

The following is the nurse staffing plan for Olympic 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 Olympic Medical Center, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for 2022 and includes all units covered under our hospital license under RCW 70.41. This plan was developed with consideration given to the following elements (please check):

- Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
- Level of intensity of all patients and nature of the care to be delivered on each shift;
- Skill mix;
- Level of experience and specialty certification or training of nursing personnel providing care;
- The need for specialized or intensive equipment;
- The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;
- Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
- Availability of other personnel supporting nursing services on the patient care unit; and
- Strategies to enable registered nurses to take meal and rest breaks as required by law or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff.

This staffing plan was adopted by Olympic Medical Center on:

12/28/2022
Date

As approved by:


Darryl J. Wolfe
Chief Executive Officer





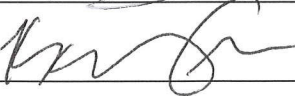
1. The RN staffing for Diagnostic Imaging is at 3 FTE's per week. As a minimum 2 DI RN's shall be available to the department 8 am to 5 pm, Monday through Friday. The department added a .01 FTE per diem to assist as needed with higher than normal volumes and as backup for vacations and sickness.
2. Call Weekend schedule - rotating nurse on-call PICC schedule 4 hours (8am to 1200pm) and for Imaging procedures (12pm to 5 pm) Saturday and Sunday. Due to increase in procedures the weekend will schedule out-patients for Saturday or Sunday with DI RN approval.
3. Lead DI RN/Director – Lead will cover from 8 am to 4:30 pm. Will coordinate scheduling nurses with Director to best match FTE's and department needs each month. Adjustments to the schedule during the month will need DI management approval.
4. Daily RN Staffing is determined with in DI as follows:
 - Adequate DI RN coverage to provide excellent patient care and safety to allow for scheduled patients and add-ons.
 - Peripheral Intravenous Central Catheter (PICC), peripheral IV placements, Port a catheter access lab draw, and central line dressing's hospital wide will be triaged by DI nurses, coordinated with DI patient Care.
 - Procedures: DI RN's will schedule each day to accommodate the # of nurses available on shift not to exceed potential patient care issues and safety.
 - Add-ons for procedures afterhours or would extend into after hours will be at the discretion of the RN on at the time and DI leadership.
 - Weekend call to support DI invasive procedures and PICC placement for inpatient in coordination with the DI RN's and Radiologists.
 - When necessary to reduce work force due to low census, at least one nurse when possible, shall be placed on standby to support the staff.
 - Radiologist will have oversight for all PICC's inserted at OMC and assist PICC DI RN's when needed.
 - PICC placements will be scheduled between 8 am and 3 pm weekday and 8 am to 12 pm for PICCS on weekends and Holidays.
 - Imaging RN call is 8 am to 5 pm for DI procedures during weekends coordinating with the radiologists schedule on-site and giving time for PICC insertions.
 - Add-ons will be kept within the normal DI RN work schedule to keep excessive hours and overtime to a minimum. DI RN's will work with management for any after hour procedures.
 - If DI RN's are unavailable for weekend call the house supervisor, hospitalists and sections affected will be notified.
5. Meals and breaks – Lunches will be off set with 2 DI RN's scheduled at 8 am taking ½ hour lunch at 12 pm and the 8:30 am DI RN taking lunch break at 12:30 pm; the lunch times may vary with nurse coordination adjusting to accommodate patient care. The DI RN's will have 2 breaks throughout the 8 hour day and will schedule the breaks as close to the middle of each half of their shift.
6. **Holiday staffing:** Call coverage will follow weekend coverage protocol.

Continued...

Nothing in the Staffing Plan is intended to change or supersede state law or the Collective Bargaining Agreement between the parties which are considered controlling. While the Staffing Plan is a guide, the CBA provides that management retains discretion to assign staff and schedule the number of staff, and management shall retain such discretion when issues arise, notwithstanding guidelines in the Staffing Plan. Management does not waive their rights under Article 2 in the CBA. The CBA also states, in part:

3.2 Charge Nurse. A Registered Nurse who is assigned the responsibility for an organized unit. A nurse who is assigned as charge nurse shall be paid for all hours worked as a charge. An organized unit shall be defined by the Employer. The Charge Nurse has authority to initiate discussion with unit director and/or house supervisor to adjust staffing levels to meet patient care needs with guidance from an acuity a tool and using MOU #11 (Staffing Alert) as a resource. ...

Staffing Plan Approval

Stakeholders (Approval Required)	Printed Name	Signature	Date
Chief Executive Officer	Darryl Wolfe		11/28/22
Chief Nursing Officer	Vicky Swanson, MSN-HCSM, RN		12/19/2022
Department Manager/Director	John Troglia, RT, RDMS		11/25/22
Staffing Committee Member/Lead DI RN	Michael Higuera, RN		11/22/22
Staffing Committee Member/Lead DI RN	Kayla Forshaw, RN		11/22/22

Status: Final

Effective Date: 1/1/2023

Diagnostic Imaging

Status:

Effective Date: 1/1/2023



Staffing Plan ICU/Telemetry 2023

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- **INTENSIVE CARE PATIENT:** A maximum of 2 patients/nurse.
- **TELEMETRY PATIENTS:** Staffing decisions are made in collaboration with the charge nurse.
 - a. **Day & Evening shift:** 3 patients to one nurse maximum unless the acuity allows flexing up to 4 when there are Overflow patients or decreasing the ratio if there is limited CNA support in the unit.
 - b. **Night shift:** 3 patients to one nurse and may flex up to 4 patients to one nurse if census requires (unless acuities are high and there is limited CNA support).
- **Charge RN for ICU/Telemetry areas every shift:** May assist with care but do not take an assignment except a low one who is low acuity when census is low* (see below).
- **If census 5 or less:** Charge nurse may take a low acuity patient assignment or arrhythmia technician can be put on call. This will be based on acuity of patients. The CNA can also be cancelled, if lifting/care can be done by existing staff assisting each other. This is up to the charge nurse.
- **Arrhythmia Technician for both ICU/Telemetry areas, also covers cardiac monitoring for patients on other wards:** One per shift. If unavailable, this is done by ICU nurses or CNAs who have been trained to the arrhythmia technician job duties; a charge nurse may opt to do this as well as being charge, but census and acuity will impact this decision, it is not expected.
- **CNA (Certified Nursing Assistant):** A minimum of one per shift for days, evenings, and nights. No more than 8-10 patients per aide on all shifts, depending on acuity and staff availability. Nurses may be assigned to function as a CNA, if staffing requires, which will count as a float assignment for nurses.
- **Staffing-Census Variances/OMC Surge/Disaster/Triage situations:** If unit staffing is acutely diminished and unable to provide full staffing for the patients that are housed in the unit or during times when an internal and/or external triage is being called at OMC, an increase in nurse-to-patient ratios outside the approved staffing plan may be required, and will allow staff to use crisis documentation standards (i.e., assessments q shift for all patient care statuses with additional notes for significant events as needed). Before making the decision to increase ratios, all efforts will be made and may be exhausted to find additional staff. A team nursing model may be utilized, as proposed in the ICU/Telemetry Surge Plan. The Unit Director and Unit Supervisor(s) will be expected to help with staffing needs as able.
- **Meal and Rest Period:**
 1. Each staff member shall collaborate with other shift members and the Charge nurse to coordinate meal and rest periods. Rest periods are defined as a period of time when the employee is not involved in patient care activity and may include personal activities such as leaving the departments for

personal reasons, personal internet use, phone calls, texting, obtaining food, etc.

