

Cover Page

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

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Attestation Form

Nurse Staffing Coalition

December 22, 2022

I, the undersigned with responsibility for PeaceHealth St. John Medical Center attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for the year 2023 and includes all units covered under our hospital license under RCW 70.41. This plan was developed with consideration given to the following elements (please check):

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

Cherelle Montanye

Signature

Cherelle Montanye, CAO

Printed Name

12/22/2022

Date

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 ensuring 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

Nurse Staffing Plan Submission Template

- 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 ensuring 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:

- ACU
- Behavioral Health Inpatient
- Behavioral Health Outpatient
- Care Management
- Cath Lab
- Emergency Department
- ICU
- Medical Oncology Clinic
- Medical Floor
- Outpatient infusion
- Operating Room (OR)
- PACU
- PHMG Musculoskeletal Clinic
- PHMG Primary Care Clinic
- PHMG Specialty Clinic
- PHMG Woman's Clinic
- Pre-Op/ Anesthesia Clinic
- Surgical Specialties Unit
- Telemetry Unit
- Woman's Wellness Birth Center (WWBC)

Nurse Staffing Plan Critical Elements

The following represents critical elements about the nurse staffing plan: Reviewed semiannually. No Critical element change from last year's plan. See attached Plans.

Nurse Staffing Plan Matrices

***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.**

Some matrices are combined within the staffing plans. Others are attached separated alongside.

ST JOHN MEDICAL CENTER - STAFFING PLAN AND SCOPE OF SERVICE – AMBULATORY CARE UNIT (ACU)

<u>PATIENT POPULATION</u>	<u>INTENSITY OF UNIT AND CARE</u>	<u>ENVIRONMENTAL FACTORS</u>	<u>ESSENTIAL STAFFING</u>	<u>MEASUREMENT METHODS</u>
<p>Scheduled Hours of operation: 0800 - 1700 Monday to Friday Infants to geriatrics: Primary patient population includes outpatients, inpatients, and emergent patients. Age range infant to geriatric. Procedures for patients include but not limited to:</p> <ul style="list-style-type: none"> • Colonoscopy/Flex Sigmoidoscopies • EGD's • Bravo testing • Pain Relief Procedures • Bronchoscopy • Cardioversion • Transesophageal Echocardiogram • MRI w/Anesthesia • Image-Guided Biopsies • Infusions pre/post for imaging procedures. • Cath lab admit/recovery patients • Gastrostomy Tubes • Patients requiring anesthesia/analgesia for radiology/GI/ECT procedures • Approximately 150 patients per week for scheduled and emergent cases. (Cath lab and ACU cases) • Prolonged recovery of post IR, Cath lab and GI patients 	<p>Acuity is measured by ASA classification, complexity of the procedure or combination of procedures. <u>ASA 1-2</u> Direct access scheduling <u>ASA 3-4</u> Require MD office visit <u>SPAC</u> – Screened per anesthesia specific guidelines based on acuity.</p>	<ul style="list-style-type: none"> • 3 Endoscopy suites • 2 minor operating rooms • 16 admit/recovery cubicles • 3 open bays for overflow • 2 nurses' stations • 2 clean utility/2 dirty utility rooms • 7 pyxis machines • 1 mobile anesthesia machine • 3 video processor units for GI procedures • 3 ERBE cautery units • 3 APC units for GI procedures • 13 colon scopes/9 EGD scopes • 2 video bronchoscopy scopes/1 fiberoptic • 1-TEE scope • 2 isolation carts • 1 patient/family waiting area • 2 Central monitoring stations <p>Procedure rooms are set up in a general standard manner. One mobile cart is available to do procedures outside the unit. (ED/OR/ICU) 2 crash carts centrally located with airway management supplies</p> <p>Scope reprocessing area 6 scope reprocesses units Large wash basin Leak test unit Lab/EKG performed in the unit by Lab or ACU staff Care Connect Full Screen Status Boards are located at the main nurses' station and hallways</p>	<p>Scheduled Hours of operation: 8-1600 Monday-Friday.</p> <p>1 Charge RN Monday - Friday 0630-1700, Relief charge PRN 1-unit secretary variable shift 4days/week 1-SSA 5 days/week 1-SSA 3 days/week</p> <p><u>PR 1-3 Staffing based per procedure room</u> 2 RN or 1RN/LPN, anesthesia, and MD, 3 RN/LPN (admit, recover and B/L) <u>PR 4</u> 1-2 RN or 1-2 LPN, Xray tech, and MD, 3 RN/LPN (admit, recovery and B/L).</p> <p><u>PR 5- Overflow for GI, Cath Lab, IR and OR.</u> 1-2 RN, 1-2 CL Techs, MD, and anesthesia. Staffing dependent upon specialty and acuity of patient. <u>Radiology</u> 2 RNs assigned to admit/recover cath lab and imaging patients. Staffing changes with acuity and volume of patients. 1RN assigned to Imaging procedures is traveling to Imaging area throughout the day PRN Radiology RN may circulate in Cath Lab. <u>Staff Qualifications</u> All RN's</p> <p><u>Call:</u> Monday-Friday from end of shift-2300 for GI and IR. On weekends when GI provider on call, GI call end of shift Friday to 0700 Monday 2 GI RN's (1 sed/1 MD assist) 2 GI nurses (1 RN and 1 RN or 1 RN and 1 LPN (1 sedation/1 MD assist). 1 RN for IR call Monday-Friday for radiology specific procedures in CT/MRI/US and/or recovery of Cath lab, IR or GI patients.</p>	<p><u>Structural Indicators:</u></p> <ul style="list-style-type: none"> • Unplanned absence/tardiness • Vacancies and Turnover Rate <p><u>Process Indicators:</u></p> <ul style="list-style-type: none"> • Staff satisfaction • Turnover times <p><u>Outcomes Indicators:</u></p> <ul style="list-style-type: none"> • Patient satisfaction • Withdrawal times • National Cardiovascular Data Registry (NCDR) <ul style="list-style-type: none"> ○ Risk standardization ○ Rate of bleeding

