KAISER PERMANENTE.

Cover Page

The following is the nurse staffing plan for **Kaiser Permanente Central Hospital**, submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420.

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Nurse Staffing Plan Purpose

This plan was developed for the management of scheduling and provision of daily staffing needs for the hospital, and to define a process that ensures the availability of qualified nursing staff to provide safe, reliable and effective care to our patients. This plan applies to all parts of the hospital licensed under RCW 70.41.

Nurse Staffing Plan Principles

- Access to high-quality nursing staff is critical to providing patients safe, reliable and effective care.
- The optimal staffing plan represents a partnership between nursing leadership and direct nursing care staff.
- Staffing is multifaceted and dynamic. The development of the plan must consider a wide range of variables.
- Data and measurable nurse sensitive indicators should help inform the staffing plan.

*These principles correspond to *The American Nursing Association Principles of Safe Staffing.*

Nurse Staffing Plan Policy

- The nurse staffing committee (committee) is responsible for the development and oversight of the nurse staffing plan to ensure the availability of qualified nursing staff to provide safe, reliable and effective care to our patients.
- The committee's work is guided by its charter.
- The committee meets on a regular basis as determined by the committee's charter.
- The committee's work is informed by information and data from individual patient care units. Appropriate staffing levels for a patient care unit reflect an analysis of:
    - Individual and aggregate patient needs;
    - Staffing guidelines developed for specific specialty areas;
    - The skills and training of the nursing staff;
    - Resources and supports for nurses;
    - Anticipated absences and need for nursing staff to take meal and rest breaks;
    - Hospital data and outcomes from relevant quality indicators; and
    - Hospital finances.
  *The American Nurses Association does not recommend a specific staffing ratio, but rather to make care assignments based on acuity, patient needs and staff competencies.

- The analysis of the above information is aggregated into the hospital's nurse staffing plan. Each individual patient care unit may use the Nurse Staffing Committee Checklist to guide their work.
- Staff continuously monitor individual and aggregate patient care needs and make adjustments to staffing per agreed upon policy and collective bargaining agreement (if applicable).
- The committee will perform a semiannual review of the staffing plan. If changes are made to the staffing plan throughout the calendar year, an updated staffing plan will be submitted to DOH.
- The hospital is committed to ensuing staff are able to take meal and rest breaks as required by law, or collective bargaining agreement (if applicable). The committee considers breaks and

strategies to ensure breaks when developing the plan. A global break policy may be used, or individual patient care units may have discretion in structuring breaks to meet specific needs while meeting the requirements of the law. Data regarding missed or interrupted breaks will be reviewed by the committee to help develop strategies to ensure nurses are able to take breaks.

Nurse Staffing Plan Scope

Acute care hospitals licensed under [RCW 70.41](#) are required by law to develop a nurse staffing plan. The plan must cover areas of the hospital that: 1) are under the hospital's license (RCW 70.41) and 2) where a nurse(s) provides patient care (i.e., "patient care unit").

The following areas of the hospital are covered by the nurse staffing plan:

- **Exhibit A** – *Central Hospital Inpatient Services*
- **Exhibit B** – *Interventional Radiology*
- **Exhibit C** – *Mammography*
- **Exhibit D** – *Central Urgent Care*
- **Exhibit E** – *Radiation Oncology*
- **Exhibit F** – *Operating Room*
- **Exhibit G** – *Post-Anesthesia Care Unit*

Nurse Staffing Plan Critical Elements

The following represents critical elements about the nurse staffing plan:

A. *Changes for 2023*
   a. We have included discussions on Nurse Sensitive Indicators related to staffing
   b. Initiated a journal article review to promote knowledge and expand thinking in the area of nurse staffing.
   c. Revision to the Inpatient Unit Matrix
      i. Increased "Day" CNA/MA Staffing by 1 for Census 6
      ii. Increased "Night" CNA/MA Staffing by 1 for Census 11 & 12
      iii. Decreased "Night" CNA/MA Staffing by 1 for Census 5
   d. Revision to our Interventional Radiology Matrix
      i. Decreased Thursday & Friday RN by 1
      ii. Decreased Wednesday & Friday IR Tech by 1
      iii. Operational Hours changed to 0630 – 1730 Monday – Friday
      iv. 1 Lead RN on 10-hour shift
      v. 5 RNs on 10-hour shift
      vi. 1 MA position on 10-hour shift
      vii. Start times changed:
         1. 1 RN & 2 Techs Start at 0630
         2. 2 RNs Start at 0700
         3. 1 RN Starts at 0730