2. The charge nurse will be available during identified peak times to assist with meals and breaks.

- Eraser board provides nurse names, pt. status, MD, and charge nurse/arrhythmia technician for each shift.

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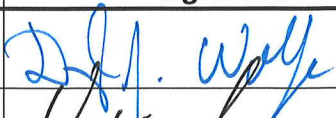
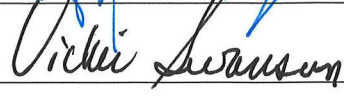

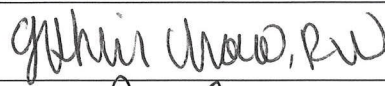


Status: Final

Effective Date: 1/1/2023

Staffing Plan Approval Page

Department Manager/Director to obtain signatures then scan and upload PDF to the Staffing Page for reference.

ICU/Telemetry 2023	Status: Final	Effective Date: 1/1/2023
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Stakeholders (Approval Required)	Printed Name	Signature	Date
Chief Executive Officer	Darryl Wolfe, CEO		12/28/22
Chief Nursing Officer	Vickie Swanson, RN / interim CNO		12/28/2022
SEIU Representative			
Department Manager/Director	Katrin Junghanns-Royack, RN		12/22/22
Staffing Committee Member	Megan Slaczka, RN	on Leave and unable to sign	12/21/2022
Staffing Committee Member	Jasmine Charon, RN		12/21/2022
Staffing Committee Member	Ken Reynolds, LPN		12/23/22
Staffing Committee Member	Chris Ellis , CNA/AT		12/23/22
Staffing Committee Member	Jeana Hutton, RN		12/22/22



Staffing Plan Medical Surgical Pediatrics

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Nurse Staffing Plan Matrices

***Staffing Matrices are developed as a guide for shift-by-shift, unit-based staffing decisions and are adjusted up or down based on patient factors and skill-mix of hospital staff.**

Breaks

Breaks will be taken in accordance with RCW 49.12.480. Break partners will be assigned at the beginning of each shift by the charge RN. Break partners will work collaboratively to ensure that they are taking their assigned breaks in accordance with RCW 49.12.480. If there is concern that a break could potentially be missed, the staff member is responsible for communicating with the charge RN in a timely fashion in order to reschedule their break for another time period.

1. Charge Nurse

- a. There will be one designated Charge Nurse and one admit/discharge/resource RN on from 7am – 7:30pm.
- b. Charge Nurse responsibilities include but not limited to assigning patients, considering patient acuity, geographic location, staff skill set, patient needs, and patient volumes. (No patient assignment)
- c. The ADRN role will be tasked with optimizing admit and discharge processes as well as assisting with other resource and break activities as needed. They could be utilized in a relief charge RN role. (No patient assignment)
- d. There will be 1 Charge Nurse without a patient assignment from 7pm - 7:30am

2. Department staffing for RNs, CNAs, as well as HUCs will follow the attached staffing matrix and will be based on patient volumes as well as patient acuities per WSHA and ANA recommended best practices.

3. Pediatric Patients

- a. 1 RN to not more than 3 patients, based on acuity and guardian support
- b. If a pediatric patient requires 1:1 staffing, there must be an accompanying physician order

4. Behavioral Health Patients

- a. Acutely suicidal patients requiring 1:1 for seclusion will have a trained staff member. Utilization of the trained observer ticket algorithm will be used in helping to assess sitter needs for the unit.
- b. The Charge Nurse will collaborate with the Staffing Office/Unit Supervisor and/or Director to determine the best option for appropriate care.
- c. Indication for a lesser patient assignment if patient requires 2 staff and security escort.

5. Floating

- a. Floating to another unit will occur only if there is adequate staffing available to meet Medical/Surgical/Pediatric patient care needs.

6. Inability to meet projected staffing needs

- a. If there are not an adequate number of CNA's available, the Charge Nurse may adapt the number of RN staff to adequately meet patient needs.
- b. If there is not a HUC available, an appropriately trained CNA may be utilized as a HUC.

7. Surge Staffing

In the event the organization has initiated a “high census protocol” or initiated it’s published disaster plan, the staffing plan for the Medical /Surgical/pediatric unit at Olympic Medical Center will adjust in an effort to meet the patient needs of the organization. These adjustments to the staffing plan will be shift-by-shift, unit-based staffing decisions and are adjusted up or down based on patient factors and skill mix of hospital staff. These decisions will consider patient acuity as well as situational need. If “Surge Staffing” is required, the following steps will be taken:

- a. An official declaration of “high census protocol” or disaster is made following OMC’s published plan.
- b. Off-duty staff will be contacted via phone, text, and/or email and notified of the situation in an effort to meet the needs of the organization.
- c. Each department’s staffing will be assessed by the staffing office/house supervisor to determine what/if any resources are available.
- d. The number of admissions meeting Medical/Surgical/Pediatrics criteria are identified.
- e. Discussion between house supervision and the charge nurse will take place prior to any additional admissions being added to the Medical/Surgical/Pediatrics unit so that patient acuity and skill mix can be determined.
- f. The ADRN will be assigned a patient group.
- g. Staff will take no more than one additional patient over the published matrix guidelines and only after assessing patient acuity and staff skill mix.
- h. The charge nurse will take no more than one patient during these situations and only after the department director is contacted.
- i. If all of these measures are still insufficient to meet the need, the department director will be called in to help meet the need.

