NP's. Diagnostic RN- assists cardiologist with cardiac stress testing Device RN- assists with our Electrophysiologist and patients with pacemakers and Defibrillators	
Open Positions/ Staff Retention		No open positions	We just filled two RN positions and are in the process of training/orienting them within the last 60 days.
Layout of Unit and Churn Rate		12- patient exam rooms 2- treadmill rooms, 3- Device rooms, 3 cardiac ultrasound rooms	
Guidelines Adopted by Various Nursing Associations		Nursing Care Standards	
Hospital Finances and Resources		Budgeted for 5.0 FTE	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		1.25% (1 missed break in 79.75 total RN working days)	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		0.2% (1.75 total hours out of 760 total RN hours)	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		We were in compliance the entire month	

Matrix Review Form for: Cardiac Prep Recovery (2200)		Date: 03/09/2021	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		Provide pre/post procedural care for the Cardiovascular Lab. This includes prep for Open Heart Surgery, Structural Heart, Neuro, Vascular, Cardiac, and IR procedures. Prep includes shaving surgical sites, IV starts, lab draws, pre-op medications, and medication reconciliation. Recovery of post procedural patients including telemetry monitoring, vitals, site assessments, sheath removal/maintenance, and medicating as needed. Transport of patients from in-patient units to and from the CVO/CVAD.	
Skill Mix of Nursing Personnel		RN's 19, CNA/PTS's 3, LPN's 1, MT's 2. (80% have > 10 years of nursing experience) Open RN positions filled by Critical Care RN's per the WSNA Contract. CVO RN WSNA Seniority: 6% <1 year, 26% 1-4 years, 0% 5-9 years, 21% 10-15 years, 21% 16-20 years, 26% 21-30 years.	
Open Positions/ Staff Retention		1 (0.9FTE) RN position open. This past fiscal year we added 3 Full Time RN positions. 2 RN's increased their hours, one from 0.5-0.75, and one from 0.75-0.9. 1 was a new position created to staff extended hours in the department. 2 RN's vacated their positions for personal reasons, 1 earned her Nurse Practitioner degree and has accepted a position as our TAVR Coordinator effective 3/14/21, and 1 accepted a position as our STEMI Coordinator.	
Layout of Unit and Churn Rate		16 private rooms. Each room has a computer for charting, monitor for vitals/ECG, thermometer, O2, suction, patient call light, TV, and gurney. There is 1 clean utility room, 1 dirty utility room, 2 patient bathrooms, 1 staff bathroom, and 2 nurse's stations.	
Guidelines Adopted by Various Nursing Associations		Nursing Care Standards, WACS, AORN.	
Hospital Finances and Resources		Budgeted HPPD 19 Staffing ratio is 1:3 max, 1:1 for sheath removal/high patient acuity.	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		In the past 30 days - Missed breaks: 0% Missed Lunches: 0%	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		In the last 2 pay periods there were 37 OT hours resulting in a 2.1% variance for PPE 2/27/21 and a 0.6% variance for PPE 02/13/21.	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		0600-1930 M-F the CVO was over Matrix =0%	

Matrix Review Form for:Cardiopulmonary Rehabilitation		Date: 3/9/2021	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		Outpatient cardiac and pulmonary rehab patients	
Skill Mix of Nursing Personnel		1.4FTE for Clinical RNs, 2 RNs with total experience >70 years 2-Exercise Physiologist, 1-Respiratory Therapist	
Open Positions/ Staff Retention		No Open positions.	
Layout of Unit and Churn Rate		Scheduled gym, cardio equipment includes Treadmills, bikes, NuStep, Elliptical, duo ergometers, striders and resistance training equipment. 8-12 patients per group, 4-6 groups per day. Scottcare telemetry system and CareConnect. Education room located across hallway.	
Guidelines Adopted by Various Nursing Associations		Nursing Care standards and Accreditation from the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR)	
Hospital Finances and Resources		Budgeted for 1.4 FTE	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		0% Breaks and lunch are built into daily schedule	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		0%	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		0%	

Matrix Review Form for: CVICU		Date: 7/13/2021	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		Cardiac patients including CHF, Post PCI / Stent placement, abnormal cardiac rhythms including complete heart block with pacemaker insertion (temporary and permanent), Cardiac arrest with target temp management, recovery of open heart patients, management of Left Ventricular devices (IABP and Impella), and general medical intensive care patients.	
Skill Mix of Nursing Personnel		62 total RN's with 5 travelers. We have 7 new employees in the orientation process. Open positions are filled per WSNA contract. New grads are hired through the Residency Program. PTS total 7 (two PTS desk and 5 PTS floor) including 1 PD nights PTS and 1 PT days PTS. CVICU RN WSNA Seniority: 3% < 1 year, 42% 1-4 years, 25% 5-9 years, 9% 10-15 years, 8% 16-20 years, 8% 21-29 years, 7% 30+.	
Open Positions/ Staff Retention		5 - 0.9 RN nights, 4- PD nights, 6 PD days	
Layout of Unit and Churn Rate		24 private rooms. Each room has a computer and cardiac monitor. 3 of these rooms are reverse/negative airflow rooms. All rooms have a ceiling lift capable of 250 kg. 3 rooms have a double lift system. 12 rooms with capability of cameras. There are two medication / clean utility rooms, 2 dirty utility rooms, 2 equipment/storage rooms, 2 nutrition rooms, 1 stat lab, 1 respiratory room, 1 staff lounge, 2 locker rooms, 1 conference room, and 1 physician sleep room.	
Guidelines Adopted by Various Nursing Associations		Nursing Care Standards, Wacs, AACN	
Hospital Finances and Resources		Budgeted HPPD 18.53 General staffing ratio for unit: 2:1 RN, 3:1 RN, 1:1 RN (based on acuity) 0900-2130 M-F, x1 PTS floor per shift.	PTS desk
Missed Breaks/Lunches (for past 30 days- if staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		13 out of 88 = 15% Barrier: Charge rn informed very late in shift by employee that they did not get lunch / breaks. Staff to inform charge or ANM early enough to help find coverage and relief for breaks and lunches. High volume of 1:1 RNs (hard to break all with no Flex RN staffed)	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		16.25 of 88= 18%	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		Short (variance green) 14 days, Plus (variance red) 15 days, right on 1 day (most of the days we were red was due to multiple 1:1 patients and high acuity)	

CVICU Cost Center 2201

TARGET HPPD

Census	Days										Evenings								Nights								
	630am - 1030 am					1030am - 230pm					230pm - 630pm				630pm - 1030pm				1030pm - 230am				230am - 630am				
	RN	FLEX	PTS	CRN - No Pts	CRN - with Pts	RN	FLEX	PTS	CRN - No Pts	CRN - with Pts	RN	FLEX	PTS	CRN - No Pts	CRN - with Pts	RN	FLEX	PTS	CRN - No Pts	RN	FLEX	PTS	CRN - No Pts	RN	FLEX	PTS	CRN - No Pts
24	12.0	1.0	1.0	1.0	0.0	12.0	1.0	2.0	1.0	0.0	12.0	1.0	2.0	1.0	0.0	12.0	1.0	2.0	1.0	12.0	1.0	1.0	1.0	12.0	1.0	1.0	1.0
23	12.0	1.0	1.0	1.0	0.0	12.0	1.0	2.0	1.0	0.0	12.0	1.0	2.0	1.0	0.0	12.0	1.0	2.0	1.0	12.0	1.0	1.0	1.0	12.0	1.0	1.0	1.0
22	11.0	1.0	1.0	1.0	0.0	11.0	1.0	2.0	1.0	0.0	11.0	1.0	2.0	1.0	0.0	11.0	1.0	2.0	1.0	11.0	1.0	1.0	1.0	11.0	1.0	1.0	1.0
21	11.0	1.0	1.0	1.0	0.0	11.0	1.0	2.0	1.0	0.0	11.0	1.0	2.0	1.0	0.0	11.0	1.0	2.0	1.0	11.0	1.0	1.0	1.0	11.0	1.0	1.0	1.0
20	10.0	1.0	1.0	1.0	0.0	10.0	1.0	2.0	1.0	0.0	10.0	1.0	2.0	1.0	0.0	10.0	1.0	2.0	1.0	10.0	1.0	1.0	1.0	10.0	1.0	1.0	1.0
19	10.0	1.0	1.0	1.0	0.0	10.0	1.0	2.0	1.0	0.0	10.0	1.0	2.0	1.0	0.0	10.0	1.0	2.0	1.0	10.0	1.0	1.0	1.0	10.0	1.0	1.0	1.0
18	9.0	1.0	1.0	1.0	0.0	9.0	1.0	2.0	1.0	0.0	9.0	1.0	2.0	1.0	0.0	9.0	1.0	2.0	1.0	9.0	1.0	1.0	1.0	9.0	1.0	1.0	1.0
17	9.0	1.0	1.0	1.0	0.0	9.0	1.0	2.0	1.0	0.0	9.0	1.0	2.0	1.0	0.0	9.0	1.0	2.0	1.0	9.0	1.0	1.0	1.0	9.0	1.0	1.0	1.0
16	8.0	1.0	1.0	1.0	0.0	8.0	1.0	2.0	1.0	0.0	8.0	1.0	2.0	1.0	0.0	8.0	1.0	2.0	1.0	8.0	1.0	1.0	1.0	8.0	1.0	1.0	1.0
15	8.0	0.0	1.0	1.0	0.0	8.0	0.0	2.0	1.0	0.0	8.0	0.0	2.0	1.0	0.0	8.0	0.0	2.0	1.0	8.0	0.0	1.0	1.0	8.0	0.0	1.0	1.0
14	7.0	0.0	1.0	1.0	0.0	7.0	0.0	2.0	1.0	0.0	7.0	0.0	2.0	1.0	0.0	7.0	0.0	2.0	1.0	7.0	0.0	1.0	1.0	7.0	0.0	1.0	1.0
13	7.0	0.0	1.0	1.0	0.0	7.0	0.0	2.0	1.0	0.0	7.0	0.0	2.0	1.0	0.0	7.0	0.0	2.0	1.0	7.0	0.0	1.0	1.0	7.0	0.0	1.0	1.0
12	6.0	0.0	1.0	1.0	0.0	6.0	0.0	2.0	1.0	0.0	6.0	0.0	2.0	1.0	0.0	6.0	0.0	2.0	1.0	6.0	0.0	1.0	1.0	6.0	0.0	1.0	1.0
11	6.0	0.0	1.0	1.0	0.0	6.0	0.0	2.0	1.0	0.0	6.0	0.0	2.0	1.0	0.0	6.0	0.0	2.0	1.0	6.0	0.0	0.0	1.0	6.0	0.0	0.0	1.0
10	5.0	0.0	0.0	1.0	0.0	5.0	0.0	1.0	1.0	0.0	5.0	0.0	1.0	1.0	0.0	5.0	0.0	1.0	1.0	5.0	0.0	0.0	1.0	5.0	0.0	0.0	1.0
9	5.0	0.0	0.0	1.0	0.0	5.0	0.0	1.0	1.0	0.0	5.0	0.0	1.0	1.0	0.0	5.0	0.0	1.0	1.0	5.0	0.0	0.0	1.0	5.0	0.0	0.0	1.0
8	4.0	0.0	0.0	1.0	0.0	4.0	0.0	1.0	1.0	0.0	4.0	0.0	1.0	1.0	0.0	4.0	0.0	1.0	1.0	4.0	0.0	0.0	1.0	4.0	0.0	0.0	1.0
7	4.0	0.0	0.0	1.0	0.0	4.0	0.0	1.0	1.0	0.0	4.0	0.0	1.0	1.0	0.0	4.0	0.0	1.0	1.0	4.0	0.0	0.0	1.0	4.0	0.0	0.0	1.0
6	3.0	0.0	0.0	1.0	0.0	3.0	0.0	1.0	1.0	0.0	3.0	0.0	1.0	1.0	0.0	3.0	0.0	1.0	1.0	3.0	0.0	0.0	1.0	3.0	0.0	0.0	1.0
5	3.0	0.0	0.0	1.0	0.0	3.0	0.0	1.0	1.0	0.0	3.0	0.0	1.0	1.0	0.0	3.0	0.0	1.0	1.0	3.0	0.0	0.0	1.0	3.0	0.0	0.0	1.0
4	2.0	0.0	0.0	1.0	0.0	2.0	0.0	1.0	1.0	0.0	2.0	0.0	1.0	1.0	0.0	2.0	0.0	1.0	1.0	2.0	0.0	0.0	1.0	2.0	0.0	0.0	1.0
3	2.0	0.0	0.0	1.0	0.0	2.0	0.0	1.0	1.0	0.0	2.0	0.0	1.0	1.0	0.0	2.0	0.0	1.0	1.0	2.0	0.0	0.0	1.0	2.0	0.0	0.0	1.0
2	1.0	0.0	0.0	1.0	0.0	1.0	0.0	1.0	1.0	0.0	1.0	0.0	1.0	1.0	0.0	1.0	0.0	1.0	1.0	1.0	0.0	0.0	1.0	1.0	0.0	0.0	1.0
1	1.0	0.0	0.0	1.0	0.0	1.0	0.0	1.0	1.0	0.0	1.0	0.0	1.0	1.0	0.0	1.0	0.0	1.0	1.0	1.0	0.0	0.0	1.0	1.0	0.0	0.0	1.0

Matrix Review Form for Care Management		Date: November 1st, 2021
Topic	Discussion	
What's working well?	Executive leadership has supported our staffing needs and provided additional FTEs to help meet our matrix demand	
What concerns you the most?	Continual orientating/ precepting may cause staff burnout. Doing the best to alternate preceptors as appropriate	
Open Positions/ Staff Retention	<p>Open Positions- 2- 0.9 RNCM, 4- 1.0 RNCM, 1 per diem.</p> <p>Staff Retention- In the past 6 months, I have had 3 staff leave the department (2 left for positions where they are able to work from home and 1 transitioned to working for PHSW System Care Management)</p>	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>	Missed Breaks for the past 30 days- 14 total= 2%, Missed Lunches for the past 30 days- 9 total= 2%	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>	Incremental Overtime for past 30 days- 114.75 hours (includes CES3 shifts staff picked up that put them into OT)	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>	Staffing Out of Matrix for past 30 days- 77% (24 out of 31 days).	