e. Revision to our Mammography Matrix
   i. *No changes*
f. Revision to Urgent Care Matrix
   i. Changed "Weekdays" Staffing to "Mon-Sat" & Changed "Weekends" to "Sundays"
   ii. Added "Mon-Sat" LPN Staff Column
   iii. Increased "Mon-Sat" RN Staffing by 1 from 0300 – 0600
   iv. Decreased "Mon-Sat" RN Staffing by 1 at 1030
   v. Increased "Mon-Sat" RN Staffing by 1 at 1100
   vi. Increased "Mon-Sat" RN Staffing by 1 from 1930 – 2030
   vii. Decreased "Mon-Sat" RN Staffing by 1 from 2300 – 2330
   viii. Increased "Sundays" RN Staffing by 1 from 0300 – 0600
   ix. Decreased "Sundays" RN Staffing by 1 at 1030
   x. Increased "Sundays" RN Staffing by 1 at 1100
   xi. Decreased "Sundays" RN Staffing by 1 from 1530 – 1800
   xii. Increased "Sundays" RN Staffing by 1 from 1900 – 2030
   xiii. Decreased "Sundays" RN Staffing by 1 from 2300 – 2330
g. No revisions to Radiation Oncology Matrix
   i. Staffing through March 2023
      1. Increasing RN Staffing by 1 on Monday's
   ii. Staffing updated effective April 1, 2023
      1. Increasing RN Staffing by 1 on Monday, Tuesday, Wednesday, & Thursday
   iii. Added 1 MA to Q1 2023 Matrix & Q2-Q4 Matrix
h. Revision to Operating Room Matrix
   i. Staffing up to 8 OR Rooms rather than 9
   ii. Increased RN Staffing for Rooms 1 – 8
   iii. Increased PCT Staffing for Rooms 5 – 8
   iv. Increase Scrub Person Staffing for Rooms 1 - 8
i. Revision to Post-Anesthesia Care Unit
   i. *No Changes*
B. *Staffing complaint process*
   a. No changes or updates. Advocacy submissions in the first half of 2022 were advisements of short staffing.

Nurse Staffing Plan Matrices

Staffing Plan Matrix (See Attached)

CENTRAL HOSPITAL INPATIENT SERVICES

DAY

Census	Charge	RN	CNA/MA	HUC
18	1	3	2	1
17	1	3	2	1
16	1	3	2	1
15	1	3	2	1
14	1	3	2	1
13	1	2	2	1
12	1	2	2	1
11	1	2	2	1
10	1	2	1	1
9	1	2	1	1
8	1	2	1	1
7	1	2	1	1
6	1	2	1	1
5	1	1	0	1
4	1	1	0	1
3	1	1	0	1
2	1	1	0	1
1	1	1	0	1

NIGHT

Census	Charge	RN	CNA/MA	HUC
18	1	3	2	1
17	1	3	2	1
16	1	3	2	1
15	1	3	2	1
14	1	3	2	1
13	1	2	2	1
12	1	2	2	1
11	1	2	2	1
10	1	2	1	1
9	1	2	1	1
8	1	2	1	1
7	1	2	1	1
6	1	2	1	1
5	1	1	0	1
4	1	1	0	1
3	1	1	0	1
2	1	1	0	1
1	1	1	0	1

* This staffing matrix is to be used as a guideline for base staffing only.

Daily CORE staffing will be determined by new census/acuity tool.

* **Patient Ratio for Day / Night Shift**

* If no Tech, RNs do primary care

* 5:1 with Tech support

* 4:1 without Tech support or pt on a drip

* Day Charge: 0-3 Patients

* Night Charge: 0-3 Patients

* Recommended Charge RN to have "0" pt's based on clinical needs & census. If Charge RN must have pt's, they will take the tele patients.