Status: [Status]

Effective Date: 1/1/2021

Med/Surg/Peds Staffing Matrix

Census	0700-1900									
	Charge	ADRN	RN 0 Peds	RN 1-3 Peds	RN 4-6 Peds	CNA	HUC	Total Staff 0 Peds	Total Staff 1-3 Peds	Total Staff 4-6 Peds
1	1	1	1	1	1	1	1	5	5	5
2	1	1	1	1	1	1	1	5	5	5
3	1	1	1	1	1	1	1	5	5	5
4	1	1	1	2	2	1	1	5	6	6
5	1	1	2	2	2	1	1	6	6	6

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

39	1	1	10	10	11	5	1	18	18	19
40	1	1	10	11	11	5	1	18	19	19

Census	1900-0700 (HUC from 19-2330 not shown on matrix)							
	Charge	RN 0 Peds	RN 1-3 Peds	RN 4-6 Peds	CNA	Total Staff 0 Peds	Total Staff 1-3 Peds	Total Staff 4-6 Peds
1	1	1	1	1	1	3	3	3
2	1	1	1	1	1	3	3	3
3	1	1	1	1	1	3	3	3
4	1	1	2	2	1	3	4	4
5	1	1	2	2	1	3	4	4
6	1	2	2	2	1	4	4	4
7	1	2	2	3	1	4	4	5
8	1	2	2	3	1	4	4	5
9	1	2	3	3	1	4	5	5
10	1	2	3	3	1	4	5	5
11	1	3	3	3	1	5	5	5
12	1	3	3	4	1	5	5	6
13	1	3	3	4	1	5	5	6
14	1	3	4	4	2	6	7	7
15	1	3	4	4	2	6	7	7
16	1	4	4	4	2	7	7	7
17	1	4	4	5	2	7	7	8
18	1	4	4	5	2	7	7	8
19	1	4	5	5	2	7	8	8
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24	1	5	6	6	2	8	9	9
25	1	5	6	6	2	8	9	9
26	1	6	6	6	2	9	9	9
27	1	6	6	7	3	10	10	11

28	1	6	6	7	3	10	10	11
29	1	6	7	7	3	10	11	11
30	1	6	7	7	3	10	11	11
31	1	7	7	7	3	11	11	11
32	1	7	7	8	3	11	11	12
33	1	7	7	8	3	11	11	12
34	1	7	8	8	3	11	12	12
35	1	7	8	8	3	11	12	12
36	1	8	8	8	3	12	12	12
37	1	8	8	9	3	12	12	13
38	1	8	8	9	3	12	12	13
39	1	8	9	9	3	12	13	13
40	1	8	9	9	4	13	14	14

Staffing Plan Approval Page

Department Manager/Director to obtain signatures then scan and upload PDF to the Staffing Page for reference.

Medical Surgical Pediatrics	Status: [Status]	Effective Date: 1/1/2021
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Nothing in the Staffing Plan is intended to change or supersede state law or the Collective Bargaining Agreement between the parties which are considered controlling. Staffing Plans are interpreted based on the law and the CBA. Management does not waive the rights under Article 2 in the CBA. The CBA also states, in part:

3.2 Charge Nurse. A Registered Nurse who is assigned the responsibility of an organized unit. A nurse who is assigned as charge nurse shall be paid for all hours worked as charge. An organized unit shall be defined by the Employer. The Charge Nurse has authority to initiate discussion with unit director and/or house supervisor to adjust staffing levels to meet patient care needs with guidance from an acuity tool and using MOU #11 (Staffing Alert) as a resource. ...

Stakeholders (Approval)	Signature	Date
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Required)		
OMC Chief Executive Officer Darryl Wolfe	<i>Darryl Wolfe</i>	12/21/22
OMC Chief Nursing Officer Vickie Swanson, RN	<i>Vickie Swanson</i>	12/21/2022
Department Manager/Director Denise Harman, RN	<i>Harman RN</i>	
SEIU Representative		
Staffing Committee Member Karen Ahrndt, RN	<i>K Ahrndt RN</i>	
Staffing Committee Member Alyssa Hamrick, RN	<i>A Hamrick RN</i>	
Staffing Committee Member Michael Ladjack, RN	<i>Michael Ladjack</i>	
Staffing Committee Member Adrienne Rygaard, CNA	<i>Adrienne Rygaard</i>	
Staffing Committee Member		
Staffing Committee Member		
Staffing Committee Member		
Staffing Committee Member		



OMCC Medical Oncology & Radiation Oncology Nurse Coordinator Staffing Plan

Working together to provide excellence in health care.

Purpose: The Oncology Nurse Coordinators provide skilled nursing services for cancer patients in both the Medical Oncology and Radiation Oncology Clinics. The OMCC Nurse Staffing committee is comprised of two front line nurses and one administrator. Nurse Coordinators are non-union. Staffing requirements in the Cancer Center are determined by utilizing budgeted hours of care, departmental productivity, historical visit data, acuity levels for solid tumor, malignant hematology and benign hematology patients, and the staffing plan. Nurse staffing committee meetings are held a minimum of twice per year during regularly scheduled work time and will be paid. Members of the OMCC Clinic Staffing Committee are encouraged to solicit input from their fellow clinic nurse regarding staffing workload, workflows and support teams and bring this feedback to the committee for review, assessment and coordinated response. All clinic nurses are welcome to attend staffing Committee meetings as desired.

Minimum requirements for staffing:

- Radiation Oncology Coordinators work under the director of a Radiation Oncologist in an outpatient-based practice. They provide triage support and treatment education to all patients going through radiation treatment. Support is provided to the nurse coordinators by a variety of support staff including medical asst, radiation techs, customer service representations (CSR), infusion center, and management. The OMCC organization chart is available in the OMC Sharepoint.
- Medical Oncology Coordinators work under the director of a Medical Oncologist in an outpatient-based practice. They provide triage support and treatment education to all patients going through treatment. They work closely with pharmacy, infusion center, and radiation nurse coordinators when concurrent treatment is needed. Support is provided to nurse coordinators by a variety of support staff including medical assts, CSRs, and leadership. The OMCC organization chart is available in Sharepoint.
- The nurse coordinators staff with at least one RN per two providers in order to provide high quality coordination of care in the complex setting of OMCC. Staffing is increased or decreased depending upon the number of providers working each day, the level of nursing support required by the providers on their team, and the census of the clinic. Additionally, in both Medical and Radiation oncology there is a designated Lead Nurse who will coordinate staffing assignments among the RN's and MA's on a daily bases. Staffing will be adjusted to meet the clinic needs daily as determined by the OMCC clinical nurse manager.

Orientation:

- Nurse Coordinator RNs will be hired by the OMCC Leadership team.
- Selection is based upon vacancies, qualifications, experience, core values, and the interview process.
- All new staff will receive general OMC orientation.

- During the orientation period, the nurse will be preceptor will be assigned. The orientation plan is standardized to ensure each nurse receives the same training.
- All newly hired staff will be evaluated after the first 90 days then on an annual basis. These evaluations will be completed by the Clinical Nurse Manager.
- All newly hired nurses will meet the assigned competency standards, including all assigned education through Health Streams and Lippincotts.

Continuing Education:

- All staff must participate in ongoing education in order to keep up their licensure and certifications according to their job descriptions.
- All staff will participate in a self-evaluation during the annual appraisal process to help determine the plan for professional goals, up to and including completion of requirements and test to become an Oncology Certified Nurse (OCN).

Staffing Coverage:

All OMCC RN Coordinators are required to take three breaks per day: two paid 15-minute breaks and one 30 minute unpaid and uninterrupted break for lunch. It is the employee's responsibility to promptly notify the Clinical Nurse Manager, Lead RN, or another member of leadership of any barriers leading to preventing the break.