			<p>1 RN IR call Saturday and Sunday 0800-1930. IR nurse to cover radiology specific procedures in CT/MRI/US. IR nurse may provide admit/recovery for GI or Cath lab, when multiple cases added on. IR Call Saturday and Sunday 0800-1930.</p> <p><u>Breaks and Lunches</u> Breaks and lunches are offered within state requirements. Nurses hand off patient care and are provided uninterrupted meal periods. In the short term, planned/unplanned leave is absorbed by core staff.</p> <ul style="list-style-type: none"> • AORN • SGNA Staffing Guidelines • ASPAN 	
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These Staffing Plans are reviewed semi-annually by the Nurse Staffing Committee per regulatory requirement.

APPROVED: August 2022 NSC

ST JOHN MEDICAL CENTER - STAFFING PLAN AND SCOPE OF SERVICE – BEHAVIORAL HEALTH UNIT

PATIENT POPULATION	INTENSITY OF UNIT AND CARE	CARE AND SERVICES PROVIDED	ENVIRONMENTAL FACTORS	ESSENTIAL STAFFING	MEASUREMENT METHODS
<p>HOURS OF OPERATION: The Psychiatric Unit is open 7 days a week, 24 hours a day and serves voluntary and involuntary patients from Cowlitz County and surrounding counties in Washington that seek psychiatric care. Service is certified for Evaluation and Treatment of adults (18 years and above) by the State of Washington</p> <p>Admission to the Psychiatric Unit is limited to patients whose primary reason for admission is a diagnosis contained in the current edition of the American Psychiatric Association’s Diagnostic and Statistical Manual or the current edition of the International Classification of Diseases, mental disorder section. This includes adult and older adult populations. In addition, the Psychiatric unit provides acute detox for co-occurring patients.</p>	<p>All psychiatric patients are continuously evaluated for level of risk and acuity and placed in one of the following “Safety Precaution Levels” based on the clinical opinion of the treating psychiatrist, psychiatric ARNP or qualified Mental Health Professional:</p> <p>1. Safety Precautions Level I (SPI) –Eligible to be placed on the “Open Unit” which is a less restrictive unit. SPI patient’s risk to harm self or others is determined to be moderate/low - low. SPI patients are observed at least every 30 minutes; staff person to be aware of patient’s activities and whereabouts. Documentation for SPI on the psychiatric unit will be on the 30-minute flow sheet. If a patient is identified as having an increased level of acuity (risk to self or others), the patient’s safety precaution level may be raised to a higher level of precaution (SPII or SPIII) based on a psychiatric provider’s or qualified mental health professional clinical opinion. Patients not meeting the minimum of SPI risk status are given a default status of SPI for monitoring purposes.</p> <p>2. Safety Precautions Level II (SPII) - Patient is to be placed in the “Secure Unit” which is a more restrictive environment. The Secure Unit has a physical environment designed for patients with a moderate – moderate/high level of patient safety related issues such as harm to self or others. The SPII patient environment requires the removal, mitigation, or monitoring of all potential hazards or items that may be used to hurt themselves or others (i.e., personal items, clothing, belts, plastic utensils, etc.). Visual checks of patients occur at least every 15 minutes.</p> <p>3. Safety Precautions Level III (SPIII) - Patient is to be placed in the secure unit in the Seclusion Restraint Room. When it is safe for patient/staff, remove patient’s clothing and place patient in hospital provided scrubs. No top sheet or no plastic covers to be used. Heavy bedspread may be used for additional warmth and comfort. Patient is kept in locked room with continuous observations. The bathroom door is locked during seclusion or restraint and will have a 1:1 staff, if clinically determined as necessary</p>	<p>Patients who meet the Admission Criteria Policy are admitted to the BHU. Voluntary admissions occur by PeaceHealth privileged physician order or through the Emergency department after an evaluation by the Emergency Department physician and the Emergency Department Social Workers.