* Planned leave covered by TPT staff, agency, & extra shift by regular FTE

* Sick calls covered by TPT, agency, and extra shifts by regular FTE

* Staff / Charge RN cover each other for breaks

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INTERVENTIONAL RADIOLOGY

DAY	LEAD RN	RN	MA	IR TECH
MONDAY	1	3	1	2
TUESDAY	1	3	1	2
WEDNESDAY	1	3	1	1
THURSDAY	1	3	1	2
FRIDAY	1	2	1	1

Operational Hours

0630 - 1730 Monday - Friday
Department is CLOSED on Weekends and Holidays
1 Lead RN on 10-Hour Shift; 5 RN Positions on 10-Hour Shifts
1 MA Position on 10-Hour Shift

Start Times

1 RN and 2 Techs start @ 0630
2 RNs Start @ 0700
1 RN starts @ 0730

Adjustments to Staffing Based on Patient Care Needs:

1. Low Census
2. Breaks - Staff Covers Each Others Breaks
3. Manager to Cover Breaks when Requested
4. PTO & FMLA
   - Offer OT or Decrease Procedures
5. Unplanned Leave
   - Offer OT or Decrease Procedures
6. Use Per Diem Staff to Backfill Absences

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MAMMOGRAPHY

	Day	
DAY	**RN**	**MA**
Monday	1	2
Tuesday	2	3
Wednesday	2	2
Thursday	2	3
Friday	1	2

<u>Designated shift or start times:</u>

   - 1.7 FTE RNs in total and each works part time. Shift hours 0845 - 1715

   - 2.5 MAs staggered shifts

Department is open Monday - Friday and some Satruday's. Closed on Sunday's & Holiday's

No Charge RNs

Adjustments to staffing based on patient care needs; Staffing does not fluctuate in our model

No On Call Staff

<u>*Breaks:*</u> Two 15-Minutes breaks (unscheduled); 30-Minute lunch break; No coverage needed for breaks or lunch due to the nature of work

<u>*Planned Leave:*</u> No float pool for MA or RN; Cross coverage only (1 MA off at a time; 1 RN off at a time)

<u>*Unplanned Leave:*</u> No float pool coverage, cover internally

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CENTRAL URGENT CARE

Mon-Sat

TIME	RN	LPN	TECH
0:00	4	0	2
1:00	4	0	2
2:00	4	0	2
3:00	4	0	2
4:00	4	0	2
5:00	4	0	2
6:00	4	0	2
7:00	4	0	2
8:00	4	0	2
9:00	6	1	2
9:30	6	1	2
10:00	6	1	3
10:30	6	1	3
11:00	8	1	3
11:30	8	1	3
12:00	8	1	3
13:00	8	1	3
14:00	8	1	3
15:00	8	1	3
16:00	8	1	3
17:00	8	1	3
18:00	8	1	3
18:30	8	1	3
19:00	8	1	3
19:30	8	1	3
20:00	8	1	3
20:30	8	1	3
21:00	6	1	3
21:30	6	1	3
22:00	6	0	3
22:30	6	0	2
23:00	4	0	2
23:30	4	0	2

Sundays

TIME	RN	TECH
0:00	4	2
1:00	4	2
2:00	4	2
3:00	4	2
4:00	4	2
5:00	4	2
6:00	4	2
7:00	4	2
8:00	4	2
9:00	6	2
9:30	6	2
10:00	6	3
10:30	6	3
11:00	8	3
11:30	8	3
12:00	8	3
13:00	8	3
14:00	8	3
15:00	8	3
16:00	8	3
17:00	8	3
18:00	8	3
18:30	8	3
19:00	8	3
19:30	8	3
20:00	8	3
20:30	8	3
21:00	6	3
21:30	6	3
22:00	6	3
22:30	6	2
23:00	4	2
23:30	4	2

Have Float RN for Lunch Break Coverages
Planned leave covered by TPT Staff. Have 12 RNs on TPT Staff. Also, agency per-diem, if available, or Regular Staff
Sick calls covered by deputy and text sent in real time to staff who have notifications via the Deputy app
Agency is also contacted. Transitioning to Ezcall, will use Whatsapp for notifications while waiting for messaging to be enabled
There is a Charge RN all day 24/7. Charge RNs don't take assignments from 0700 - 2330
There is NO mandatory call list
Staff cover each other for 15-minute breaks; or have the Charge RN cover, depending on census/acuity

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STAFFING THROUGH MARCH 31, 2023

RADIATION		ONCOLOGY
DAY	RN STAFFING	MA STAFFING
Monday	1	1
Tuesday	2	1
Wednesday	2	1
Thursday	2	1
Friday	1	1