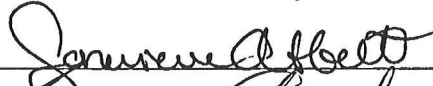
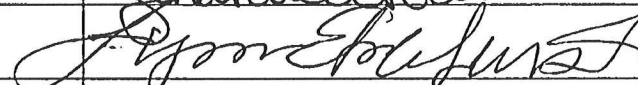
The Oncology Nurse Manager has the overall responsibility for effectively staffing the OMCC RN Coordinators to meet the needs of the center.

Status: APPROVED	Effective Date: 1/1/2022

Staffing Plan Approval Page

Department Manager/Director to obtain signatures then scan and upload PDF to the Staffing Page for reference.

OMCC Medical Oncology & Radiation Oncology Nurse Coordinator Staffing Plan	Status: APPROVED	Effective Date: 1/1/2022
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Stakeholders (Approval Required)	Signature	Date
Chief Executive Officer		12/21/22
Chief Nursing Officer		12/21/2022
SEIU Representative MA		
Department Manager/Director		12/21/22
Staffing Committee Member		12/21/2022
Staffing Committee Member		12-21-2022
Staffing Committee Member		
Staffing Committee Member		
Staffing Committee Member		
Staffing Committee Member		
Staffing Committee Member		
Staffing Committee Member		
Staffing Committee Member		



Staffing Plan Obstetrics

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OB STAFFING PLAN

January 2023

Shifts:

There will be a minimum of 3 RN's scheduled for day, evening and night shift, of which at least 2 will be Core staff. Every effort will be made to schedule 3 core nurses per shift. On antenatal testing days, staffing will be increased by one or more core RNs skilled in antenatal testing. A ward secretary/HUC will be scheduled Monday through Friday during peak hours but may be adjusted based on unit needs.

Assignments:

The Charge Nurse will make assignments based on the following levels. Each nurse will be assigned a patient load of not more than three patients from Level 1, or two from Level 2, or one from Level 3. Assignments will be based on the individual skill level and experience of scheduled nurses. The charge nurse will be unassigned whenever possible to facilitate her ^{the} availability to attend all deliveries, be available or designate an appropriately skilled RN to care for newborn in the first hour of life, triage patients, oversee any emergencies that may arise in the department and be available to provide relief of staff for meals and breaks. The charge nurse will determine the break plan, for staff, at the start of their shift.

Level 1

- Mother and Baby couplets without medical complications
- Antepartum admission for medical conditions: Hyperemesis, kidney stones, etc.
- Medical/Surgical overflow
- Newborn with IV medications room in with Mother
- Newborn phototherapy

Level 2

- Cesarean section Mother and Baby couplet less than 24 hours
- Vaginal delivery of multiples
- Vaginal delivery with extensive repair requiring frequent assessment/intervention
- Mother and Baby couplet with newborn under 37 weeks or SGA
- Mother and Baby couplet with newborn requiring NAS scoring
- Breastfeeding complications requiring frequent RN assistance: SNS, etc.
- English as a second language
- Postpartum eclamptic management
- Day of discharge with extensive teaching needs
- Labor Observation/Antenatal Testing
- Early Labor: less than 4 cm on intermittent fetal monitoring
- Induction of Labor by cervical ripening: Cervidil, misoprostol, balloon, etc.

Level 3

- Postpartum with high risk conditions requiring frequent monitoring, assessment and multiple IV medication management
- Complex Discharge: CPS/demise/adoption
- Psychosocial issue requiring intervention
- Active Blood Transfusion and/or hemodynamic instability
- Active Labor: 4 cm or greater

- Labor with intervention: Epidural, Pitocin, FHR instability
- Hypertensive Crisis
- Massive Transfusion Protocol/Maternal Hemorrhage
- HELLP Syndrome
- Transfers
- Nursery Admission
- Newborn Resuscitation

Nothing in the Staffing plan is intended to change or supersede state law or Collective Bargaining Agreement between the parties which are considered controlling. While the Staffing Plan is a guide, the CBA provides that management retains discretion to assign staff and schedule the number of staff, and management shall retain such discretion when issues arise, notwithstanding guidelines in the Staffing Plan. Management does not waive their rights under Article 2 in the CBA. The CBA also states, in part:

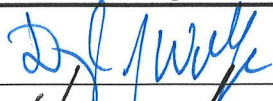
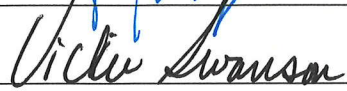




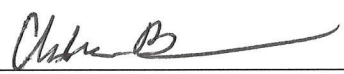
3.2 Charge Nurse. A Registered Nurse who is assigned the responsibility for an organized unit. A nurse who is assigned as charge nurse shall be paid for all hours worked as a charge. An organized unit shall be defined by the Employer. The Charge Nurse has authority to initiate discussion with unit director and/or house supervisor to adjust staffing levels to meet patient care needs with guidance from an acuity tool and using MOU #11 (Staffing Alert) as a resource.

Status: Final

Effective Date: 1/1/2023

Staffing Plan Approval Page

Department Manager/Director to obtain signatures then scan and upload PDF to the Staffing Page for reference.

Stakeholders (Approval Required)	Printed Name	Signature	Date
Chief Executive Officer	Darryl Wolfe		12/21/22
Chief Nursing Officer	Vickie Swanson		12/19/2022
SEIU Representative			
Department Manager/Director	Christina Johnson		11-17-22
Department Clinical Supervisor			
Staffing Committee Member	Mary Lou Culver		11/18/22
Staffing Committee Member	Shanna Walton		11-26-22
Staffing Committee Member	Laurie Elmer		11/18/22
Staffing Committee Member	Chloe Brown		12/7/22
Staffing Committee Member			
Staffing Committee Member			
Staffing Committee Member			



Staffing Plan

Surgical Services (Endoscopy/Surgery/PACU)

Working together to provide excellence in health care.