Census	RNCM (1:20)	MSW (1:30)
100	5	3
110	6	4
120	6	4
130	7	4
140	7	5
150	8	5
160	8	5
170	9	6
180	9	6
190	10	6
200	10	7
210	11	7
220	11	7
230	12	8
240	12	8
250	13	8
260	13	9
270	14	9
280	14	9
290	15	10
300	15	10
310	16	10
320	16	11
330	17	11
340	17	11
350	18	12
360	18	12
370	19	12
380	19	13
390	20	13
400	20	13

Matrix Review Form for: Cath Lab 2255		Date: 03/09/21	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		Elective and Emergent Procedures for 6 different modalities - Neuro, Cardiac, Vascular, Trauma, Interventional Radiology, and Electrophysiology. Procedures performed include STEMI, Stroke, Trauma, AAA, TAVR, TCAR, MitraClip, Watchman, Impella, PFO Closure, Electrophysiology, Vertebroplasty, Carotid Stent, Cardiac Cath/PCI/Stent, Right Heart Cath, Vasodilation Studies, Pacemaker, ICD, Port Placement, Nephrostomy, GJ Tube, Chole, Biliary Drain, Pericardiocentesis, Fistulagram, Tunnel Dialysis Catheters, Arterial and Venous Sheath Removal.	
Skill Mix of Nursing Personnel		RN's 13, RT(R)'s 18, CVT's 3. (90% have >5 years of Cath Lab Experience) Open RN positions filled by Critical Care RN's per the WSNA Contract, Minimum 1 year Cath Lab Experience required. Cath Lab RN WSNA Seniority: 8% <1 year, 35% 1-4 years, 35% 5-9 years, 7% 10-15 years, 0% 16-20 years, 20% 21-30 years.	
Open Positions/ Staff Retention		1 (1.0FTE) RN position open. 1 (0.5 FTE) RN positions open. 3 (1.0 FTE) Radiologic Technologist positions open. This fiscal year we had 3 RN's leave the Cath Lab: 1 returned to Cath Lab travel nursing, 1 transferred to another department, and 1 retired.	
Layout of Unit		6 Cath Lab Suites - 1 Neuro/IR Biplane room with an anesthesia machine, 2 Cardiac Cath/CRM, 2 Electrophysiology rooms with anesthesia machines, and 1 Hybrid Room with an anesthesia machine, 2 Open Heart Suites (Staffed by OR), Each Cath Lab Suite has a pyxis, medication refrigerator, code cart, control room for hemodynamic monitoring, c-arm (5 single plane, 1 bi-plane), procedure table, computer work station on wheels, lead aprons, medical gas hookup for anesthesia, ultrasound machine, and suction. There is a center core with extra stock and non-stock inventory items, tube station, medication pyxis, and refrigerator. There is 1 clean utility room and 1 dirty utility room.	
Guidelines Adopted by Various Nursing Associations		Nursing Care Standards, WACS, American Heart Association, SCAI - Society for Cardiovascular Angiography and Interventions, AORN - Association of Operating Room Nurses, Radiation Safety Committee	
Hospital Finances and Resources		Budgeted HPPD 36, Staffing Ratio is 4 per case (min 1 RN and 3 RT/CVT's) if nurse sedation is provided. Ratio is 3 per case if an Anesthesiologist is monitoring the patient. 1 Interventional Cardiologist, 1 Radiologist/Neuro Interventionalist, and 1 Vascular Surgeon on call 24/7. 4 person call team for emergencies 1730-0700 M-F, 0700-0700 Sat/Sun.	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) (Please show as a percent)		Missed Breaks: (3) 0.1% Missed Lunches: (5) 0.1% Barriers: No float staff to provide breaks during procedures, procedure times running past noon preventing staff from getting lunch within 5 hours from the start of their shift.	
Incremental Overtime (for past 30 days) (Please show as a percent)		In the last 2 pay periods there were 221 OT hours resulting in an 4.2% variance for PPE 02/27/21 and a 3.6% variance for PPE 02/13/21. OT is due to call team activation between the hours of 1730-0700 M-F and 0700-0700 Sat and Sun	
Staffing Out of Matrix (how often in past 30 days) (Please show as a percent)		7a-1730p M-F Over Matrix =0%	

Matrix Review Form for:CDI		Date: 12/14/2021
Topic	Discussion	
What's working well?	We have a team of 7 CDI RN's with 7-30+ years service at SWMC.	
What concerns you the most?	Increase in hospital census with opening SSIPO, 4W and 4W obs to accommodate COVID and Medical population without an increase in CDI staff to review cases.	
Open Positions/ Staff Retention	7 CDI's with high retention rate with minimum number of years on team being 2 years, 6 years -13 years. Offer for return to unit to one CDI previously let go as agreed upon by WSNA and HR.	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>	0	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>	Exempt- Remote staff- unable to track	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>	Not applicable	

Diagnostic Imaging 7/13/2021			
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		Inpatient and outpatient CT, US, X-ray, and MRI guided procedures, DI patient monitoring and mild sedation	
Skill Mix of Nursing Personnel		RN 0.8 FTE RN 0.8 FTE RN 0.5 FTE 3 relief RN's	
Open Positions/ Staff Retention		1 CT procedure suite 2 CT exam suites 1 Ultrasound procedure suite 2 Radiology/ Fluoro suites 2 MRI suites	
Layout of Unit and Churn Rate		Nursing Care Standards	
Guidelines Adopted by Various Nursing Associations		Budgeted FTE's 2.0 Utilized FTE's 2.1	Nursing staff take breaks and lunches when the provider takes breaks and lunches.
Hospital Finances and Resources			
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		18 Missed Breaks collectively. 0 Missed Lunches	Nurses paid appropriately for missed breaks. Refining new PA provider schedules to better support Nursing breaks.
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		13.5 Hours of Overtime Collectively	Paid premium pay appropriately
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>			

Matrix Review Form for: <u>Emergency Department</u>		Date: <u>6/7/21</u>																																																																																																																																																																					
Topic	Completed	Discussion	Decision/Follow up																																																																																																																																																																				
Patient Care Needs		The Emergency Department is a Level II Trauma Center, Stroke Center, and Cardiac Center. Anticipated volumes for FY 22 is 80,000 patient visits or 220 patients per day. The Emergency Department treats patients with a variety of illnesses and injuries including: stroke, MI, mental health, sepsis, CHF, orthopedic injuries, drug/alcohol abuse, and respiratory illnesses.																																																																																																																																																																					
Skill Mix of Nursing Personnel		RNs, LPNs, ED Techs, Unit Coordinators, and Assistant Nurse Managers, and Nurse Manager. Open clinical RN positions are filled according to the WSNA contract.																																																																																																																																																																					
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Layout of Unit and Churn Rate		There are 52 care spaces in the ED, including 5 rooms in the behavioral health area and 3 trauma rooms. The ED behavioral health area has 5 rooms that have been recently renovated to be ligature free for the safety of the patients being placed in this area. All rooms in this area are monitored by cameras. There are 2 medication rooms, a staff lounge, a nutrition room, an EMS lounge, and 11 reverse airflow rooms.																																																																																																																																																																					
Guidelines Adopted by Various Nursing Associations		Nursing Care Standards, Emergency Nurses Association, WACS																																																																																																																																																																					
Hospital Finances and Resources		Budgeted UOS= 3.47 General RN to Patient Ratios: Vary based on patient acuity mix																																																																																																																																																																					
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		(May 2021) Missed 53 Lunches Missed 131.5 hours of breaks & lunches (0.7%) Missed breaks and lunches are due to insufficient staffing. We are actively recruiting to fill this need.																																																																																																																																																																					
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		(May 2021) 422.5 hrs of incremental OT (2.3%)																																																																																																																																																																					
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		The Emergency Department flexes staffing to patient volumes throughout the day.																																																																																																																																																																					

Matrix Review Form for: ENDO			
		Date: 09/14/2021	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		Provides procedural care for patients under going Endoscopy, Pulmonology, Manometry, and Tee/CV	
Skill Mix of Nursing Personnel		RNs – 12 total + 2 travelers, CSP tech- 5, CNA Endo Tech -2	
Open Positions/ Staff Retention		2- RN Open positions. 2 RN travel positions open. 1 CSP tech relief position open	
Layout of Unit and Churn Rate		Endo is located on the second floor of Mojo and has 4 Suites and 1 Mojo OR	
Guidelines Adopted by Various Nursing Associations		ASPAN WACS Nursing Care Standards, SGNA, AORN	
Hospital Finances and Resources		UOS 7.05 - for Endoscopy patients - this is an increase to help cover TEE/CV. We are working with finance to capture TEE/CV volumes which will lower our UOS to a correct number	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		5 hrs of missed breaks, 4.5 hours of missed lunches (Grand total hours worked 1,977.75) Less than 1%	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		3 hrs = less than 1%	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		We show that we have staffed over matrix due to orientation, CES 3 shifts offered to cover open holes. We have also limited cases due to SSU turning to IP, and staffing needs	

Matrix Review Form for: Home Health		Date: Oct. 12, 2021	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		Home Health provides short-term, intermittent skilled nursing and therapy services to adult patients who meet the Conditions of Participation (CoPs). SN services include, wound care, patient and family education on medications and disease process management and pain control. Also, catheters, ostomys, drains, labs and case management. We focus on developing an individualized plan of care to improve a patient's functional mobility in consort with improving patient health status, ability to manage their disease process(es), assure medication knowledge and other important health factors.	
Skill Mix of Nursing Personnel		20 FTE for RN Case Managers, 2 Per Diem RNs, 2.6 FTE for LPN, 2 Triage RNs, 4 ANM, 2 HHA. WSNA Seniority: 20% <1 year, 43% 1-4 years, 13% 5-9 years, 10% 10-15 years, 7% 16-20 years, 7% 21-29 years, 0% 30+	
Open Positions/ Staff Retention		Open positions: RN; LPN; HHA Staff that have left: 7 RNs, one moved out of area, 5 transferred within PH, and 1 left the organization. 2 LPNs, 1 was let go, 1 left due to concerns about COVID. 5 RNs went on leave due to COVID vaccine mandate and 1 LPN resigned due to the mandate.	
Layout of Unit and Churn Rate		Nurses practice in patient homes or non-skilled facilities. We have work stations, a breakroom, restrooms, a reflection room and a supply room at the office on MacArthur Blvd.	
Guidelines Adopted by Various Nursing Associations		WACs and COPs	
Hospital Finances and Resources		We have 20-28 nurses working week days and 1 on call from 4:30pm-8am. 3-4 nurses work Saturday and Sunday with one on call from 4:30pm-8am. HHAs work 8-4:30 M, T, Th, F no weekends or holidays. We receive referrals from all local hospitals, SNFs, Physician offices and WHC.	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		We had 7.75 total hours of missed breaks at 0.1% in September. We had 12 missed lunches at 2% in September. 5 of those were from one nurse who is new and will be coached on this. Will also be reviewing at upcoming all staff meeting. We have quite a few new or newer staff.	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		151 Total hours of OT in October for HH nurses from 1823 total hours = 8%	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		We adjust our visits to our staffing.	