</p> <p>Involuntary patients are also evaluated and detained by the county Designated Crisis Responder (DCR). Involuntary patients (per the Involuntary Treatment Act or ITA) are seen in the Emergency Department prior to admission for a physical exam, and then are admitted to the psychiatric inpatient unit by a PeaceHealth Hospitalist (physician) or BH provider. Once on the unit, the patient will receive a nursing assessment, psychosocial assessment, a social service assessment and mental status exam. The treating psychiatrist/ARNP will order any necessary medical consults, occupational and recreational therapy, or psychological testing services that may be indicated. The daily psychiatric unit services provided may include psychotherapy, group therapy, pharmacotherapy, occupational therapy, recreational therapy, Co-joint therapy, substance abuse detoxification, and ward milieu therapeutic environment.</p> <p>Treatment planning begins with the intake process in which the patient is engaged in the treatment planning process. If the patient is unable to participate in treatment planning (example – severe psychosis), unit staff will continue to engage the patient until the patient gains capacity to participate in his/her planning. The plan of care is reviewed each shift. Staffing conferences by a multi-disciplinary team are held to review the plan of care and patient progress, and to coordinate for patient needs during transition back to their community and outpatient services. The discharge planner coordinates closely with outside agencies to establish follow-up care prior to the patient discharge from the unit.</p>	<p>The psychiatric unit is comprised of two distinct units with 3 levels of care:</p> <p>1. Open Unit – Is designed for a lower level of acuity patient and is to provide a step-down place for patients to titrate to and prepare for discharge back into the community. These patients are on a lower level safety precaution (typically SPI) and are determined to NOT be a danger to self or others. The open unit environment of care utilizes clinically appropriate safety strategies for patients with a minimal to no risk of harm to self or others. The Open Unit provides staff monitored video (patient rooms and common areas except bathrooms) and ongoing staff monitoring with a minimum of 30-minute checks. Occasionally, more acute patients may be placed in 1 of 4 “medical beds” on the Open Unit for comorbid reasons by a psychiatrist, psychiatric ARNP, charge nurse or qualified Mental Health Professional when deemed medically necessary and appropriate and the patient can benefit from the psychiatric services provided. Patients who are titrating to the Open Unit from the Secure Unit or have comorbid issues, will be provided a 1:1 staff if determined to have a high safety risk to self or others until risk has decreased. If patient is assessed to need a higher level of safety precaution, patient will be provided a 1:1 staff until they can be placed in a higher level of care.</p> <p>2. Secure Unit – Is designed for our psychiatric patients with the highest level of acuity but not exhibiting active unsafe behaviors (SPII). Patients who are admitted under the ITA law, who are unwilling to stay for treatment, who are agitated and acting out in a threatening manner, or who are a danger to self or others, will be admitted to the Secure Unit. These patients are comprised of SPII with titration, SPII & SPIII patients. If patient is assessed to need a higher level of safety precaution, patient will be provided a 1:1 or, in some cases, a 2:1 staff until they can be placed in a higher level of care.