Day Shift Surgery 7am-3pm	<ul style="list-style-type: none"> • One RN as a Circulating Nurse for each Operating Room • One Scrub person for each Operating Room. • Break relief provided by additional staffing or the charge nurse • Ancillary Staff member to include orderly or Endo/OR Assistant • Anesthesia Aide
Day Shift Endoscopy 7am-3pm	<ul style="list-style-type: none"> • One RN as a Circulating Nurse for each Endoscopy Room • One Endoscopy Assistant for each Endoscopy Room. The Endoscopy Assistant can be an Endoscopy Technician, Surgical Technologist, a Certified Surgical Technologist, or an RN • Break relief provided by additional staffing or the charge nurse
Day Shift PACU (Recovery Room) 7am-3pm	<ul style="list-style-type: none"> • A minimum of two registered nurses, one of whom is an RN competent in Phase I Post-anesthesia nursing, are in the same room/unit where the patient is receiving phase I level of care. Once patient has met Phase II ratios are subject to change.
Addition of extra staff (RN, anesthesia aide, tech, orderly) will be at the discretion of leadership or charge nurse	
Evening Shift Surgery 3pm-11pm	<ul style="list-style-type: none"> • One RN as a Circulating Nurse for each Operating Room • One Scrub person for each Operating Room. • Ancillary Staff member to include orderly or Endo/OR Assistant
Evening Shift PACU 3pm-11pm	<ul style="list-style-type: none"> • A minimum of two registered nurses, one of whom is an RN competent in Phase I Post-anesthesia nursing, are in the same room/unit where the patient is receiving phase I level of care. Once patient has met Phase II ratios are subject to change.
Addition of extra staff (RN, anesthesia aide, tech, orderly and/or Endo/OR Assistant) will be at discretion of leadership or charge RN.	
Night Shift, Weekends, and Holidays Surgery Addition of extra staff (RN, anesthesia aide, tech, orderly and/or Endo/OR Assistant) will be at the discretion of leadership or charge nurse	<ul style="list-style-type: none"> • One RN Circulator is placed "on call" for emergency operations. <ul style="list-style-type: none"> ○ For weeknights, "on-call" starts at 10:30 pm and goes until 6:45 am. ○ On Saturday "on call" covers from 7am-7am ○ On Sunday and Holidays "on-call" covers 7am-6:45am ○ Holidays "on-call" covers 7am-6:45am • One Surgical Technologist is placed "on call" for emergency operations. <ul style="list-style-type: none"> ○ For weeknights, "on-call" starts at 1030pm and goes until 6:45am. ○ On Saturday "on call" covers from 7am-7am ○ On Sunday and Holidays "on-call" covers 7am-6:45am ○ Holidays "on-call" covers 7am-6:45am
Night Shift, Weekends, and Holidays PACU	<ul style="list-style-type: none"> • One PACU RN is placed "on call" for emergency operations <ul style="list-style-type: none"> ○ For weeknights, "on-call" starts at 10:30pm and goes until 6:45am ○ On Saturday "on call" covers from 7am-7am ○ On Sunday "on-call" covers 7am-6:45am ○ Holidays "on-call" covers 7am-6:45am • A minimum of two registered nurses, one of whom is an RN competent in Phase I Post-anesthesia nursing, are in the same room/unit where the patient is receiving phase I level of care. Once patient has met Phase II ratios are subject to change.
Weekends (Saturday & Sunday) & Holidays Endoscopy	<ul style="list-style-type: none"> • Two Endoscopy staff, who's scope of practice is to support procedures performed, will be placed "on-call" from 7am-5pm (ex. 1 RN/1 Tech or 2 RNs) <p>Addition of extra staff (RN) will be at the discretion of leadership or charge nurse & reviewed prior to the weekend. The house supervisor is available to provide assistance in location of after-hours staffing assistance.</p>
Preadmission Nurses	<ul style="list-style-type: none"> • Staffed by RNs appropriate to volume Monday – Friday.

Nothing in the Staffing Plan is intended to change or supersede state law or the Collective Bargaining Agreement between the parties which are considered controlling. While the Staffing Plan is a guide, the CBA provides that management retains discretion to assign staff and schedule the number of staff, and management shall retain such discretion when issues arise, notwithstanding guidelines in the Staffing Plan. Management does not waive their rights under Article 2 in the CBA. The CBA also states, in part:

3.2 Charge Nurse. A Registered Nurse who is assigned the responsibility for an organized unit. A nurse who is assigned as charge nurse shall be paid for all hours worked as charge. An organized unit shall be defined by the Employer. The Charge Nurse has authority to initiate discussion with unit director and/or house supervisor to adjust staffing levels to meet patient care needs with guidance from an acuity a tool and using MOU #11 (Staffing Alert) as a resource.

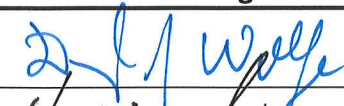

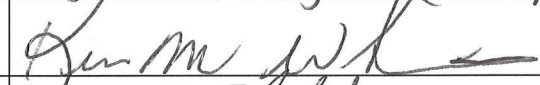





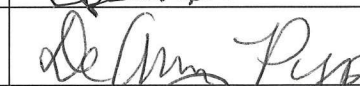

Status: PROPOSED

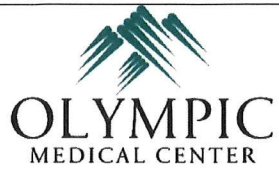
Effective Date: [Last Revision]

Staffing Plan Approval Page

Department Manager/Director to obtain signatures then scan and upload PDF to the Staffing Page for reference.

Surgical Services (Endoscopy/Surgery/PACU)	Status: PROPOSED	Effective Date: 01/01/2023
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Stakeholders (Approval Required)	Signature	Date
Chief Executive Officer		12/21/22
Chief Nursing Officer		12/19/2022
SEIU Representative		
Department Manager/Director	Elizabeth Wood	9-30-2022
Staffing Committee Member	Cyndi Springer (LOA) ^{10/05/22}	Returned 10/04/22 See below. <i>Swinfold</i>
Staffing Committee Member		9.30.22
Staffing Committee Member		9.30.22
Staffing Committee Member		9.30.2022
Staffing Committee Member		9-30-2022
Staffing Committee Member		1 Oct 2022
Staffing Committee Member		9/30/22
Staffing Committee Member		9/30/22
		10/5/22



2023 Staffing Plan Emergency Department

Working together to provide excellence in health care.

Guidelines

The Emergency Department staffing plan will include:

- 1 Charge RN (24/7)
- Triage 1 RN (24/7)
- Triage 2 RN (11a-11p)
- RME RN (11a-11p)
- 2 Resource RNs (11a-11a one for south one for north).
- 1 Resource RN from (11p-11a)
- 1 Flow RN (11a-11p)
- 1 CRASH RN (11a-11p)
- 1 Triage ERT (24/7)
- 1 Desk ER Tech (or HUC) (24/7)
- 2 floor ER Techs (24/7) **One South, One North**
- Floor ER Tech assignment will be 1 ERT to 10 patients.
- RN assignments will be based on safety, patient acuity and nursing skill mix. Assignments will involve a discussion between the charge RN and RN taking the assignments. Nurse to patient ratios will use the following general guidelines for acuity-based staffing:
 - 1:1 Ratio for ANY patient who is classified as a “critically unstable.”
 - 4:1 Ratio for patients in **acute** phase of treatment for ESI level II and III as long as resource RNs are available per staffing plan

Acuity Guidelines:

- Determining acuity is a dynamic process that begins upon initial triage and continues through the patient’s length of stay.
- Acuity for staffing purposes will be determined by: The patient’s hemodynamic stability, the patient’s neurological status, and the amount of immediate resources needed.

Low Census:

- During low census, scheduled ED staff may be cancelled, placed on-call, or assigned as an RN Care Partner if the nurse patient ratios in the ED are not exceeded AND house supervision is aware prior to sending staff away. This decision will be made by the ED Charge Nurse in collaboration with the ED Supervisor/ED Director/House Supervisor. ED staff who are assigned as an RN Care Partner will not assume a patient assignment and will be immediately available to return to the ED if needed.