Matrix Review Form for:Hospice Medicare Certified		Date: 11/9/2021			
Topic	Discussion				
What's working well?	WE are continuing to grow. Our teams are working well together and we are able to serve the needs of 325 patients in the community with Nurses, Social Workers, Chaplains, Bath aides, NP's and Physicians and volunteers assigned to each household. We are well functioning in our community and highly thought of due to our high functioning nursing team and compassionate caregivers.				
What concerns you the most?	Difficulties with finding preceptors for new staff as we are onboarding a lot. During Covid, having the ability to bring a team of over 50 nurses in for skills training.				
Open Positions/ Staff Retention	MSW: 2 PD, 4 MSW. NP: 1 Relief LPN: 2 0.7 nights, 2 relief, 1 FT; RN: 1-0.8, 4 FT, 1 PD; CNA : 1 FT				
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>	Number of Days Meals Taken	Number of Days Missed Meals	Total Days with Punches	Percentage Missed Meal	Percentage Attested
	825	11	1029	1%	81%
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>	Total hours scheduled for 73 RNs = 9072		Dates 10/3/21-10/31/21		
	Total hours worked for 73 RN's = 9542.25		762 hours were per diem and traveler		
	481.75 hour over status				
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>	There is no matrix in Hospice. We are working to keep our primary care nurses at 12 patients per Full time RN. Currently, we have 2 travelers in department and are hiring as fast as we can...Filling our RN positions as fast as possible. This week posting 3 more RN positions. Our RN's are currently carrying higher caseloads but are being offered help when available with visits on a daily basis, but often turning down this help or taking their patients back once we've assigned them to other nurses. There ARE days when no help is available. We understand they want consistency but have asked them to please let us know which patients are more stable and could be assigned to others. We are using our LPN's and travelers to help cover these gaps. We are no longer LCing (although that did happen this week once and ensured that it will not happen again). We have now had to push admissions out several days, right now we are out 5 days.				

Matrix Review Form for: ICU/MICU		Date: 7/13/2021	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		Complicated Neuro and Surgical patients, Trauma patients (level II trauma center), and medical critical care patients including management of CRRT.	
Skill Mix of Nursing Personnel		Total of 69 RNs with 15 travelers. Open positions are being filled per WSNA contract. New grads are hired through the residency program. PTS total 6. ICU/MICU WSNA seniority: 28% < 1 year, 17% 1-4 years, 26% 5-9 years, 8% 10-15 years, 12% 16-20 years, 4% 21-29 years, 0 30 +	
Open Positions/ Staff Retention		3- 0.9 RN nights and 3- 0.9 RN days, 1 PD nights.	
Layout of Unit and Churn Rate		24 private rooms. 6 rooms with showers; each room equipped with PC and cardiac monitors, 2 nourishment rooms, 2 equipment rooms, 2 medication rooms, 2 dirty utility rooms, one stat room, one respiratory room. COVID ward currently blocked for 5 beds.	
Guidelines Adopted by Various Nursing Associations		Nursing Care Standards, WACS, AACN	
Hospital Finances and Resources		Budgeted HPPD: 19.00 General staffing ratio for unit: 2:1, 1:1, 3:1 based on acuity.	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		36 out of 92 = 39% Barrier: Charge rn informed very late in shift by employee that they did not get lunch / breaks. Staff to inform charge or ANM early enough to help find coverage and relief for breaks and lunches.	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		44.75 out of 92 = 48%	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		Short (variance green) 16 days, Plus (variance red) 14 days	

Matrix Review Form for: PCU		Date:8/10/2021	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		PCU is a 24 bed stepdown unit specializing in DKA, CAPD, respiratory issues, titratable cardiac drips, and sepsis.	
Skill Mix of Nursing Personnel		PCU has 30 RNs. All RNs are NIHSS and ACLS certified, 2 have their PCCN. 6%/2 RNs >20 yrs, 13%/4 RNs 10-19 yrs, 16%/5 RNs 5 - 9 yrs, 61%/19 RNs < 5yrs at PeaceHealth.	
Open Positions/ Staff Retention		Currently day shift has 2 full time RNs orienting and one to start on 8/16. NOC has 4 open RN positions, 2-0.9, 1-0.6, and 1-0.75, all positions are open and we are interviewing candidates.	
Layout of Unit and Churn Rate		PCU has 16 private rooms and 4 semi-private rooms. We currently have 16 MX-100 monitors and 10 telemetry boxes, and are moving forward with obtaining 10 more MX-100's. During high census times we do open up the second bed in our private rooms to accommodate community needs.	
Guidelines Adopted by Various Nursing Associations		Interquall guidelines for progressive care units, WACs	
Hospital Finances and Resources		PCU is budgeted for 12.5 HPUOS, average patient ratio on days is 3-4:1 and nights 4:1, CNAs are at 7-12:1 depending on census and shift. PTS is budgeted for greater than 15 patients. The PTS is also assigned patients to assist in keeping the CNA patient ratio at 8.	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		7/1/2021 - 7/31/2021: 19 hours for missed breaks/lunches. 68 missed breaks, 4 missed lunches.	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		7/1/2021 - 7/31/2021: 13.25 hours.	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		7/1/2021 - 7/31/2021: PCU was staffed out of matrix 54 out of 62 shifts.	

Matrix Review Form for: Kearney Breast Center		Date: July 13, 2021	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		Assists during biopsies and procedures. Provides patient navigation, support and scheduling to the patients as they move on to other modalities for additional care.	
Skill Mix of Nursing Personnel		1 RN	
Open Positions/ Staff Retention		zero	
Layout of Unit and Churn Rate		3 mammography rooms, 2 US rooms, 1 Stereotactic room, 1 DEXA room	
Guidelines Adopted by Various Nursing Associations			
Hospital Finances and Resources		1 FTE	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		Zero	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		Zero	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		Zero	

Matrix Review Form for: Family Birth Center 2021		Date: April 13, 2021	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		Antepartum, intrapartum, and postpartum patient population which includes the following: antepartum testing, outpatient medication administration, triaging of labor, labor and delivery, preoperative, intraoperative, recovery, and post-surgical care of the parturient. Newborn care of the late preterm, early term, term, and post term stable newborn. Inpatient and outpatient lactation consultations.	
Skill Mix of Nursing Personnel		11 OB Surgical Technicians and 97 RN's. One Lactation Coordinator (RN). Currently 7 0.9 RN FTE agency (to cover LOA's, internship onboarding, vacations)	
Open Positions/ Staff Retention		transitions from open positions, LOA's and internship finishing up June through July. Requesting 2 Resident positions for cohort 9/spring 2021. One night shift 0.9 FTE OB Surgical Tech	
Layout of Unit		7 bay triage area, 32 LDRP rooms (1 reverse flow), 8 rooms that we share with pediatrics that can be used as antepartum, triage, or delivery as census driven. One newborn procedure room. 2 nourishment rooms, 3 provider documentation rooms. 4 pyxis stations, 4 medication rooms, 3 equipment rooms, 2 utility rooms, 3 operating suites. Central fetal monitoring at 4 nurses stations. Ability to provide cardiac telemetry with assistance of remote monitor techs. 1 staff pump room. 2 staff break rooms. 1 locker room. 7 offices that contain social service work space, NICU gap clinic workspace, manager, director, admin, sec, ANM's, educator. 7 provider call rooms for OB and NICU. 1 provider lounge.	
Guidelines Adopted by Various Nursing Associations		AWHONN, ACOG, WACS, WSHA, CMQCC, NANN, ASPAN	
Hospital Finances and Resources		Budgeted 5.34 births / day for 1950 Births HUOS is 68.49. Actual HUOS 67.11 YTD. Currently we are running 4.82 birth/ day for 1321 births as of 4.13.21. Staffing ratios follow AWHONN staffing guidelines: Triage: 3-4 / RN, Antepartums: 3:1, Labor: early-2:1, active through delivery-1:1, inductions of labor-1:1. OR 1:1, PACU 2:2. Newborns- initial admission 1:1. Transition with stable mom 2:1. Mother / baby couplets 3:1. Antepartum testing M-S 1 certified in limited OB ultrasound RN: 8-13 appointments for NST/AFI/BPP/versions/ med administrations/ pre-op phone calls. Lactation services-1.9 FTE per 1000 deliveries = 3.8 FTE of RN's certified in lactation provide lactation support to the mother/babies couplets and outpatient lactation appointments and 2 day outpatient follow up checks on moms/newborns.	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		Lunches missed were 40 (20 hours) = Breaks missed were 65 (7 hours) = Barriers: staffing, RN's requesting to delay taking breaks when able to provide	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		Total overtime is 304.5 hours = 4% (224.25 hours of call back.)	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		Day shift (3 shifts) = 1% Noc shift (1 shift) = .03%	

Matrix Review Form for: 3 North		Date: 2/09/2021	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		3North is a 32 bed oncology/med-surge overflow unit	
Skill Mix of Nursing Personnel		28 RNs with 40% having >10 years on the unit. 13 RNs chemotherapy certified, 4 Oncology Certified. RNs on 3North perform their own blood draws on patients with central lines	
Open Positions/ Staff Retention		Currently 3North has 5 open 0.9 FTE positions 3 NOC and 2 day, 3 Day shift 0.9 FTE CNA and 2 PTS position open. We have lost 3 RNs to moving out of the area, 2 RNs took OBS positons and one went to OP infusion.	
Layout of Unit and Churn Rate		There are 10 private rooms and 11 semi-private rooms. 308 serves as storage. The unit has 2 pyxis machines, soiled utility, clean utility, and a staff break room. There are 4 camera rooms, 5 lift rooms, and 1 negative pressure room.	
Guidelines Adopted by Various Nursing Associations		ONS, WACS	
Hospital Finances and Resources		Budgeted HPUOS of 10.5, average patient ratio is 4-5:1 RN on day shift and 5-6:1 RN ratio on night shift. CNAs have anywhere from 8-12 patients and if the census is 16 or less on night shift there is 1 CNA per matrix. PTS is budgeted when the census is 17 or greater.	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		1/1/2021 - 1/31/2021: missed breaks 20.75 hours, 0.003 % of total hours worked. 3 were missed meals, the rest were 15 min breaks.	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		1/1/2021 - 1/31/2021: incremental overtime 9.25 hours, 0.001 % of total hours worked.	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		1/1/2021 - 1/31/2021: total of 72 hours/9% of the month for nursing. Six day shifts out matrix, 0 shifts short RN full shift. 1 night shift short RN full shift, remainder of the hours were starting a shift down an RN until one arrived after shift change, or patients were discharged. Overall out of matrix including CNA/PTS is 17 shifts during the month of January.	