</p> <p>3. Seclusion Rooms (Secure Unit) – There are two seclusion rooms dedicated for patients who present with highly active un-safe behaviors which result in threats or actual harm to themselves or others. The seclusion rooms are utilized for patients on our most intense safety precaution (SPIII). SPIII patients are staffed 1:1 based on safety need, if clinically determined as necessary</p>	<p>REQUIRED NUMBER AND MIX OF STAFF MEMBERS: Shift times – 8 hourly shifts: 0700 to 1530 1500 to 2330 2300 to 0730 Staffing levels on the Psychiatric Unit will be determined by the acuity level of the patients undergoing treatment in accordance to the unit staffing matrix. The patient acuity is built into the census number in the staffing matrix. Every effort will be made to keep the staffing at levels to maintain safe quality care. If the Charge Nurse determines the staffing level needs to be increased, the Charge Nurse will discuss the need with BH and then arranges for additional staffing through the Staffing Office. Typical staffing for the psychiatric unit is based on a staffing matrix which has a minimum of a 1:6 RN ratio, 2 MH Counselor, 2 CNAs and 1 PTS for an ADC of 14 patients for day and evening shifts. Weekday staffing includes 1 Discharge Planner, 1 Admissions Coordinator, and 1 Court Liaison. There are 1 to 2 psychiatric providers (MD and/or ARNP) on the floor daily with an additional 24/7 “on call” psychiatrist for the psychiatric unit and hospital. There are staffing variations based on ADC and acuity of patients. Additional CNA staff are utilized for 1:1 staffing need.</p> <p>SKILL LEVEL OF PERSONNEL: Staff mix is based on the patient needs. The staff is composed of RNs, Mental Health Specialists, CNAs, Discharge Planners, Nurse Practitioners and Psychiatrists. Other services are consulted through hospital resources.</p> <p>Breaks and Lunches: Breaks and lunches are offered within state requirements. Nurses hand off patient care and are provided uninterrupted meal periods. In the short term, planned/unplanned leave is absorbed by relief staff.</p> <p>PROCESSES USED TO ASSESS AND ACT ON STAFFING VARIANCES: The Treatment Team shall formally review all new patients within 72 hours of admission. Ongoing assessment and treatment planning are continuous throughout the stay. The Treatment Team shall do additional formal staffing on difficult cases when team members assess this is necessary and make recommendations for changes to facilitate appropriate care. Each case is to be reviewed at minimum every 72 hours on an ongoing basis. The multidisciplinary team conferences are documented in CareConnect and changes in the plan are reflected in the staffing notes. Staff members are to function according to professional standards. A progressive disciplinary plan is in place for breaches of professional practice.</p>	<p>METHODS USED TO ASSESS AND MEET PATIENT’S NEEDS: Crisis intervention procedures occur in the Emergency Department and on other medical inpatient units provided by Crisis Response Services (CRS), Emergency Department physician, and/or Behavioral Health Specialist. Physical examinations are done by physicians. Nursing assessments are completed by a Registered Nurse. Psychosocial assessment is completed by a qualified staff member Registered Nurse or Mental Health Specialist. Occupational assessments are completed by a Registered Occupational Therapist, if ordered. The social history is collected by a Mental Health Specialist. Psychological testing is provided by a Ph.D., psychologist if needed. Mental status examination is completed by Physician/Psychiatrist/Nurse Practitioner each day and by a Registered Nurse or Mental Health Specialist each shift or more often, as needed. Psychiatric consultation is available to other practitioners on other units of the hospital. The patients are assessed in individual therapy as well as in ward milieu therapy. Collaboration of patient care services is facilitated in multidisciplinary team conferences which are conducted regularly to increase the continuity of care by reviewing and evaluating each patient’s treatment plan and his/her progress in attaining the stated goals and objectives.</p> <p>Measurement methods:</p> <ul style="list-style-type: none"> • Safety Event Tracking – Number and type of Safe 2 Share Variances • Falls • Patient injury • Caregiver injury • Patient Experience Survey • 1:1 staffing pattern • Vacancies & Staff turnover rate