Breaks:

- Meal and rest periods shall be provided per union contract and as required by law. These meal and rest periods will be assigned by the charge nurse or designee. The meal (30min) and rest (15min) breaks will be uninterrupted. If the meal and/or rest break is interrupted the Charge RN must be notified immediately in order to provide an alternative break time. One break nurse will be allocated to facilitate lunches and breaks 24/7. The primary responsibility of this RN is to provide meals and breaks to nursing staff.

2023 Target ED Staffing by Hour of Day

	7am	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm
RN	6	6	6	6	12	12	12	12	12	12	12	12
ERT	4	4	4	4	4	4	4	4	4	4	4	4
	7pm	8pm	9pm	10pm	11pm	12am	1am	2am	3am	4am	5am	6am
RN	12	12	12	12	8	8	8	8	6	6	6	6
ERT	4	4	4	4	4	4	4	4	4	4	4	4

2023 ED Staffed Beds by Hour of Day

	7am	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm
Beds	12	12	12	12	20	20	20	20	20	20	20	20
	7pm	8pm	9pm	10pm	11pm	12am	1am	2am	3am	4am	5am	6am
Beds	20	20	20	20	16	16	16	16	12	12	12	12

*This is based off minimum staffing guidelines

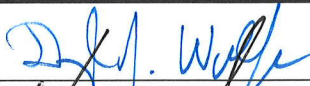








Status: [Status]

Effective Date: 1/1/2022

Staffing Plan Approval Page

Department Manager/Director to obtain signatures then scan and upload PDF to the Staffing Page for reference.

Emergency Department	Status: [Status]	Effective Date: 3/1/2023
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Stakeholders (Approval Required)	Printed Name	Signature	Date
Chief Executive Officer	Darryl Wolfe, CEO		3/9/23
Chief Nursing Officer	Vickie Swanson, CNO		3/9/23
SEIU Representative	Melissa Clemens, RN		2/24/23
Department Director	Aaron Possin, RN		2/22/23
Staffing Committee Member	Robert Aunspach, ERT		2/24/23
Staffing Committee Member	(New Committee Member), RN		
Staffing Committee Member	Elizabeth Peters, RN		2-23-23
Staffing Committee Member	Nic Seabolt, RN		2/27/23
Staffing Committee Member	Karley Bowen, ERT		2/24/23
Staffing Committee Member	Randi McDougal, Administrative Assistant		2/22/23
Staffing Committee Member			
Staffing Committee Member			
Staffing Committee Member			
Staffing Committee Member			
Staffing Committee Member			



Staffing Plan
Case Management, Utilization Review, Clinical Documentation Integrity

Working together to provide excellence in health care.

Case Management:

Staffing levels will be adjusted according to census (including total numbers of patient on the unit on each shift and activity such as admissions, discharges, and transfers), acuity (including level of intensity of all patients and nature of care to be delivered on each shift), skill mix (level of experience and specialty certification or training of staff), and the need for specialized or intensive equipment, with Nursing Administration or designee approval.

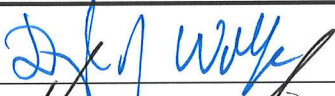
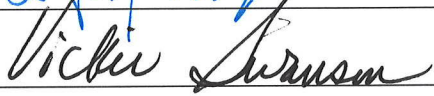
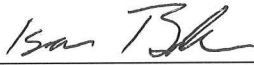


Area	Staffing Numbers	Considerations
Clinical Documentation Integrity (CDI)	Min of 1 RN Monday- Friday -0700-1530, no holidays	-If PTO is requested or a staff member calls out, CDI will be managed by 1 RN -In the event of staff members are out, remote access will be offered, if unable CDI will be placed on hold for the duration of the absences
Utilization Review (UR)	-1 RN -0700-1530	-In the event of a call out, UR staff will be notified to cover -If no UR staff are able cover the Lead will cover staffing permitted or UR will be placed on hold
Case Management Associates (CMA)	-1 MSW Associate -1 RN Associate -1 UR Associate Monday-Friday -0800-1630, no holidays	-In the event of PTO or Ill calls, the roles will be covered by the available CMA -If no CMA is available, these roles will be covered by Lead or available MSW/RN staff
RN Case Managers (RNCM) 2 Main, 2 West, ICU/Tele	3 RNCM's + 1 Lead Monday – Friday -0800-1630 1 RNCM Saturday-Sunday -0800-1630	-In the event of PTO/ill calls, per diem and available staff will be offered shifts to cover -If unable to cover, Lead will take a floor (2W,2M or ICU/Tele) If no lead is available, MSW's will be utilized to cover
MSW Case Manager (SWCM) 2 Main, 2 West, ICU/Tele	3 MSW's + 1 Lead Monday-Friday -0800-1630 1 MSW Saturday-Sunds -0800-1630	-In the event of PTO/ill calls, per diem and available staff will be offered shifts to cover -If unable to cover, Lead will take a floor (2W,2M or ICU/Tele) If no lead is available, MSW's will prioritize cases based on needs and defer appropriate cases to RN staff
ED MSW (SWED)	1 MSW Sunday-Tuesday & Thursday-Friday -0800-1830 2 MSW's Wednesday -0800-1830	-In the event of PTO/ill calls, per diem and available MSW staff will be offered shifts to cover -If no unscheduled staff is available, MSW staff will be pulled from the floor to cover -In the event of no appropriate MSW staff, Lead will triage cases and telepsychiatry will be utilized for psychiatric needs

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 3.2 Charge Nurse. A Registered Nurse who is assigned the responsibility for an organized unit. A nurse who is assigned as charge nurse shall be paid for all hours worked as charge. An organized unit shall be defined by the Employer. The Charge Nurse has authority to initiate discussion with unit director and/or house supervisor to adjust staffing levels to meet patient care needs with guidance from an acuity a tool and using MOU #11 (Staffing Alert) as a resource.

Status: APPROVED

Effective Date: 1/1/2023

Case Management, Utilization Review, Clinical Documentation Integrity	Status: APPROVED	Effective Date: 1/1/2023
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Stakeholders (Approval Required)	Signature	Date
Chief Executive Officer		12/21/22
Chief Nursing Officer		12/19/2022
SEIU Representative		
Department Manager/Director		12-19-22
Staffing Committee Member		12/17/2022
Staffing Committee Member		12/14/2022
Staffing Committee Member		
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Staffing Committee Member		
Staffing Committee Member		
Staffing Committee Member		

Status: APPROVED

Effective Date: 1/1/2023



Staffing Plan – Heart Center

Working together to provide excellence in health care.

1. Daily staffing is as follows:

Port Angeles: one RN will be staffed when outpatient diagnostic testing takes place. If department RN staff is not available, appropriate qualified ACLS personnel must be on site to assist providers with stress testing and provide IV access.