3 North - 2102

Census	Days										Evenings					Evenings					Nights									
	6 am - 10 am					10 am - 2 pm					2 pm - 6 pm					6 pm - 10 pm					10 pm - 2 am					2 am - 6 am				
	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts
33	8.0	4.0	-	1.0	-	8.0	4.0	1.0	1.0	-	8.0	4.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	-	1.0	-	6.0	3.0	-	1.0	-
32	8.0	4.0	-	1.0	-	8.0	4.0	1.0	1.0	-	8.0	4.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	-	1.0	-	6.0	3.0	-	1.0	-
31	7.0	3.0	-	1.0	-	7.0	3.0	1.0	1.0	-	7.0	3.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	-	1.0	-	6.0	3.0	-	1.0	-
30	7.0	3.0	-	1.0	-	7.0	3.0	1.0	1.0	-	7.0	3.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	-	1.0	-	6.0	3.0	-	1.0	-
29	7.0	3.0	-	1.0	-	7.0	3.0	1.0	1.0	-	7.0	3.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	-	1.0	-	6.0	3.0	-	1.0	-
28	7.0	3.0	-	1.0	-	7.0	3.0	1.0	1.0	-	7.0	3.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	-	1.0	-	6.0	3.0	-	1.0	-
27	6.0	3.0	-	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	5.0	3.0	1.0	1.0	-	5.0	3.0	-	1.0	-	5.0	3.0	-	1.0	-
26	6.0	3.0	-	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	5.0	3.0	1.0	1.0	-	5.0	3.0	-	1.0	-	5.0	3.0	-	1.0	-
25	6.0	3.0	-	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	5.0	3.0	1.0	1.0	-	5.0	3.0	-	1.0	-	5.0	3.0	-	1.0	-
24	6.0	3.0	-	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	5.0	3.0	1.0	1.0	-	5.0	3.0	-	1.0	-	5.0	3.0	-	1.0	-
23	5.0	3.0	-	1.0	-	6.0	3.0	1.0	1.0	-	5.0	3.0	1.0	1.0	-	4.0	3.0	1.0	1.0	-	4.0	3.0	-	1.0	-	4.0	3.0	-	1.0	-
22	5.0	3.0	-	1.0	-	5.0	3.0	1.0	1.0	-	5.0	3.0	1.0	1.0	-	4.0	3.0	1.0	1.0	-	4.0	3.0	-	1.0	-	4.0	3.0	-	1.0	-
21	5.0	2.0	-	1.0	-	5.0	2.0	1.0	1.0	-	5.0	2.0	1.0	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-
20	5.0	2.0	-	1.0	-	5.0	2.0	1.0	1.0	-	5.0	2.0	1.0	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-
19	4.0	2.0	-	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-
18	4.0	2.0	-	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-
17	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-
16	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	1.5	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-
15	4.0	1.0	-	1.0	-	4.0	1.0	-	1.0	-	4.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-
14	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-
13	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-
12	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-
11	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	-	-	1.0	-
10	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	-	-	1.0	-

If census is below 10, contact Director

9	1.0	-	-	1.0	-	1.0	-	-	-	1.0	2.0	-	-	1.0	-	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0
8	1.0	-	-	1.0	-	1.0	-	-	-	1.0	2.0	-	-	1.0	-	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0
7	1.0	-	-	1.0	-	1.0	-	-	-	1.0	2.0	-	-	1.0	-	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0
6	1.0	-	-	1.0	-	1.0	-	-	-	1.0	2.0	-	-	1.0	-	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0
5	1.0	-	1.0	-	-	1.0	-	-	1.0	-	1.0	-	1.0	-	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-
4	1.0	-	1.0	-	-	1.0	-	-	1.0	-	1.0	-	1.0	-	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-
3	1.0	-	1.0	-	-	1.0	-	-	1.0	-	1.0	-	1.0	-	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-
2	1.0	-	1.0	-	-	1.0	-	-	1.0	-	1.0	-	1.0	-	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-
1	1.0	-	1.0	-	-	1.0	-	-	1.0	-	1.0	-	1.0	-	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-

Matrix Review Form for: [NICU/Pediatrics]		Date: [4/13/2021]	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		NICU - Premature Infants to 26 Weeks Gestation, Neonates with respiration distress, sepsis, hyperbilirubinemia, hypoglycemia, aspiration pneumonia, neonatal drug withdrawal Pediatrics treats pediatrics patients upper respiratory infections, limited orthopedic injury, abscess, dehydration, post op appendectomy, post op ENT	
Skill Mix of Nursing Personnel		NICU - 42 RNs, 2 Administrative Specialist 3, 1 Manager, 1 Assistant Nurse Manager, Pediatrics - 12 RNs on staff, utilizing house CNAs with increase census	
Open Positions/ Staff Retention		NICU - 3.05 FTE, 2 Per Diem Pediatrics - 2.25 FTE	
Layout of Unit and Churn Rate		NICU - 23 Private Rooms (3 semi private for twins), 21 rooms have daybed for a parents to sleep or rest, Parents have a resource rooms for meals and a shower. 2 Rooms have reverse flow for isolation. All rooms have cardiac monitoring, including central monitoring, and med room central monitoring for safety. Pediatrics -8 Rooms including bathrooms and showers. Daybeds for parents to sleep or rest, No reverse flow isolation rooms, Monitoring via Oximetry and wireless cardiac monitoring Churn Rate - 25%	
Guidelines Adopted by Various Nursing Associations		NANN Guidelines for minimum staffing 2 RN for 6 intermediate and 4 critical infants 2-3 : 1	
Hospital Finances and Resources		NICU Budgeted HPPD 16.53 and Actual YTD is 16.78 , Productivity Index - 98.5 General Staffing - Charge Nurse, Resus Nurse with 1 patient assigned, 4-5 RNs Staffing equal both shifts Ratios - 1:1 ventialated or critical infant, 2:1 CPAP or stable low birth weight, 3:1 stable growing premature or newborn WCS Pediatrics - Budget HPPD YTD - 25.52 Actual YTD - 18.75 Productivity Index = 136.1% Staffing - NICU Charge Nurse 1-3 RNs staffed Limited census ratios up to 4:1 usually supported with a house CNA	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		NICU - 2 Missed Lunches , Missed Breaks 7 Pediatrics - 0 missed Lunches, 0 missed breaks	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		NICU - 20 hours Pediatrics - 0%	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		NICU - Below Matrix 0%, At Matrix 36%, Above Matrix 64% No Pediatrics matrix	

Nursing Ratios			Days																		Evenings			Nights						Total Variable HPPD	Fixed Staff (in Hours)			
D	E	N	630 - 1030			1030 - 1430			1430 - 1830			1830 - 2230			2230 - 230			230 - 630			Total Variable HPPD	Ed/Or	Mgr/Sup	OBT	Total HPPD									
			Census	RN	OBT	CN	RN	OBT	CN	RN	OBT	CN	RN	OBT	CN	RN	OBT	CN	RN	OBT						CN								
1: 2.4	1: 2.4	1: 2.4	26	11.0	1.0	1.0	11.0	1.0	1.0	11.0	1.0	1.0	11.0	1.0	1.0	11.0	1.0	1.0	11.0	1.0	1.0	12.00	4.66	5.71	8.00	12.71								
1: 2.5	1: 2.5	1: 2.5	25	10.0	1.0	1.0	10.0	1.0	1.0	10.0	1.0	1.0	10.0	1.0	1.0	10.0	1.0	1.0	10.0	1.0	1.0	11.52	4.66	5.71	8.00	12.25								
1: 2.4	1: 2.4	1: 2.4	24	10.0	1.0	1.0	10.0	1.0	1.0	10.0	0.0	1.0	10.0	0.0	1.0	10.0	0.0	1.0	10.0	0.0	1.0	11.33	4.66	5.71	8.00	12.10								
1: 2.3	1: 2.3	1: 2.3	23	10.0	1.0	1.0	10.0	1.0	1.0	10.0	0.0	1.0	10.0	0.0	1.0	10.0	0.0	1.0	10.0	0.0	1.0	11.83	4.66	5.71	8.00	12.62								
1: 2.4	1: 2.4	1: 2.4	22	9.0	1.0	1.0	9.0	1.0	1.0	9.0	0.0	1.0	9.0	0.0	1.0	9.0	0.0	1.0	9.0	0.0	1.0	11.27	4.66	5.71	8.00	12.11								
1: 2.3	1: 2.3	1: 2.3	21	9.0	1.0	1.0	9.0	1.0	1.0	9.0	0.0	1.0	9.0	0.0	1.0	9.0	0.0	1.0	9.0	0.0	1.0	11.81	4.66	5.71	8.00	12.68								
1: 2.2	1: 2.2	1: 2.2	20	9.0	1.0	1.0	9.0	1.0	1.0	9.0	0.0	1.0	9.0	0.0	1.0	9.0	0.0	1.0	9.0	0.0	1.0	12.40	4.66	5.71	8.00	13.32								
1: 2.4	1: 2.4	1: 2.4	19	8.0	1.0	1.0	8.0	1.0	1.0	8.0	0.0	1.0	8.0	0.0	1.0	8.0	0.0	1.0	8.0	0.0	1.0	11.79	4.66	5.71	8.00	12.76								
1: 2.3	1: 2.3	1: 2.3	18	8.0	1.0	1.0	8.0	1.0	1.0	8.0	0.0	1.0	8.0	0.0	1.0	8.0	0.0	1.0	8.0	0.0	1.0	12.44	4.66	5.71	8.00	13.46								
1: 2.4	1: 2.4	1: 2.4	17	7.0	1.0	1.0	7.0	1.0	1.0	7.0	0.0	1.0	7.0	0.0	1.0	7.0	0.0	1.0	7.0	0.0	1.0	11.76	4.66	5.71	8.00	12.85								
1: 2.3	1: 2.3	1: 2.3	16	7.0	1.0	1.0	7.0	1.0	1.0	7.0	0.0	1.0	7.0	0.0	1.0	7.0	0.0	1.0	7.0	0.0	1.0	12.50	4.66	5.71	8.00	13.65								
1: 2.1	1: 2.1	1: 2.1	15	7.0	1.0	1.0	7.0	1.0	1.0	7.0	0.0	1.0	7.0	0.0	1.0	7.0	0.0	1.0	7.0	0.0	1.0	13.33	4.66	5.71	8.00	14.56								
1: 2.3	1: 2.3	1: 2.3	14	6.0	1.0	1.0	6.0	1.0	1.0	6.0	0.0	1.0	6.0	0.0	1.0	6.0	0.0	1.0	6.0	0.0	1.0	12.57	4.66	5.71	8.00	13.88								
1: 2.2	1: 2.2	1: 2.2	13	6.0	1.0	1.0	6.0	1.0	1.0	6.0	0.0	1.0	6.0	0.0	1.0	6.0	0.0	1.0	6.0	0.0	1.0	13.54	4.66	5.71	8.00	14.95								
1: 2.4	1: 2.4	1: 2.4	12	5.0	1.0	1.0	5.0	1.0	1.0	5.0	0.0	1.0	5.0	0.0	1.0	5.0	0.0	1.0	5.0	0.0	1.0	12.67	4.66	5.71	8.00	14.20								
1: 2.2	1: 2.2	1: 2.2	11	5.0	1.0	1.0	5.0	1.0	1.0	5.0	0.0	1.0	5.0	0.0	1.0	5.0	0.0	1.0	5.0	0.0	1.0	13.82	4.66	5.71	8.00	15.49								
1: 2	1: 2	1: 2	10	5.0	1.0	1.0	5.0	1.0	1.0	5.0	0.0	1.0	5.0	0.0	1.0	5.0	0.0	1.0	5.0	0.0	1.0	15.20	4.66	5.71	8.00	17.04								
1: 2.3	1: 2.3	1: 2.3	9	4.0	1.0	1.0	4.0	1.0	1.0	4.0	0.0	1.0	4.0	0.0	1.0	4.0	0.0	1.0	4.0	0.0	1.0	14.22	4.66	5.71	8.00	16.26								
1: 2	1: 2	1: 2	8	4.0	1.0	1.0	4.0	1.0	1.0	4.0	0.0	1.0	4.0	0.0	1.0	4.0	0.0	1.0	4.0	0.0	1.0	16.00	4.66	5.71	8.00	18.30								
1: 2.3	1: 2.3	1: 2.3	7	3.0	1.0	1.0	3.0	1.0	1.0	3.0	0.0	1.0	3.0	0.0	1.0	3.0	0.0	1.0	3.0	0.0	1.0	14.86	4.66	5.71	8.00	17.48								
1: 2	1: 2	1: 2	6	3.0	1.0	1.0	3.0	0.0	1.0	3.0	0.0	1.0	3.0	0.0	1.0	3.0	0.0	1.0	3.0	0.0	1.0	16.67	4.66	5.71	8.00	19.73								
1: 1.7	1: 1.7	1: 1.7	5	3.0	1.0	1.0	3.0	0.0	1.0	3.0	0.0	1.0	3.0	0.0	1.0	3.0	0.0	1.0	3.0	0.0	1.0	20.00	4.66	5.71	8.00	23.67								
1: 2	1: 2	1: 2	4	2.0	1.0	1.0	2.0	0.0	1.0	2.0	0.0	1.0	2.0	0.0	1.0	2.0	0.0	1.0	2.0	0.0	1.0	19.00	4.66	5.71	8.00	23.59								
1: 1.5	1: 1.5	1: 1.5	3	2.0	1.0	1.0	2.0	0.0	1.0	2.0	0.0	1.0	2.0	0.0	1.0	2.0	0.0	1.0	2.0	0.0	1.0	25.33	4.66	5.71	8.00	31.46								
1: 1	1: 1	1: 1	2	2.0	0.0	1.0	2.0	0.0	1.0	2.0	0.0	1.0	2.0	0.0	1.0	2.0	0.0	1.0	2.0	0.0	1.0	36.00	4.66	5.71	8.00	45.18								
1: 0.5	1: 0.5	1: 0.5	1	2.0	0.0	1.0	2.0	0.0	1.0	2.0	0.0	1.0	2.0	0.0	1.0	2.0	0.0	1.0	2.0	0.0	1.0	72.00	4.66	5.71	8.00	90.37								