BEHAVIORAL HEALTH UNIT

PSYCHIATRIC STAFFING MATRIX 10/16/2018														
CENSUS	DAYS						EVENINGS					NIGHTS		
	CHG RN	RN	NA	PTS	Therap	CHG RN	CHG RN	RN	NA	PTS	Therap	CHG RN	RN	NA
1	1		1			1	1		1			1		1
2	1		1			1	1		1			1		1
3	1		1			1	1		1			1		1
4	1		1			1	1		1			1		1
5	1	1	1			1	1	1	1			1	1	1
6	1	1	1			1	1	1	1			1	1	1
7	1	1	1		1	1	1	1	1		1	1	1	1
8	1	1	1	1	1	1	1	1	1	0.5	1	1	1	1
9	1	1	1	1	1	1	1	1	1	0.5	1	1	1	1
10	1	2	2	1	1	1	1	2	2	0.5	1	1	1	2
11	1	2	2	1	1	1	1	2	2	0.5	1	1	1	2
12	1	2	2	1	1.5	1	1	2	2	0.5	1.5	1	1	2
13	1	2	2	1	1.5	1	1	2	2	0.5	1.5	1	1	2
14	1	2	2	1	1.5	1	1	2	2	0.5	1.5	1	1	2
15	1	3	2	1	1.5	1	1	3	2	0.5	1.5	1	1	2
16	1	3	2	1	1.5	1	1	3	2	0.5	1.5	1	1	2
17	1	3	3	1	1.5	1	1	3	3	0.5	1.5	1	1	2
18	1	3	3	1	1.5	1	1	3	3	0.5	1.5	1	1	2
19	1	3	3	1	1.5	1	1	3	3	0.5	1.5	1	1	2
20	1	3	3	1	1.5	1	1	3	3	0.5	1.5	1	1	2
21	1	4	3	1	1.5	1	1	4	3	0.5	1.5	1	1	2
22	1	4	3	1	1.5	1	1	4	3	0.5	1.5	1	1	2

*Weekends will be staffed with one MHS from 0845-2115.

*Weekends will NOT be staffed with PTS.

*If call off is necessary for the Therapists please adjust by decreasing the 4 hours end of day shift 12 or beginning 4 hours of eve shift 12, or both.

ST JOHN MEDICAL CENTER – STAFFING PLAN AND SCOPE OF SERVICE - BEHAVIORAL HEALTH OUTPATIENT

<u>PATIENT POPULATION</u>	<u>SKILL MIX</u>	<u>ENVIRONMENTAL FACTORS</u>	<u>ESSENTIAL STAFFING</u>	<u>MEASUREMENT METHODS</u>
<p>Patients include specialty focused consultations and follow ups for Psychiatric evaluation and treatment. Treatment includes medication management and therapy for children and adults who are experiencing emotional or psychiatric distress. Also served are adults who are seeking medication assisted treatment for co-occurring disorders.</p> <p>The maximum number of pre-scheduled appointments per medical provider is 20.</p> <p>The maximum number of prescheduled appointments per therapist is 10</p>	<p>A multidisciplinary team provides care and consists of:</p> <ul style="list-style-type: none"> • Psychiatrists • Psychiatric Nurse Practitioners • RN's • LPN • Therapists • Patient Access Reps <p>Readiness huddles are performed daily to ensure the team can provide for all the patient needs.</p> <p><u>Level of experience/specialty training:</u> Board certified Psychiatrists, Child/Adolescent Board-Certified Psychiatrist Adult Psychiatric Nurse Practitioners Child/Adult Psychiatric Nurse Practitioners Licensed Clinical Social Workers Licensed Marriage and Family Therapist Ambulatory/clinic nurses</p>	<p>2 clinic locations</p> <ul style="list-style-type: none"> • Adult Clinic (2nd floor) • A Child's Place (1st floor) <p><u>The following equipment is available in or adjacent to care teams:</u></p> <ul style="list-style-type: none"> • AED • CLIA lab - UDS and pregnancy tests 	<p><u>Core staff matrix:</u> 1 1.0 FTE RN's covering clinic Monday-Friday 9:30-6:00 1 1.0 LPN covering clinic Monday-Friday 8:00-4:30 Relief RN covering vacations or overflow work</p> <p><u>Planned and unplanned Leave:</u> Cross coverage</p> <p><u>Breaks and Lunches:</u> Breaks and lunches are offered within state requirements. Nurses hand off patient care and are provided uninterrupted meal periods.</p> <p><u>RN Assignments:</u></p> <ul style="list-style-type: none"> • Triage – telephone and in person • Treatment referrals • Management of refill request line • Patient care • Patient education • Administering prescribed medications and monitoring patient vital signs within scope of license. <p><u>Effectiveness of Assignments / Daily Adjustments:</u></p> <ul style="list-style-type: none"> • Periodically throughout the shift, the Supervisor will evaluate the staff and patients' status and needs; appropriate interventions implemented • Ongoing communication with Providers and leadership • Activate chain of command for problem solving difficult staffing situations <p>The professional organization used as resource: ANCC</p>	<ul style="list-style-type: none"> • Baseline OT, including extra shifts • Vacancies • Unscheduled absences • Patient Satisfaction • Caregiver Engagement Scores • Vacancies and staff turnover rate

These Staffing Plans are reviewed semi-annually by the Nurse Staffing Committee per regulatory requirement.