- If more than 6 stress tests are scheduled on any single day, additional qualified/competent staffing will be available to support the stress testing program.
- If more than 6 outpatient echocardiograms are scheduled on the same day as 6 stress tests, additional qualified staffing will be available to assist with IV access.

Sequim MSB: minimum of one RN will be staffed when Stress Testing, Echocardiogram, Cardiac Rehabilitation, or Pulmonary Rehabilitation Services are provided.

- If more than 6 stress tests are scheduled on any single day additional qualified/competent staffing must be provided to assist with stress testing
- If more than 6 echocardiograms are scheduled on the same day as 6 stress tests additional qualified staffing will be available to assist with IV access.

Lunch and break schedules will be in accordance with the agreement by and between Olympic Medical Center and SEIU Healthcare 1199NW (RN/LPN). *“Employees shall receive an unpaid meal period of one-half (½) hour and a paid rest period of fifteen (15) minutes in each four (4) hour period of work. Employees required to work during this meal period shall be compensated for such work at the appropriate rate.”* Planning for meal breaks will be by Clinic Supervisor (or lead designee) during morning staff “huddle” when inpatient testing demands are assessed.

2. Department Supervision:

Department Director and/or Clinic Supervisor will be available on a Monday-Friday schedule. Supervision duties will be delegated to designated lead staff when Clinic Supervisor is not on site.

3. Extra staffing:

The addition of additional staff will be at the discretion of the Director and/or Clinic Supervisor.

4. Weekend Staffing:

Department does not operate services requiring RN presence within the department on Saturday or Sunday.

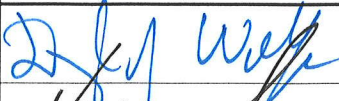

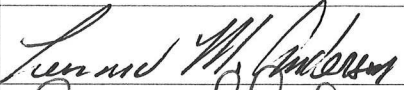
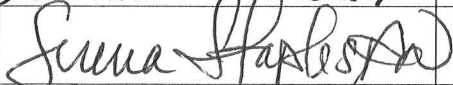
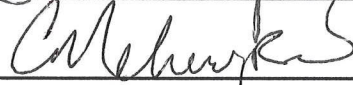
5. Holiday Staffing:

Department does not operate services requiring RN presence within the department on hospital designated holidays.

Status: Final

Effective Date: 1/1/2023

Staffing Plan Approval Page

Stakeholders (Approval Required)	Printed Name	Signature	Date
Chief Executive Officer	Darryl Wolfe		12/21/22
Chief Nursing Officer	Vickie Swanson, RN		12/19/2022
SEIU Representative			
Department Manager/Director	Leonard M. Anderson		12/2/22
Staffing Committee Member	Serena Staples, RN		12/2/22
Staffing Committee Member	Christopher Mehew, RN		12/5/22



Staffing Plan Olympic Medical Physicians

Working together to provide excellence in health care.

The OMP NSC Committee

The OMP NSC is comprised of, at minimum, three front line RNs from different departments within OMP (i.e. Primary Care, Specialty Care, and Education), and one Administrator. OMP RNs are non-union. NSC meetings will be held during regularly scheduled work time and paid. The OMP NSC has no concerns about retaliation or intimidation for participation.

The OMP RN Staffing Plan

The OMP NSC has completed the 2021 annual review of RN Staffing in the clinics. This overview includes any additional training or certifications necessary to perform specific RN roles in OMP. Positions not requiring specific training or certifications will be staffed with RNs who have been oriented and trained in accordance with OMP Work Standards, Competencies, and Standing Orders commiserate with their experience and assigned duties. RN staffing levels will be reviewed by the NSC semi-annually, including analysis of indicated data on the chart below. Recommendations for changes will be submitted to OMP Administration and Clinic Managers for consideration.

It is the goal of the OMP NSC to encourage innovative and creative strategies for enabling our nurses to take meal and rest breaks while fostering teamwork and collaboration.

Support is provided to the OMP RNs by a diverse group of administrative and clinical support staff including Clinic Registration Reps, Patient Care Coordinators, Care Navigators, Patient Intake Reps, and Medical Assistants. A full OMP Staffing plan is available on the OMP SharePoint site.

Members of the OMP NSC are encouraged to solicit input from their fellow clinic RNs regarding staffing, workload, workflows, and support teams and bring this feedback to the committee for review, assessment and coordinated response.

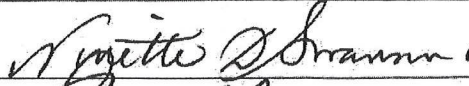
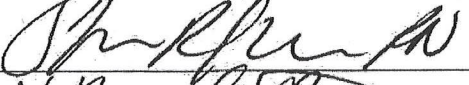

In addition to our staff RNs, we have a rotating cohort of RN Residents. Upon completion of orientation and training, residents will then float to departments in need of RN support and will be assigned RN roles and responsibilities based off current staffing needs. At the end of the one-year residency permanent placement will be based upon open requisitions within OMP.

It is the recommendation of the NSC members that RN recruitment plans include flexible FTE positions in support of current staff and applicants who wish to work partial FTEs. This allowance will support both recruitment and retention of our RN staff.

Department	2022 Current FTE	2022 OPEN POSITIONS	PLANNED FTE	Impacts to FTE Changes
Clinic Education	1	0	1	Staffing Levels
Orthopaedics	1	0	1	Patient Volumes
Pediatrics	2.01	2	4.01	Patient Volumes
Primary Care*	14.31	2.01	16.32	Patient Volumes/ Provider FTE
Specialties^	8	3	11	Patient Volumes/Sites
RN Residency	1	5	5	Staffing Levels
Walk-In Clinics	4.77	2.01	6.78	Shifts per site
Women's Health^	3	0	3	Patient Volumes/Sites
Wound/Gen Surg^^	2	1	2	Patient Volumes
Special Education/Certifications				
*RNs assigned to primarily support the anti-coag program complete the Anticoagulation Therapy management Program through the Southern Indiana University every 3 years				
*RN assigned to MAT support completes WA DOH training and works under the guidance of the Program Provider Champion				
^RNs supporting Telehealth programs receive Telepresenter training through Providence Telehealth Program				
^^ RNs supporting Wound Clinic receive Wound Care Certification from the University of WA in coordination with OMC Education Department				

Staffing Plan Approval Page

Olympic Medical Physicians	Status: Approved	Effective Date: 6/10/2022
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Stakeholders (Approval Required)	Signature	Date
Specialty Services Representative Ninette Swanson, RN		6/9/22
OMP Education Representative Stacia Kiesser, RN		6/9/22
Primary Care Representative Kellie Brady, RN		6/9/22
OMP Administration Holly Wickersham, Ops Director		6/9/22
OMC Chief Nursing Officer Vickie Swanson, RN		12/19/2022
OMC Chief Executive Officer Darryl Wolfe		12/21/22



Staffing Plan Short Stay

Working together to provide excellence in health care.