Matrix Review Form for: Tower 6 Neurology		Date: 6.8.21	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		Neuroscience patients. All things brain and spinal cord, med/surg overflow, PosC3:C7itive Covid patients	
Skill Mix of Nursing Personnel		See additional tabs below	
Open Positions/ Staff Retention		1 x 0.9 night RN 2 x 0.9 Day RN, 2 x 0.9 Day CNA, 1 x 0.6 CNA night	
Layout of Unit and Churn Rate		32 private rooms, West and South, South is designated Covid unit. Specialized equiptment for rooms (stroke chairs and Spine recliners)	
Guidelines Adopted by Various Nursing Associations		DNV Stroke designated facility. Spine program	
Hospital Finances and Resources		Jay Miller Neuroscience Fund	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		4 missed meals; 48 missed breaks	Break buddies are assigned per shift and charge and leadership help to facilitate breaks

<p>Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i></p>	<p>623 hours 5/7/21-6/7/21</p>	<p>Premium Hours by Time Period</p> <table border="1"> <thead> <tr> <th>Pay Code</th> <th>Hours</th> </tr> </thead> <tbody> <tr> <td>Rest Between Shifts</td> <td>204.00</td> </tr> <tr> <td>Overtime</td> <td>141.25</td> </tr> <tr> <td>Call Back</td> <td>138.50</td> </tr> <tr> <td>Excess of Shift</td> <td>122.25</td> </tr> <tr> <td>Missed Break OT</td> <td>17.00</td> </tr> </tbody> </table>	Pay Code	Hours	Rest Between Shifts	204.00	Overtime	141.25	Call Back	138.50	Excess of Shift	122.25	Missed Break OT	17.00	<table border="1"> <thead> <tr> <th>Pay Code</th> <th>Hours</th> </tr> </thead> <tbody> <tr> <td>Rest Between Shifts</td> <td>204.00</td> </tr> <tr> <td>Overtime</td> <td>141.25</td> </tr> <tr> <td>Call Back</td> <td>138.50</td> </tr> <tr> <td>Excess of Shift</td> <td>122.25</td> </tr> <tr> <td>Missed Break OT</td> <td>17.00</td> </tr> </tbody> </table>	Pay Code	Hours	Rest Between Shifts	204.00	Overtime	141.25	Call Back	138.50	Excess of Shift	122.25	Missed Break OT	17.00
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<p>Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i></p>	<p>5/1-5/31</p>	<table border="1"> <thead> <tr> <th>Day RN</th> <th>Day PPE</th> <th>Day CNA</th> <th>Night RN</th> <th>Night PPE</th> <th>Night CNA</th> <th>PTS</th> </tr> </thead> <tbody> <tr> <td>6/31 days</td> <td>10/31 days</td> <td>3/31 days</td> <td>5/31 days</td> <td>12/31 days</td> <td>3/31 days</td> <td>3/31 days</td> </tr> </tbody> </table>	Day RN	Day PPE	Day CNA	Night RN	Night PPE	Night CNA	PTS	6/31 days	10/31 days	3/31 days	5/31 days	12/31 days	3/31 days	3/31 days											
Day RN	Day PPE	Day CNA	Night RN	Night PPE	Night CNA	PTS																					
6/31 days	10/31 days	3/31 days	5/31 days	12/31 days	3/31 days	3/31 days																					

YOS at PH

Day

zero to one	9
two to four	13
five to ten	3
Ten plus	0

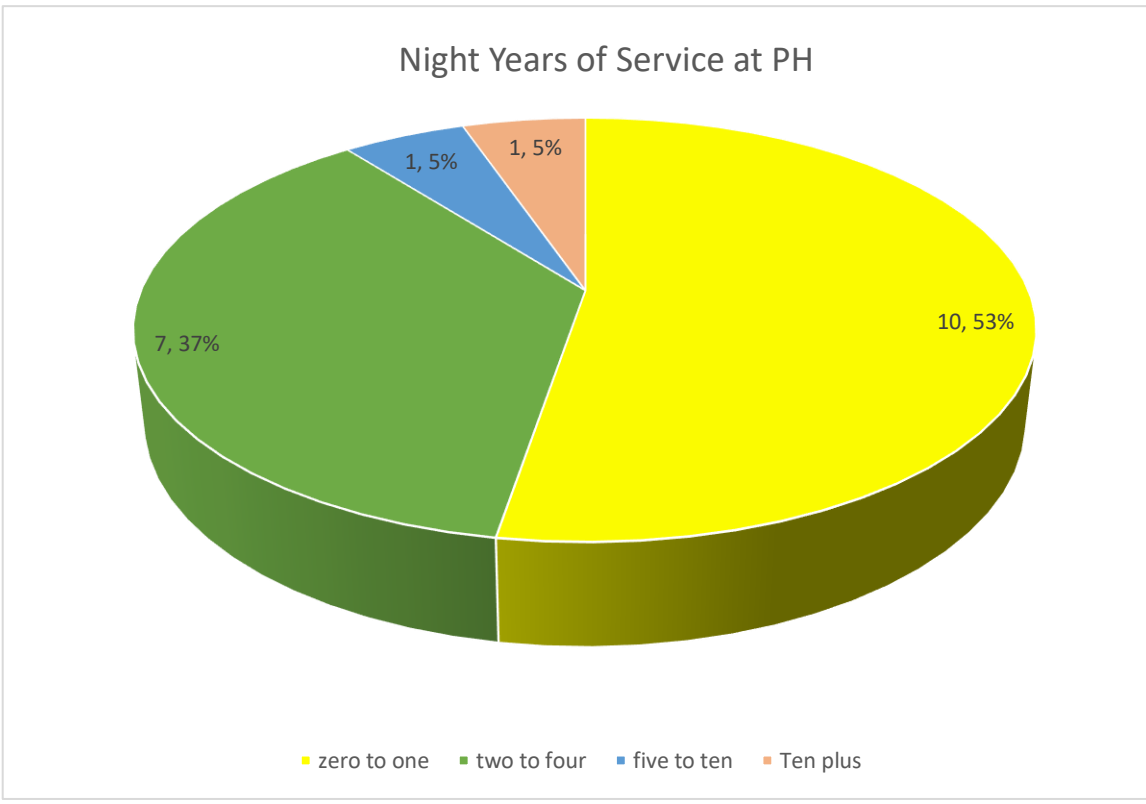
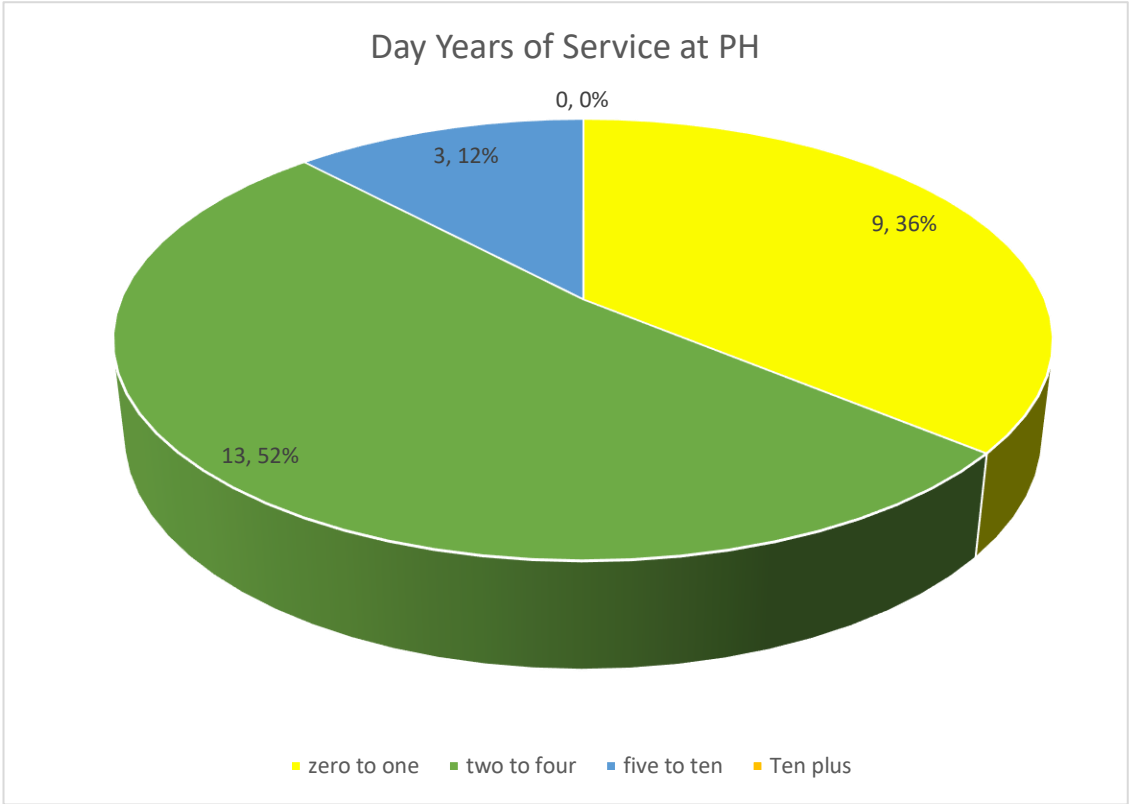
yellow	0-1.9 yrs
Green	2-4.9 yrs
Blue	5.0 - 9.9 yrs
Peach	10+ yrs

YOS on T6

Night

zero to one	10
two to four	7
five to ten	1
Ten plus	1

19



YOS oas RN

Day

zero to one	2
two to four	13
five to ten	9
Ten plus	1

25

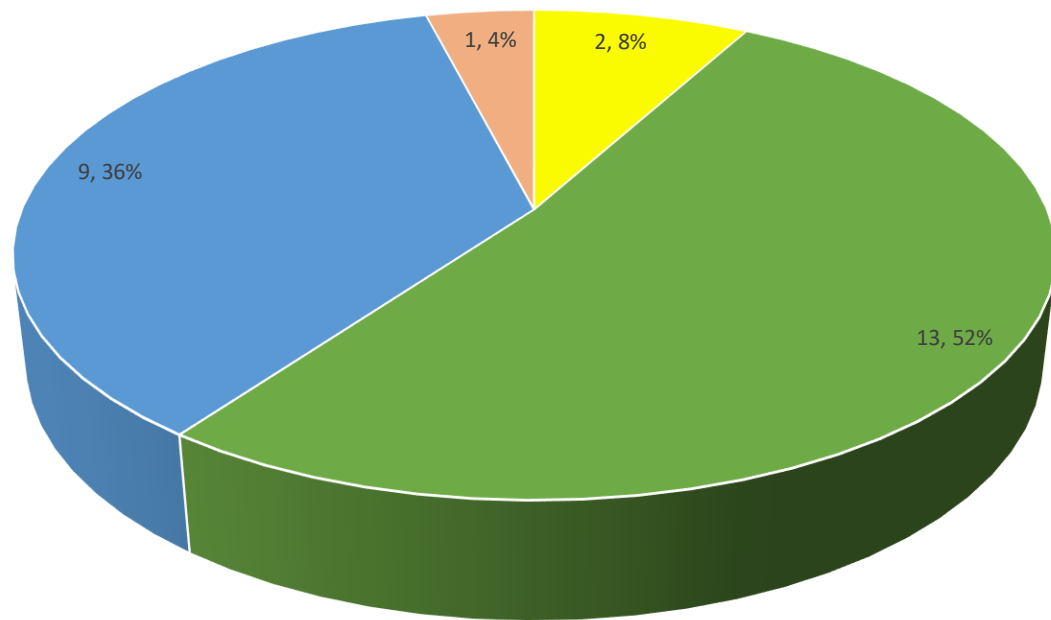
yellow	0-1.9 yrs
Green	2-4.9 yrs
Blue	5.0 - 9.9 yrs
Peach	10+ yrs