APPROVED: July 2022 NSC

ST JOHN MEDICAL CENTER - STAFFING PLAN AND SCOPE OF SERVICE - Care Management

<u>PATIENT POPULATION</u>	<u>INTENSITY OF SERVICE</u>	<u>ENVIRONMENTAL FACTORS</u>	<u>ESSENTIAL STAFFING</u>	<u>MEASUREMENT METHODS</u>
<p>All patients in the ED that have identified Care Management RN or Social Work need.</p> <p>All Inpatients (excluding 3 N Behavioral Health Unit who have own staff Care Manager)</p>	<p>The Care Management Department provides Social work and Care Manager RN services to support the patient and family continuum of care needs from ED to Post Acute Care The CM RN works with the hospitalist in a Dyad pairing model both assigned to the same patient care team.</p> <p>The Care Management Department provides Utilization Review (UR) services to support decision making to ensure all patients are placed at the correct level of care during hospitalization using INTERQUAL review platform. This includes initial and continued stay reviews. The Care Manager/ UR RN CMA ensures compliance with the Medicare required letters.</p> <p>The Care Management team communicate frequently with internal and external customers on the patient centered plan of care.</p>	<p>The Care management Department is in a non-clinical space in the facility. CM RN's and Social Workers work in the patient clinical areas alongside the interdisciplinary team.</p> <p>Technologies to assist with workflow efficiencies include: Right Fax Vocera communication device AIDA Payor Communication in EPIC InterQual</p>	<p>Shift Times: 1 ED Social Worker is assigned to the ED every day and night Shift 7am-7pm and 7pm to 7am. 1 ED Care Manager RN daily 0730am-8pm Up to 7 Inpatient Care Managers RN 0730-1600 daily. 1 Care Management Assistant 0730-1600 M-F 1 Care Management Assistant 0700-1530 M-F 2 Inpatient Social Worker 0730-1600 M-F. 1 Inpatient Social Worker 0730-1600 Sat/Sun 1 SW Supervisor 8-1630 Daily M-F 1 Care Management Department Nurse Manager RN 0700-1600 pm M-F 1 UR RN Mon-Thursday 0800-1800 1 UR RN Wed-Saturday 0800-1800</p> <p>Breaks and Lunches: Breaks and lunches are offered within state requirements. In the short term, planned/unplanned leave is absorbed by relief (per diem) and core staff.</p> <p>Effectiveness of Assignments:</p> <ul style="list-style-type: none"> • Adjustment to assignments made as needed based on census changes and activity • Chain of command will be activated for problem solving difficult staffing needs <p>Professional organization: American Case Management Association ACMA</p>	<ul style="list-style-type: none"> • Vacancies and staff turnover rate. • Pt satisfaction- Press Ganey specially related to feeling ready for discharge • Caregiver Engagement • Readmission rate • Length of Stay