1) MINIMUM OF 2 RN STAFF MEMBERS PRESENT ON THE UNIT WHENEVER PATIENT CARE IS BEING ADMINISTERED

2) DAILY STAFFING DETERMINED AS FOLLOWS:

NURSES: No more than 6 patients in an 8 hour period
No more than 7 patients in a 9 hour period
No more than 8 patients in a 10 hour period
No more than 9 patients in a 12 hour period

HUCs: 6-20 patients – 1 HUC
20+ patients – 2 HUCs

HUCs: Weekend and Holiday: 6-25 medical patients – 1 HUC

3) The addition of extra staff (RN, HUC or CNA) will be at the discretion of the manager, supervisor, and/or charge nurse scheduled for that day. When necessary to reduce work force due to low census at least one nurse will be placed on standby by mutual agreement to support afternoon staff.

4) The Charge nurse shall coordinate and support staff breaks and lunches.

5) MANAGER: 1 Monday through Friday. SSU/ENDO Supervisor, OR/PACU Manager or Supervisor, or Director of Surgical Services will cover when manager not available.

6) SUPERVISOR: 1 Monday through Friday. SSU/ENDO Manager, OR/PACU Manager or Supervisor, or Director of Surgical Services will cover when supervisor not available.

7) HOLIDAY STAFFING:

A. **4 RN's** will be assigned by the unit manager or supervisor to standby status for a minimum of 1 holiday of the year, called to work if necessary and adhere to the above stated plan. An RN may be assigned up to three holidays per year by the manager or supervisor on a rotating basis to accommodate the 4 RN holiday staffing plan. Per contract, per diem staff should submit availability to a summer and winter holiday assignment prior to assignment of FTE staff.

B. **HUCs** will be assigned by the manager or supervisor up to three holidays per year. A HUC may be assigned to three holidays per year by the manager or supervisor on a rotating basis in order to adhere to the above stated plan. The Unit Manager or Supervisor will assign holidays equitably.

Nothing in the Staffing Plan is intended to change or supersede state law or the Collective Bargaining Agreement between the parties which are considered controlling. While the Staffing Plan is a guide, the CBA provides that management retains discretion to assign staff and schedule the number of staff, and management shall retain such discretion when issues arise, notwithstanding guidelines in the Staffing Plan. Management does not waive their rights under Article 2 in the CBA. The CBA also states, in part:

3.2 Charge Nurse. A Registered Nurse who is assigned the responsibility for an organized unit. A nurse who is assigned as charge nurse shall be paid for all hours worked as a charge. An organized unit shall be defined by the Employer. The Charge Nurse has authority to initiate discussion with unit director and/or house supervisor to adjust staffing levels to meet patient care needs with guidance from an acuity a tool and using MOU #11 (Staffing Alert) as a resource. ...

Surge Staffing

In the event that Olympic Medical Center has initiated a "high census protocol" or initiated the published disaster plan, the staffing plan for the Short Stay/1 East unit will adjust in an effort to meet the patient needs of the organization. These adjustments to the staffing plan will be unit-based staffing decisions congruent with current innovative staffing. These decisions will consider patient acuity, safety, and situational need. If "Surge Staffing" is required the following steps will be taken:

1. An official declaration of "high census protocol" or disaster is made following OMC's published plan.
2. Staffing needs will be published via the "When I work" app.
3. Off-duty staff will be contacted via phone, text, and/or email and notified of the situation in an effort to meet the needs of the organization.
4. Each department's staffing will be assessed by the staffing office/house supervisor to determine what/if any resources are available.
5. The number of admissions meeting SSU criteria are identified.
6. Discussion between house supervision and manager/supervisor will take place prior to any admissions to the Short Stay/1 East unit so that staff availability, patient acuity, and skill mix can be determined.
7. SSU charge nurse will participate in planning of patient admission(s) to SSU/1 East.
8. Staffing Ratio: 2 patients per RN.
If support staff available (CNA), up to 3 per RN.
Max 10 patients on SSU/1 East.
9. Allowable census dependent on volunteer staff availability.

Status: Draft

Effective Date: 1/1/2023



Staffing Plan OMCC Infusion Services

Working together to provide excellence in health care.

Daily Staffing is as follows:

OMCC Infusion Services is open Monday through Friday, from 0800 to 1730. The unit is closed weekends and holidays.

A minimum of 2 chemotherapy competent RNs are scheduled daily during open hours.

Each morning, Monday-Friday, the unit Charge Nurse will print the daily schedule for Infusion Services. Using the OMCC Acuity Scale, will assign each patient an acuity level of 1 to 5 based on complexity of treatment, patient condition, and standard amount of nursing time required to provide direct and indirect care.

Each scheduled RN is given an assignment of patients distributed by time and acuity level. Maximum acuity per RN is 13. Staffing is adjusted daily after total acuity is calculated.

- **Add-on requests** will be reviewed by the charge nurse for chair availability, pharmacy availability, nurse availability, patient condition and time, including duration of treatment being requested.
- **Daily Schedules** are posted on the table in the nurse's station. The schedule provides the assigned acuity, total acuity, assigned nurses, total number of nurses, charge nurse and assigned lunch times for each RN on duty that day.

Department Supervision:

Department Supervisor and/or Nursing Manager will be available Monday through Friday. Supervision duties will be delegated to designated Charge Nurse when Supervisor is not on site.

Extra Staffing:

The addition of staff is at the discretion of the Charge Nurse and/or Supervisor.

Weekend and Holiday Staffing:

Unit is closed Saturday, Sunday, and Holidays

Nothing in the Staffing Plan is intended to change or supersede state law or the Collective Bargaining Agreement between the parties which are considered controlling. While the Staffing Plan is a guide, the CBA provides that management retains discretion to assign staff and schedule the number of staff, and management shall retain such discretion when issues arise, notwithstanding guidelines in the Staffing Plan. Management does not waive their rights under Article 2 in the CBA. The CBA also states, in part:

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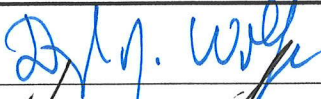

Status: Draft

Effective Date: 9/9/2022

Staffing Plan Approval Page

Department Manager/Director to obtain signatures then scan and upload PDF to the Staffing Page for reference.

OMCC Infusion Services	Status: Draft	Effective Date: 9/9/2022
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Stakeholders (Approval Required)	Signature	Date
Chief Executive Officer		12/21/22
Chief Nursing Officer		12/19/2022
SEIU Representative		
Department Manager/Director		
Staffing Committee Member	Nicole Janssen	09/01/2022
Staffing Committee Member	Amber Frehner	09/01/2022
Staffing Committee Member	Kaelee Greenwood	09/01/2022
Staffing Committee Member		
Staffing Committee Member		
Staffing Committee Member		
Staffing Committee Member		
Staffing Committee Member		
Staffing Committee Member		