Night

zero to one	4
two to four	5
five to ten	6
Ten plus	4

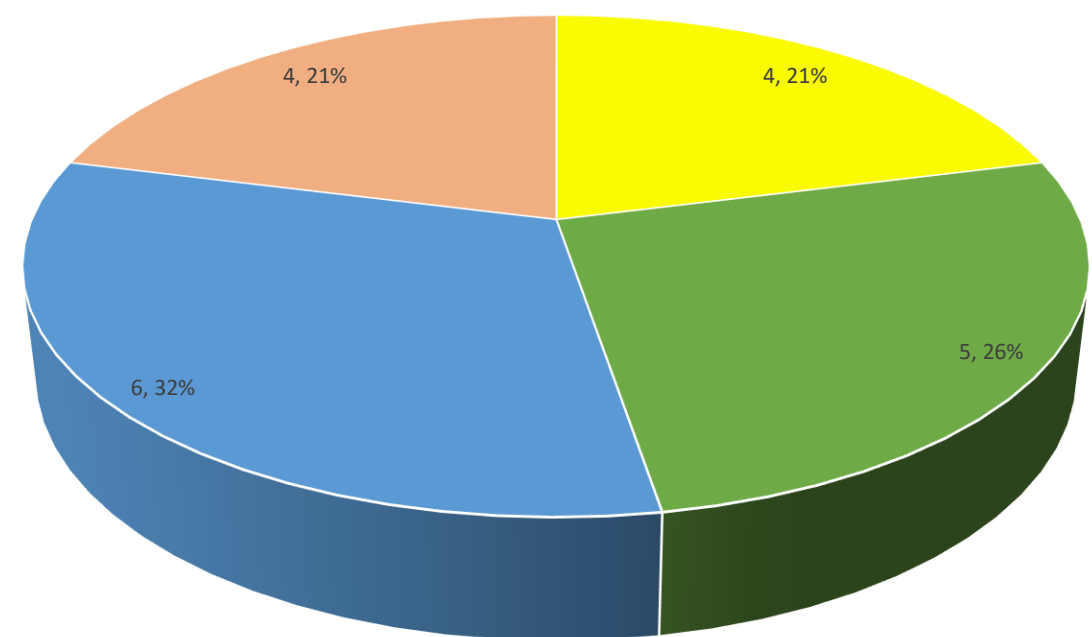
19

Days Years of Experience as an RN



■ zero to one ■ two to four ■ five to ten ■ Ten plus

Night Years of Experience as an RN



■ zero to one ■ two to four ■ five to ten ■ Ten plus

Neuro T6 - 2160

Census	Days										Evenings					Evenings					Nights									
	630am - 1030 am					1030am - 230pm					230pm - 630pm					630pm - 1030pm					1030pm - 230am					230am - 630am				
	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts
32	8.0	4.0	1.0	1.0	-	8.0	4.0	1.0	1.0	-	8.0	4.0	1.0	1.0	-	7.0	4.0	-	1.0	-	7.0	4.0	-	1.0	-	7.0	4.0	-	1.0	-
31	8.0	4.0	1.0	1.0	-	8.0	4.0	1.0	1.0	-	8.0	4.0	1.0	1.0	-	7.0	4.0	-	1.0	-	7.0	4.0	-	1.0	-	7.0	4.0	-	1.0	-
30	8.0	4.0	1.0	1.0	-	8.0	4.0	1.0	1.0	-	8.0	4.0	1.0	1.0	-	6.0	4.0	-	1.0	-	6.0	4.0	-	1.0	-	6.0	3.0	-	1.0	-
29	8.0	4.0	-	1.0	-	8.0	4.0	1.0	1.0	-	8.0	4.0	1.0	1.0	-	6.0	4.0	1.0	1.0	-	6.0	4.0	-	1.0	-	6.0	3.0	-	1.0	-
28	7.0	4.0	-	1.0	-	7.0	4.0	1.0	1.0	-	7.0	4.0	1.0	1.0	-	6.0	4.0	1.0	1.0	-	6.0	4.0	-	1.0	-	6.0	3.0	-	1.0	-
27	7.0	4.0	-	1.0	-	7.0	4.0	1.0	1.0	-	7.0	4.0	1.0	1.0	-	6.0	4.0	1.0	1.0	-	6.0	4.0	-	1.0	-	6.0	3.0	-	1.0	-
26	6.0	3.0	-	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	-	1.0	-	6.0	3.0	-	1.0	-
25	6.0	3.0	-	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	5.0	3.0	1.0	1.0	-	5.0	3.0	-	1.0	-	5.0	3.0	-	1.0	-
24	6.0	3.0	-	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	5.0	3.0	1.0	1.0	-	5.0	3.0	-	1.0	-	5.0	3.0	-	1.0	-
23	6.0	3.0	-	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	5.0	3.0	1.0	1.0	-	5.0	3.0	-	1.0	-	5.0	3.0	-	1.0	-
22	5.0	3.0	-	1.0	-	5.0	3.0	1.0	1.0	-	5.0	3.0	1.0	1.0	-	5.0	3.0	1.0	1.0	-	5.0	3.0	-	1.0	-	5.0	3.0	-	1.0	-
21	5.0	3.0	-	1.0	-	5.0	3.0	1.0	1.0	-	5.0	3.0	1.0	1.0	-	4.0	3.0	1.0	1.0	-	4.0	3.0	-	1.0	-	4.0	3.0	-	1.0	-
20	5.0	3.0	-	1.0	-	5.0	3.0	1.0	1.0	-	5.0	3.0	1.0	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-
19	4.0	2.0	-	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-
18	4.0	2.0	-	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-
17	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-
16	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-
15	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-
14	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-
13	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-
12	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-
11	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-
10	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-

If census is below 10, contact Director

9	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-
8	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-
7	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-
6	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-
5	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0
4	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0
3	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0
2	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0
1	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0

Effective 7/1/20

Matrix Review Form for: Nurse Float Pool		Date: 5/11/21	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		Varied, based on unit. Nurse Float Pool covers all med/surg units as well as critical care units. Some RNs are trained to work in additional units such as Emergency Department, PACU, SSU, SDS, etc.... And would be trained to the specific patient-care needs in those units.	
Skill Mix of Nursing Personnel		Below is based on PH seniority only and doesn't account for previous experience. Actual nursing and CNA experience is longer than reported. Day RNs: 8.48 average years Night RNs: 7.71 average years Day CNAs: 6.46 average years Night CNAs: 5.42 average years	
Open Positions/ Staff Retention		Day Med/Surg RNs: 3.3 FTE adding addl 8.64 FTE Night Med/Surg RNs: 2.7 FTE adding addl 12.87 FTE Day CCRNs: n/a Night CCRNs: n/a Day CNAs: 6.0 FTE open/ no candidates Night CNAs: 6.3 FTE open/ no candidates	
Layout of Unit and Churn Rate		Varied per unit.	
Guidelines Adopted by Various Nursing Associations		Nursing Care Standards, WACs	
Hospital Finances and Resources		RN and CNA worked hours are charged to the units they work in. Individual department budgets account for replacement staff hours worked in their department. Nurse Float Pool budget includes education hours and PTO hours. We are currently performing better than our budget due to decreased onboarding and education hours utilized.	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		Day/Night RNs: 3 lunches, 2 breaks Day/Night CNAs: 1 lunches, 2 breaks Unable to demonstrate % as worked hours are charged to units worked.	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		Unable to obtain incremental OT. Can't provide % as worked hours are charged to units worked. Below is total OT hours for RSTM RNs (both shifts) (4/1-4/30). Callback: 175.25 hrs Missed Break OT: 19.25 Overtime: 195.75	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		N/A, not a patient care unit. Once staff is assigned to another unit, I can't get accurate data on what was assigned, so I am providing 6 week look ahead. Day CCRN: Desired 2/day, average next 6 weeks: 1.28 RN Night CCRN: Desired 1/night, average next 6 weeks: 0.28 (RN tx to Unit staff) Day Med/Surg RN: Desired 12/day, average next 6 weeks: 9.11 Night Med/Surg RN: Desired 10/night, average next 6 weeks: 6.6	

Matrix Review Form for: Observation		Date: November 9, 2021
Topic	Discussion	
What's working well?	Staff teamwork is great. Very engaged, motivated staff that are very engaged with the operations of an OBS unit.	
What concerns you the most?	1.) The commitment to bed true OBS patients in this unit that will meet admission criteria of an expected LOS of less than 24 hours. 2.) STAFFING. Staffing gets redistributed to the rest of the house, usually the CNAs. I only have 2 core CNAs left. Most have moved on to take other positions within the organization because they are floated almost everyday, they are frustrated. 2 day shift charge nurses are transferring to the ED in the fall. There is a perceived notion that because the unit census is so low and "walkie talkie" patients that the unit does not need as many staff members. Frequently staffing is left so lean they have a tough time breaking especially at night. 3.) The environment is a struggle for longer than 24 hours. Noise, privacy, asthetics, etc.	
Open Positions/ Staff Retention	5 CNA positions (2 days/3 nocs), a couple of RN positions with potential hires in the pipe lines.	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>	Missed lunches/breaks for period 10/8-11/8: 11 missed lunches and 37 missed breaks. As described above there many times is not ample staff to break the staff, the majority of the time this happens is at night.	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>	Excess of shift 47.25 hours and OT for missed breaks 8 hours for period 10/8/-11/8/21.	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>	For the period 10/8-11/2/21 day shift was fully staffed 11 days per matrix with respect to RN's and 6 night shifts. Day shifts that were staffed per matrix with a CNA was 6 days and only 1 for night shift.	

Obs Unit

Census	Days										Evenings					Evenings					Nights									
	6am - 10am					10am - 2pm					2 pm - 6 pm					6 pm - 10 pm					10pm - 2am					2am - 6am				
	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts
26	7.0	2.0	1.0	1.0		7.0	2.0	1.0	1.0		7.0	2.0	1.0	1.0		7.0	2.0	1.0	1.0		7.0	2.0		1.0		7.0	2.0		1.0	
25	7.0	2.0	1.0	1.0		7.0	2.0	1.0	1.0		7.0	2.0	1.0	1.0		7.0	2.0	1.0	1.0		7.0	2.0		1.0		7.0	2.0		1.0	
24	6.0	2.0	1.0	1.0		6.0	2.0	1.0	1.0		6.0	2.0	1.0	1.0		6.0	2.0	1.0	1.0		6.0	2.0		1.0		6.0	2.0		1.0	
23	6.0	2.0	1.0	1.0		6.0	2.0	1.0	1.0		6.0	2.0	1.0	1.0		6.0	2.0	1.0	1.0		6.0	2.0		1.0		6.0	2.0		1.0	
22	6.0	2.0	1.0	1.0		6.0	2.0	1.0	1.0		6.0	2.0	1.0	1.0		6.0	2.0	1.0	1.0		6.0	2.0		1.0		6.0	2.0		1.0	
21	6.0	2.0	1.0	1.0		6.0	2.0	1.0	1.0		6.0	2.0	1.0	1.0		6.0	2.0	1.0	1.0		6.0	2.0		1.0		6.0	2.0		1.0	
20	5.0	2.0	1.0	1.0		5.0	2.0	1.0	1.0		5.0	2.0	1.0	1.0		5.0	2.0	1.0	1.0		5.0	2.0		1.0		5.0	2.0		1.0	
19	5.0	2.0	1.0	1.0		5.0	2.0	1.0	1.0		5.0	2.0	1.0	1.0		5.0	2.0	1.0	1.0		5.0	2.0		1.0		5.0	2.0		1.0	
18	5.0	2.0	1.0	1.0		5.0	2.0	1.0	1.0		5.0	2.0	1.0	1.0		5.0	2.0	1.0	1.0		5.0	2.0		1.0		5.0	2.0		1.0	
17	5.0	2.0	1.0	1.0		5.0	2.0	1.0	1.0		5.0	2.0	1.0	1.0		5.0	2.0	1.0	1.0		5.0	2.0		1.0		5.0	2.0		1.0	
16	4.0	2.0	1.0	1.0		4.0	2.0	1.0	1.0		4.0	2.0	1.0	1.0		4.0	2.0	1.0	1.0		4.0	2.0		1.0		4.0	2.0		1.0	
15	4.0	2.0	1.0	1.0		4.0	2.0	1.0	1.0		4.0	2.0	1.0	1.0		4.0	2.0	1.0	1.0		4.0	2.0		1.0		4.0	2.0		1.0	
14	4.0	2.0	1.0	1.0		4.0	2.0	1.0	1.0		4.0	2.0	1.0	1.0		4.0	2.0	1.0	1.0		4.0	2.0		1.0		4.0	2.0		1.0	
13	4.0	2.0	1.0	1.0		4.0	2.0	1.0	1.0		4.0	2.0	1.0	1.0		4.0	2.0	1.0	1.0		4.0	2.0		1.0		4.0	2.0		1.0	
12	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-
11	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-
10	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-
9	3.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-
8	2.0	1.0	-	1.0	-	1.0	1.0	-	1.0	-	1.0	1.0	-	1.0	-	1.0	1.0	-	1.0	-	1.0	1.0	-	1.0	-	1.0	1.0	-	1.0	-
7	2.0	1.0	-	1.0	-	1.0	1.0	-	1.0	-	1.0	1.0	-	1.0	-	1.0	1.0	-	1.0	-	1.0	1.0	-	1.0	-	1.0	1.0	-	1.0	-
6	2.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-
5	2.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-
4	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-
3	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-
2	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-
1	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-