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APPROVED: August 2022 NSC

ST JOHN MEDICAL CENTER - STAFFING PLAN AND SCOPE OF SERVICE – CATH LAB

<u>PATIENT POPULATION</u>	<u>INTENSITY OF UNIT AND CARE</u>	<u>ENVIRONMENTAL FACTORS</u>	<u>ESSENTIAL STAFFING</u>	<u>MEASUREMENT METHODS</u>
<p>Types of patients seen in Cath Lab include but not limited to; Cardiac, Renal, Vascular, Oncology and other medical disorders.</p> <p>Patients with Sepsis or Organ Failure needing Interventional Radiology for Draining or Tube placements.</p> <p>Patients with Peripheral Vascular Disease Needing Angioplasty or Stents.</p> <p>Acute or Chronic Renal Failure Patients Needing AV Fistulograms with intervention or Dialysis Catheter insertion.</p> <p>Gastrointestinal Bleeding or Vascular Bleeding Needing Embolization.</p> <p>Patients with Cancer needing Chest Port for Treatment or Access. Patients needing mapping for targeted cancer treatment.</p> <p>Patients with Liver Failure needing TIPS Procedure</p>	<p>This is a separate procedural area of a hospital for patients being treated for (see Patient Population Column for examples) actual or impending organ failure, who may require intensive technological support including mechanical ventilation, IABP support, procedure to sustain life and/or invasive monitoring. This Special Procedures Cath Lab requires specialized skills by nurses and technologists.</p> <p>The staff will have training from both previous experiences, expertise, internships, and on the job training with preceptors. and Certifications and licenses required, ACLS, and BLS. Preferred certifications and experience; BSN and CCU/ICU/ED Cath Lab Technologist-Licenses and/or Certifications requirements include; Technologist (RT), Registered Cardiac Invasive Specialist (RCIS), ACLS, and BLS. Preferred certifications include Cardiovascular invasive specialist (CI) and Vascular interventional Radiologist Technologist (VI). Cath lab technologist certification is preferred to be able to provide optimal care in</p>	<p>Hours of Operation: 0830-1800 On Call during weekdays:1730-1900 Days of Operation: Monday to Friday On Call Holidays and Weekends 0700-1900</p> <p>2 Cath Lab Procedure Rooms Each Cath Lab has a monitor/observation room. The rooms are set up in a standard manner. 2 bay Holding Area used for pre-op, evaluation, holding and post-op. Emergency airway supply cart, Crash cart, Pyxis and other essential supplies are centrally located and readily accessible.</p> <p>Pre-Op to be done in ACU when staffing is available. When ancillary departments unavailable Cath Lab RN to pre-op patient.</p> <p>Post-Op Care to be done by ACU or ICU when available. When ancillary departments unavailable Cath lab RN to recover patient. If both rooms are going in the current staffing matrix; the RN transferring a patient, pre-oping, or recovering a Cath Lab patient closes a room down for the entire time the nurse is performing any job duties other than inter-procedural Cath Lab RN job</p>	<p>Unit is Staffed: 0730-1800, Monday to Friday</p> <p>2 Procedure Rooms staffed For Scheduled and emergent cases Monday- Friday 1 call crew Staffed for weekday call until 1900.</p> <p>1 call crew staffed on holidays and weekends for physicians performing interventions.</p> <p>Procedure room staffing dependent upon case and acuity of patient.</p> <p><u>Job Functions are:</u> Scrub, invasive Monitor Tech, Sedation Nurse, Circulator</p> <p>Scrub Tech is a Cath Lab tech who scrubs in and directly helps the doctor during a procedure.</p> <p>Invasive Monitor: RN or Technologist monitor invasive and non-invasive hemodynamics, documents all inter-procedure information in Xper and CareConnect and will be available if circulator unavailable to circulate, as needed.</p> <p>Sedation Nurse: RN responsible for ALL</p>	<p><u>Structural Indicators</u></p> <ul style="list-style-type: none"> ● Unplanned absences and tardiness ● Vacancies and Turnover Rate <p><u>Process Indicators</u></p> <ul style="list-style-type: none"> ● Employee satisfaction ● Door-to-Balloon time <90 minutes <p><u>Outcomes Indicators:</u></p> <ul style="list-style-type: none"> ● Central Line Acquired Bacterial Infection (CLABSI) ● National Cardiovascular Data Registry (NCDR) <ul style="list-style-type: none"> ○ Risk-adjusted mortality for PCI cases STEMI vs without STEMI ○ Risk standardize rate of bleeding

These Staffing Plans are reviewed semi-annually by the Nurse Staffing Committee per regulatory requirement.