2 Designated Shifts:
- 10-Hour Shifts (0700 - 1730)
- 8-Hour Shifts (0800 - 1630)

Department is open Monday - Friday

Closed on Holiday's & Weekends

Breaks: RN Staff will take required breaks/lunches

STAFFING EFFECTIVE APRIL 1, 2023

RADIATION		ONCOLOGY
DAY	RN STAFFING	MA STAFFING
Monday	2	1
Tuesday	3	1
Wednesday	3	1
Thursday	3	1
Friday	1	1

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OPERATING ROOM

		Day		
Rooms	Charge	RN	Patient Care Technician*	Scrub Person*
8	1	16	5	16
7	1	14	4	14
6	1	10	4	10
5	1	9	4	9
4	1	7	2	7
3	1	4	2	4
2	1	3	1	3
1	1	2	1	2

*Non-Licensed support staff are dependent on case volumes & acuity

10-Hour Shifts: 0645 - 1715; 0900 - 1930

12-Hour Shifts: 0645 - 1915

Adjustments to staffing based on patient care needs:

TPT, extra shifts when census high, voluntary low census used when volumes are low

Breaks: Float RNs, staggered RN shifts

Planned Leave: TPT scheduled to fill, extra shifts offered

Unplanned Leave: Asking unscheduled staff to come in, and changing present staff
schedules to meet needs

Time	Rooms Running	# of RNs	#STs
600	0	3	0
645	8	16	10
900	8	16	10
1615	8	16	10
1715	8	16	10
1915	8	16	10

2023 Staffing Matrix for 12-Hour OR Block expansion for 8 ORs

Will utilize 75% OR utilization currently of 7 OR rooms until clearance to safely increase
utilization to 100%

(with staffing, Infection Prevention, Facilities recommendations, etc...)

*approved unanimously 11.17.2022

POST-ANESTHESIA CARE UNIT

Time of Day	Nurses						Support Staff	
	Charge	Total RN	Float RN	Pre-Op RN	Phase 1 RN	Phase 2 RN	HUC	PCT
5:30	1	2	0	1	0	0	1	0
6:00	1	4	0	3	0	0	1	1
6:30	1	4	0	3	0	0	1	2
7:30	1	5	0	3	0	0	1	2
8:00	1	7	1	3	1	1	2	3
8:30	1	8	1	3	2	1	2	3
9:00	1	10	1	3	3	2	2	3
9:30	1	12	2	3	3	3	2	4
10:00	1	14	2	4	4	3	2	5
10:30	1	16	3	4	4	4	2	5
11:00	1	17	4	4	4	4	2	5
12:00	1	17	4	4	4	4	2	5
13:00	1	17	4	4	4	4	2	6
14:00	1	17	4	4	4	4	2	5
14:30	1	17	4	4	4	4	2	4
15:00	1	17	4	4	4	4	2	4
16:00	1	15	3	3	4	4	2	4
16:30	1	13	2	2	4	4	2	3
17:00	1	13	2	2	4	4	1	2
17:30	1	13	2	2	4	4	1	2
18:00	1	12	2	1	4	4	1	2
18:30	1	10	1	0	4	4	1	2
19:00	1	10	1	0	4	4	1	2
19:30	1	9	0	0	4	3	1	1
20:00	1	7	0	0	3	3	1	1
20:30	1	5	0	0	1	3	1*	0
21:00	1	3	0	0	0	2	1*	0
21:30	0	0	0	0	0	0	0	0

Unit Closes @ 2130

Adjustments to staffing based on patient care needs:

- Adjust staffing via low census for low patient volumes

- Ask for extra help via TPT

- Extra shifts if volumes dictate (all voluntary basis)

Breaks: Float RN & Charge RN to cover breaks

Planned Leave: Allow for 1-2 RNs off per day before schedule is posted, according to the contract

 - Preliminnary posting period, final posting (14 days prior to first scheduled day)

Unplanned Leave: TPT Coverage, offer extra shifts

Staffing plan based on OR Blocks of 8 Operating Rooms for 12-Hour OR Block Times. Will adjust staffing dependent on OR utilization (See OR Plan for breakdown of OR rooms/blocks)

Operating Hours for Pre-Op / PACU 0530 - 2130

*HUC / PCT: HUC / PCT Role performed by cross-trained individual at end of operating hours.

RNs by Shift Start Time

530
600
730
800
830
900
930
1000
1030
1100

HUCs / PCT by Shift Start Time

530
545
600
800
830
900
1100
1300

all PCTs are cross-trained to perform HUC tasks at desk

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