Effective 11 17 20

Matrix Review Form for: Operating Room		Date: 11/9/2021
Topic	Discussion	
What's working well?	Periop 101, we have moved to 2 classes a year. Weekly review of the staffing levels and census both IP and Periop.	
What concerns you the most?	Staffing recruitment - currently we are starting see a slow increae in applicants	
Open Positions/ Staff Retention	Current staffing: RN - 40, UC - 3(1 PD), ST - 24 (4 PD), AA - 4 Open positions: NM - 1 position, ANM - 2 positions, RN's - 5, ST - 10 (1 pending start, 1 offer out), ORA -0, UC - 0, AA - 1, Travel RNs' - 3, Travel ST - 5 (3 pending Start)	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>	Out of 1200 meals OR staff had 12 missed meals from Oct 1 - 31 equalting to 0.01%	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>	Unable to pull incremental OT	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>	We have to have staff to run a room otherwise we will need to close down and combine our rooms. We have been on a restricted/limited schedul since Aug 2021. This is evaluated weekly	

Matrix Review Form for: Interventional Pain Clinic - Salmon Creek		Date: March 9, 2021	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		Our Interventional Pain Clinic Specialists use the results of medical tests to design a treatment plan to manage pain. This may include physical therapy, medication therapy or anesthetic nerve blocks per WA state DEA guidelines. Injections can be used to treat certain types of pain due to inflammation or irritation.	
Skill Mix of Nursing Personnel		RN- 4.9 FTE, 2 per diem, Implant Coordinator- .6 FTE MA- 3.8 FTE. PAR- 4 FTE, Referral Coordinator 2.6 FTE. MD- 2.0 FTE, ARNP- 1.8 FTE	
Open Positions/ Staff Retention		RN .7 FTE	
Layout of Unit and Churn Rate		12 exam rooms, 11 procedural bays (currently all space is not being utilized)	
Guidelines Adopted by Various Nursing Associations		None known	
Hospital Finances and Resources			
Missed Breaks/Lunches (for past 30 days- if staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		None	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		5 hours OT in past 30 days	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		n/a	

Tuesday, March 9, 2021

Happy Tuesday!						Scheduled	Actual
						BJP 7	
						ANA 6	
						35	
						0	
						1	
				Total		49	
CLINIC				Procedures		Support	
BJP	11	Amber/Maria/ Sabrina		Procedure one			
ANA	6	Amber	0730			Ashley	0800
LMW	14	Sherri		Pre & Post One		Jeanne	LOA
SLS	4	Maria/Sabrina	0800			Lisa	0700
						Theresa	0800
Triage				Procedure Three		Carine	0730
				Christy	0730	Brena W, TH, F	LOA
FloatRN		Linda	0730	Pre & Post Three		Rebecca	0800
				Leisa	0800		
Implant	1	Cheryl/Wendy	0800	Cherie	0730		
Pump	3						

Matrix Review Form for: [Palliative Care]		Date: [11/9/2021]
Topic	Discussion	
What's working well?	The use of PC RN as the triage nurse for new consults, MDR in CVICU and ICU. She manages calls from providers, pt and family to support IP team. The RN is supporting the NP's and MSW's with education, disease trijectory and goals of care discussion, using her medical knowledge on treatments, procedures to at beside level. Promoting to leadership a RN into Supervisor of Clinical Nursing to supervise the RN's and MSW's in developing their clinical competencies and opportunities.	
What concerns you the most?	The need for more RN coverage for both OP and IP as we grow, the pacing of need vs available trained staff. The growth of PC departments over the next 3 years is priority and plan. We will need more trained staff to meet the needs, the lack of educational opportunities for training in EOL, trijectory of diseases and goals of care with in the PHSW education department.	
Open Positions/ Staff Retention	IP--due to retirment an 1 FTE triage RN and d/t promotion RN position will now be replaced with NP so a Traveler RN is being interviewed, Presently the relief RN's are covering this position. New position for PC ED RN 1 FTE (approved awaiting posting). OP has 1 FT RN positon for new North Team(Cowlitz County), interview scheduled. As for staff retention, we have no staff turn over, only a promotion within the department	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>	No missed lunch breaks over the last 30 days. Breaks was 8-25%- barriers was high census, understaff for core staff due to PTO and training new NP's,.	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>	No overtime. 0%- due to most RN work 32 hours(.08 FTE or relief)	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>	we have a fixed Matrix for 45 pt inpt we were 100% over matrix each day even when full staffed. We were 18% out of matrix due to a sick call and no coverage for promoted employee hours(2 days). OP is fixed 1 RN M& F, 2 RN T-TH. They had 0% out of matrix.	

Matrix Review Form for: PACU-Recovery		Date: 09/14/2021	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		Patients in Phase 1 recovery after anesthesia - Pediatric, Critical care, Isolation patients require 1:1 nursing care, Stable patients 1:2	
Skill Mix of Nursing Personnel		RNs – 23 total, Unit clerk – 1 (supported by transportation staff), ACLS & PALS required.(3 RN LOA)	
Open Positions/ Staff Retention		1 - Open positions. 3 RNs retired this year	
Layout of Unit and Churn Rate		21 bays total tower: 16 non-private pods 1 – isolation room w/private restroom 4- overflow non-private bays 4 non-private pods MOJO	
Guidelines Adopted by Various Nursing Associations		ASPAN WACS Nursing Care Standards	
Hospital Finances and Resources		Based off of PACU minutes - currently 0.05. Staff according to census and patient acuity	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		3.25 hrs of missed breaks, 2.5 hours of missed lunches (Grand total hours worked 2,778) less than 1%	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		Overtime: 73.75 hours. Excess of shift 15.25 hrs.	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		When understaffed Anesthesia holds patients in the OR until Rn is free to accept patient. We have also limited procedural cases	

Matrix Review Form for: Same Day		Date: 9/14/2021	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		Provides Preop and Phase 2 care for patients having surgical procedures in the Tower OR	
Skill Mix of Nursing Personnel		RNs – 22 total, PTS - 2, Unit clerk – 1, SSA- 1, ACLS & PALS (PEARS) required (2 RN's & 2 PTS LOA)	
Open Positions/ Staff Retention		4 - Open positions. (2 RNs and 2 PTS)	
Layout of Unit and Churn Rate		Same Day is located on the second floor of Tower and has 17 beds - 4 bays are available in the Swing Room	
Guidelines Adopted by Various Nursing Associations		ASPAN WACS Nursing Care Standards	
Hospital Finances and Resources		UOS 4.5 hrs per patient	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		4.25 hrs of missed breaks, 2 hours of missed lunches (grand total hours 2982) = Less than 1%	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		20.25 hrs OT, Excess shift 12.00 Hrs less that 1%	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		None - we have limited surgical volumes, floated staff when appropriate	

Matrix Review Form for: Short Stay			
		Date: 9/14/2021	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		Provides Preop and Phase 2 care for patients having procedures in the Mojo OR, Endoscopy, DI	
Skill Mix of Nursing Personnel		RNs – 16 total, PTS - 5, Unit clerk – 1, ACLS & PALS (PEARS) required	
Open Positions/ Staff Retention		0 - Open positions.	
Layout of Unit and Churn Rate		Short Stay is located on the second floor of Mojo and has 22 beds - 4 private and 18 dbl occupancy. 5 bays in the Eye Center	
Guidelines Adopted by Various Nursing Associations		ASPAN WACS Nursing Care Standards	
Hospital Finances and Resources		UOS 3.84 hrs per patient	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		0.50 hours (2) missed breaks, 0.5 hours (1) of missed lunches (Grand total hours worked 2,369.25) = Less than 1 %	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>			
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		We have cancelled elective cases, and floated staff either in or out of the unit. Current;y the main SSU is being utilized by Inpt, and SSU is staffing the 6 beds in eye.	

Matrix Review Form for Surgical 7		Date: 6/8/21	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		Surgical patients includes general surgery, trauma, vascular, thoracic, gynecological, urology, ENT, bariatric surgery, remote telemetry monitoring is provided by Centralized Telemetry.	
Skill Mix of Nursing Personnel		RN's, CNA's, PTS, Asisted Nurse Manager . RN's total 42, CNA's 15, PTS 3. WSNA Seniority: 49% < 1 year, 17% 5-10 years, 13% 10-15 years, 14% 15-20 years 7% 20 years or greater.	
Open Positions/ Staff Retention		Open positions are filled per WSNA contract and residency program. Currently there are 4 open or pending approval RN positions. Night shift .60 RN, Night shift .90 RN, Night shift .75 RN, Day RN per diem RN. Open or pending approval CNA positions .60 Day shift x2, Night shift CNA .60 x2, PTS .60. Tower 7 has added 6 new positions in the last several weeks, there is movement from night shift to day shift.	
Layout of Unit and Churn Rate		32 private rooms, including 2 negative pressure rooms, 4 bariatric rooms, (1 room with a 1000 pound lift). Even number rooms are equipped with ceiling lifts, 4 camera rooms, 2 wings, South side and West side. Dirty utility, med/clean supply room, equipment room and kitchen on each wing. The south side also has a staff quiet room, the west side is where the staff lounge, staff locker room, conference room, physician workroom, managers office, directors office, administrative secretaries office, and physician consultation room are located.	
Guidelines Adopted by Various Nursing Associations		Nursing care standards and WACS.	
Hospital Finances and Resources		Budgeted HPUOS is 10.65. General staffing ratio for day shift is 4-5:1 RN, day shift 7-11:1 CNA. General staffing ratio for night shift is 5-6: 1RN, 8-12: 1 CNA. There is a PTS 7 days per week from 0900-2130. Flex RN from 1030-1900 Monday to Friday.	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		Missed lunches, in the last 30 days there were 2 reported missed lunches (one a CNA) Missed breaks by far is the 3rd break and mostly day shift. The total percentage is 0.05% of total hours worked. (5 hours total).	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		Incremental overtime was .90 % of total hours worked.	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		7/10/20 to 8/10/20 Day shift was out of matrix for full or partial shift .43% of time, most of this was related to CNA needs. Night shift was out of matrix for full or partial shift 17% .	

Census	Days										Evenings					Evenings					Nights								
	6 am - 10 am					10 am - 2 pm					2 pm - 6 pm					6 pm - 10 pm					10 pm - 2 am				2 am - 6 am				
	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts	CRN w/ Pts	RN	CNA	PTS / US	CRN- No Pts
32	8.0	4.0	-	1.0	-	8.0	4.0	1.0	1.0	-	8.0	4.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	-	1.0	-	6.0	3.0	-	1.0
31	7.0	4.0	-	1.0	-	7.0	4.0	1.0	1.0	-	7.0	4.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	-	1.0	-	6.0	3.0	-	1.0
30	7.0	4.0	-	1.0	-	7.0	4.0	1.0	1.0	-	7.0	4.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	-	1.0	-	6.0	3.0	-	1.0
29	7.0	4.0	-	1.0	-	7.0	4.0	1.0	1.0	-	7.0	4.0	1.0	1.0	-	5.0	3.0	1.0	1.0	-	5.0	3.0	-	1.0	-	5.0	3.0	-	1.0
28	6.0	4.0	-	1.0	-	6.0	4.0	1.0	1.0	-	6.0	4.0	1.0	1.0	-	5.0	3.0	1.0	1.0	-	5.0	3.0	-	1.0	-	5.0	3.0	-	1.0
27	6.0	4.0	-	1.0	-	6.0	4.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	5.0	3.0	1.0	1.0	-	5.0	3.0	-	1.0	-	5.0	3.0	-	1.0
26	6.0	3.0	-	1.0	-	6.0	3.0	1.0	1.0	-	6.0	3.0	1.0	1.0	-	5.0	3.0	1.0	1.0	-	5.0	3.0	-	1.0	-	5.0	3.0	-	1.0
25	6.0	3.0	-	1.0	-	6.0	3.0	1.0	1.0	-	6.0	2.0	1.0	1.0	-	5.0	3.0	1.0	1.0	-	5.0	3.0	-	1.0	-	5.0	2.0	-	1.0
24	6.0	3.0	-	1.0	-	6.0	3.0	1.0	1.0	-	5.0	2.0	1.0	1.0	-	4.0	3.0	1.0	1.0	-	4.0	3.0	-	1.0	-	4.0	2.0	-	1.0
23	5.0	3.0	-	1.0	-	5.0	3.0	1.0	1.0	-	5.0	2.0	1.0	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0
22	5.0	2.0	-	1.0	-	5.0	2.0	1.0	1.0	-	5.0	2.0	1.0	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0
21	4.0	2.0	-	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0
20	4.0	2.0	-	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0
19	4.0	2.0	-	1.0	-	4.0	2.0	1.0	1.0	-	4.0	2.0	1.0	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0
18	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0
17	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	4.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0
16	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	2.0	2.0	-	1.0
15	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	2.0	2.0	-	1.0
14	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	2.0	-	1.0	-	3.0	2.0	-	1.0	-	2.0	2.0	-	1.0
13	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	2.0	2.0	-	1.0	-	2.0	2.0	-	1.0	-	2.0	2.0	-	1.0
12	2.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	3.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0
11	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0
10	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0	-	2.0	1.0	-	1.0

If census is below 10, contact Director

9	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	1.0
8	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	1.0
7	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	1.0
6	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	-	1.0	1.0	-	-	1.0
5	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	1.0	-
4	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	1.0	-
3	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	1.0	-
2	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	1.0	-
1	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	-	1.0	-	1.0	-	1.0	-

Effective October 2, 2020

Matrix Review Form for: Surgical 8		Date: August 10, 2021	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		Orthopedic, orthopedic trauma, plastics and general medical/surgical patient population. Surgical has the Total Joint Program within our unit. We were on a trajectory of an approximate 15% estimated increase of total joint patients from prior calendar year until the pandemic hit.	
Skill Mix of Nursing Personnel		RNs 48, including two Total Joint Program Coordinators, 14 CNAs, 2 Patient Team Supports and 2 Assistant Nurse Manager's one of which is shared with the Observation unit. Open staff RN positions are filled per the WSNA contract, Total Joint Program Coordinators are in exempt status, open CNA positions are filled per the AFT contract.	
Open Positions/ Staff Retention		7 CNA positions (4 (0.75) for noc shift)(2 (0.9) and 1 (0.6). Currently with 3 that are in process for days.	
Layout of Unit and Churn Rate		30 private patient rooms within the unit, with 14 on the South side of the unit and 16 on the West side of the unit. Each room has a private bathroom/shower. Each room has a computer for staff charting/med administration equipment. We have 2 bariatric rooms, 2 reverse airflow rooms, 4 rooms with cameras. We do remote telemetry, each side has a medication/supply room, nourishment room, equipment room, dirty utility room, clean linen closet, staff bathroom. We have a gym/PT room, a physicians workroom, staff quiet room/lactation room, care management office, Total Joint Coordinator office, staff lounge and staff locker room on the unit. Under normal operations our churn rate is very rapid with respect to our total joint patients. They have an average LOS of less than 1.25 days. We generally do about 20-25 joint replacements a week.	
Guidelines Adopted by Various Nursing Associations		Nursing Care Standards, WACS	
Hospital Finances and Resources		Budgeted HPPD 10.65 General Staffing Ratios for Day Shift: 4-5:1 RN, 7-10 to 1 CNAs General Staffing Ratio for Noc Shift: 5-6 to 1 for RNs, 7-10 to 1 CNAs PTS: 1 Monday through Saturday Rebound, Sound, TVC hospitalist and new partnership with Kaiser, Plastics, General and Trauma surgeries admit to the unit	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		15 Missed Lunches: 7.5 hours or .08% (9728 hours worked) 105 missed breaks: 1.1 % of worked hours (9728 hours worked)	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		Incremental OT: 221 hours or 2.3%	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		Day shift 5/31 shifts or 16% of the time Night shift 3/31 or 10% of the time	

Matrix Review Form for: Transfer Center		Date: 2.9.2021	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		Transfer Center does nto perform patient care.	
Skill Mix of Nursing Personnel		8 staff Registered Nurses, 3 Per diem Registered nurses, 5 Resourse Team Registered Nurses cross trained. Open RN positions are filled per the WSNA contract. Register Nurses are screened, must be expeirenced and must have charge nurse or relief cahрге nurse experience.	
Open Positions/ Staff Retention		I have 4 open positions; 1 14:00-02:30, 2 10-22:30 and 1 7P-7A at this time. I have extended offers for 3 of the positions and once these positions are trained and implememtned, then I will make an offer for the 14-0230 position. Recent turn over 1 Registered Nurse transferred from the PACU and was not able to come off of orientation and transferred to Hospice. 1 Registered Nurse on nightshift had a health related issue that she could not overcome and left abruptly.	
Layout of Unit and Churn Rate		1 large room 4 work stations in an office setting.	
Guidelines Adopted by Various Nursing Associations		Nursing Care Standards WACS	
Hospital Finances and Resources		Fixed department. Labor hours per weekday is 52 per day, labor hours on the weekend is 36 per weekend day. We're increasing to 66.5 on the weekdays and remainin at 36 for the weekend with the addition of the 10-22:30 position.	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		Missed break OT for the last month was 17 hours. Barriers include staffing, open positions, increased call volume, hospial census greater than 85%.	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		Missed break OT for the last month was 17 hours. Barriers include staffing, open positions, increased call volume, hospial census greater than 85%.	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		NA, we do not have a matrix. No National Standard.	

Matrix Review Form for: Vascular Access		Date: 5/11/21	
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		PICC Insertion. Midline Insertion. (Ultrasound Guided) IV Insertion. Rescue resource for difficult IV patients. Port access/deaccess. Daily Rounding on all CVADs and Midlines. All CVAD care and maintenance. CVAD declotting (Cathflo). CVAD/Midline removals. Phlebitis/Extravasation/Infiltration/Site Management. CVAD/Midline blood sampling. Therapeutic Phlebotomy. Resource for all other VAD maintenance/concerns.	
Skill Mix of Nursing Personnel		Varied level in skill and experience with PICC, midline, USGP/IV, IV insertion, and sterile technique.	
Open Positions/ Staff Retention		1 PRN Varied Position	
Layout of Unit and Churn Rate		Avg Monthly Procedures: PICCs -58, Midlines - 18, IVs - 951, Port Access/Deaccess - 115, VAD Assessments - 1,712, TPA instillations/removals - 51, VAD Dressing Changes - 341, VAD Lab Draws - 455, VAD Removals - 45, Phlebitis/Extravasation/Infiltration - 44, Line Problem Management - 34	
Guidelines Adopted by Various Nursing Associations		INS, AVA	
Hospital Finances and Resources		General Staffing for Day Shift is 5 RNs: 1PICC RN, 1 Assist RN, 2 Vascular Access Resource RNs, 1 Central Line RN General Staffing for Night Shift is 2RN: 2 Vascular Access Resource RNs.	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		Missed Breaks: 1.25 hrs - increased volume of calls/procedures.	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		Incremental OT - 10.75 Hrs - Increased volume of calls/procedures, sick calls.	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		13 incidents of short staffing	

Matrix Review Form for: <u>WOCN's</u> Date: <u>5/11/2021</u>			
TopicA2:D7C9A2:D6	Completed	Discussion	Decision/Follow up
Patient Care Needs		Care for consulted patients with skin care needs.	
Skill Mix of Nursing Personnel		3-WOCN's	
Open Positions/ Staff Retention		Kathy Imai-1.0 works 4 days-Monday, Tuesday, Wednesday, Friday (10 hour) Adrian Wolden-1.0 works 4days Monday- Thursday (10 hours) Katie Muller-1.0 works 4 days Wenesday-Saturday (10 hours)	
Layout of Unit and Churn Rate		All inpatient units	
Guidelines Adopted by Various Nursing Associations			
Hospital Finances and Resources			
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		Zero missed breaks / Zero missed lunch (0%)	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		Total OT:2 hours	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		0%	

Wound Clinic - May 11, 2021			
Topic	Completed	Discussion	Decision/Follow up
Patient Care Needs		Provide comprehensive wound care treatments with advanced modalities including application of biologics, Total Contact cast, Negative Pressure wound therapy, Hyperbaric oxygen, Specialty Physician performed debridements and I&D. Nurse visit clinic daily and Ostomy clinic weekly.	
Skill Mix of Nursing Personnel		RN- 8 Relief/Ostomy RN-1 MA-2.9 (CNA)hyperbaric tech-1(0.9) (MA) hyperbaric tech relief-1 (0.1)	
Open Positions/ Staff Retention		Currently do not have any open positions.	
Layout of Unit		9 Pateint exam/procedure rooms. Each room has a sink. 2 of the exam rooms have bariatric exam beds, 1 has a procedure chair and 6 have stretchers. We currently have2 ceiling lifts and a portable lift. We have a nurses station for prep of biologics. Topical medications are stored in locked (digilock) cabinets at Nurses Station. We have 1 soiled utility room. 1 kitchette for staff. We have a hyperbaric treatment room with 3 chambers. Patient nourishment is stored in cabinet/small fridge in this room.	
Guidelines Adopted by Various Nursing Associations		Nursing Standards of Care, National Board of Diving and Hyperbaric medicine tecnology, UHMS	
Hospital Finances and Resources		Each clinic operates with 1 provider, 1 RN Case Manager, 1 RN intake, 1 MA for 14 patients. We also have 1 RN that supports both clinics "Float". We also have an Ostomy RN (relief) who sees Ostomy patients weekly. We statred a nurse driven clinic as well. We do need hospital resources to help with LOA/PTO. We have hired an APC who statrts next month, 6/6/21.	
Missed Breaks/Lunches (for past 30 days- If staff is missing breaks/lunches, please provide barriers) <i>(Please show as a percent)</i>		<0.0125%	
Incremental Overtime (for past 30 days) <i>(Please show as a percent)</i>		0.30%	
Staffing Out of Matrix (how often in past 30 days) <i>(Please show as a percent)</i>		1.07%	

Template		Monday	Tuesday	Wednesday	Thursday	Friday
AM clinic 1	MD/DPM	Carrasco	Carrasco	Carrasco	Dykstra	Forsythe
	Case Mgr	Amy	David	Sara	David	Amy
	Intake	Mikki	Kathy	Kim	Mikki	David
	Discharge	Jay Jay	Jasmyn	Jasmyn	Jay Jay	Jasmyn
AM clinic 2	MD/DPM	Finley	Finley	Finley	Forsythe	Hayes
	Case Mgr	Teresa	Teresa	David	Sara	Alison
	Intake	Dee	Amy	Teresa	Kathy	Kim
	Discharge	Jay Jay	Jasmyn	Jasmyn	Jay Jay	Jasmyn
	Float-MA	Kristina	Kristina	Kristina	Kristina	Kristina
	Float	Kathy/Sara/Kim	Mikki/Dee	Amy/Dee	Teresa/Kim	Mikki/Kathy/Sara
	CMT	Sara/Kathy	Mikki/Dee	Amy/Dee	Teresa/Kim	Mikki/Kathy
	HBO support- RN	Sara	Kathy	Amy	Kathy	Kathy
PM Clinic 1	MD/DPM	Carrasco	Carrasco	Carrasco	Dykstra	Forsythe
	Case Mgr	Mikki	Dee	Teresa	Mikki	Sara
	Intake	Kim	Mikki	Amy	Teresa	David
	Discharge	Jay Jay	Jasmyn	Jay Jay	Jasmyn	Jasmyn
PM Clinic 2	MD/DPM	Dykstra	Dykstra	Finley	Forsythe	Hayes
	Case Mgr	Dee	Amy	Kim	Kathy	Kathy
	Intake	Sara	Kathy	Dee	Kim	Mikki
	Discharge	Jasmyn	Jay Jay	Jasmyn	Jay Jay	Jay Jay
	Float-MA	Kristina	Kristina	Kristina	Kristina	Kristina
	Float	Amy/Teresa/Kathy	David/Teresa	David/Sara	Sara/David	Alison/Amy/Kim
	CMT	AmyTeresa	David/Teresa	Sara/David	Sara/David	Alison/Amy
	HBO support -RN	Amy	Kathy	Sara	Sara	Amy
	HBO TECH	Robin/Kristina	Robin/Kristina	Robin/Kristina	Robin/Kristina	Robin/Kristina
	Front office	Sue	Sue	Sue	Sue	Sue
	Referral Coord. Lead	Marisa	Marisa	Marisa	Marisa	Marisa
	Referral Coord.	Danae	Danae	Danae	Danae	Danae
	Ostomy	x	x	x		Alison-PM
	Shut Down	Kathy	Mikki/Teresa	Dee/Amy	David/Sara	Kim/Alison
	OFF	David	Kim/Sara	Mikki/Kathy	Amy/Dee	Dee/Teresa
	Lobby-triage					

Subject to change. Do not make changes to assignments without notifying Lisa first.