APPROVED: **November 2022** NSC

ST JOHN MEDICAL CENTER - STAFFING PLAN AND SCOPE OF SERVICE – CATH LAB

<p>Coronary Artery Disease and/or heart failure including but not limited to; STEMI or NSTEMI, urgent/ Emergent/Elective cardiac catheterization with or with Percutaneous Coronary Intervention (PCI)</p> <p>Gastrointestinal Bleeding or Vascular Bleeding Needing Embolization</p> <p>Patients with Arrhythmias and/or heart failure Needing Permanent, Temporary Pacing and/or ICD placement.</p> <p>Patients with Cancer needing Chest Port for Treatment or Access</p> <p>Patients with Liver Failure needing TIPPS Procedure</p>	<p>this setting.</p> <p>Provision of care in Special Procedures qualifies as the same level of care as ICU. Medical care of critically ill patients, characterized by the high quality and quantity of continuous medical supervision and knowledge of sophisticated monitoring and resuscitative equipment. Patients on ASA Classifications range from ASA I to ASA V in Special Procedures Lab (Cath Lab), see Acuity Levels Column. Patients may be Inpatient, Outpatient, Scheduled, Urgent, or Emergent cases. An emergent case is defined as delay in treatment would result in a significant increase in patient mortality and/or organ damage. Patients will receive procedural sedation when needed. Conscious sedation to be done by Cath Lab RN. Deep Sedation will be provided by Anesthesia care providers. There are 5 specific job duties to be done during any given procedure in the Cath Lab; 1) Procedure list (Doctor) 2) Scrub 3) Monitor Technologist 4) Sedation Nurse 5) Circulator.</p>	<p>duties.</p> <p>If prepping or recovering a patient in Holding, we should have a second RN. Or tech depending on patient acuity.</p> <p>Cath Lab staff Job Responsibilities:</p> <ul style="list-style-type: none"> • Restocking Nurses Station and emergency equipment • Restocking Product in Rooms • Billing Charges • Consignment Coordination • Physician exam recording and reporting • Time out recording electronically • Procedure Billing • Patient Charge Audit • Inventory ordering/maintenance/creation • Inventory backup • PAR management in Lawson • Lawson-Care connect inventory interface analyst • Scheduling staff • Scheduling of new cases on same day • QA analysis of Lab equipment: Avox/ACT • Glucose/INR/refrigerators machines and QA sample monitoring. • Fluoro Checks in each room 	<p>medications given during a procedure. Sedation nurse may be required to mix medications for different needs.</p> <p>-The nurse monitors the effects of medications given. The nurse utilizes both the art and science of nursing to monitor, administer and evaluate patient during procedure.</p> <p>AANA recommendations and St. John policy adhere to strict one nurse assigned role with task of sedation. RN will be assigned solely to task of sedation nurse. The sedation nurse will have no other responsibilities during the procedure that would leave the patient unattended or compromise continuous monitoring during procedure.</p> <p>Circulator: RN or Technologist dependent on acuity of patient. Circulator responsible for moving patient to lab, preparation of patient, opening any additional supplies or equipment during the procedure. Extra support for sedation nurse in procedure.</p> <p>examples:</p> <p>two physicians working at the same time, urgent/emergent patient with rapidly changing needs/unstable, assist in hanging additional medications.</p> <p>Reporting Structure: Cath Lab Nurses/Techs, Lead Tech Cath Lab Charge Nurse- Nurse Manager Director- CAO</p>
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ST JOHN MEDICAL CENTER - STAFFING PLAN AND SCOPE OF SERVICE – CATH LAB

		<ul style="list-style-type: none">• Clean the Procedure Room• Prep Procedure Room for next case• Patient Research• ADT Admitting	<p>American Association of Nurse Anesthetists (AANA) Guidelines</p> <p>Compliance with Society for Cardiovascular Angiography and Interventions (SCAI) Standards</p>	
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*APPROVED: **November 2022** NSC*

ST JOHN MEDICAL CENTER - STAFFING PLAN AND SCOPE OF SERVICE – EMERGENCY DEPARTMENT (ED)

<u>PATIENT POPULATION</u>	<u>INTENSITY OF UNIT AND CARE</u>	<u>ENVIRONMENTAL FACTORS</u>	<u>ESSENTIAL STAFFING</u>	<u>MEASUREMENT METHODS</u>
<p>Adult and pediatric patients presenting with complaints ranging from minor to life-threatening arriving via triage or by ambulance.</p> <p>Patients who require admission awaiting bed placement.</p> <p>Patients who require diagnostic workup prior to discharge.</p> <p>Adult and pediatric patients requiring psychiatric treatment and stabilization.</p> <p>Adult and pediatric patients who do not meet admission criteria and are not able to be discharged from the ED.</p>	<p>PHSJ ED is unique as it does not have the ability to divert ambulances due to the distance to next closest Emergency Department (45 minutes).</p> <p>Roughly 55,000 patients treated annually.</p> <p>Level 3 Trauma designation, however the ED often stabilizes higher acuity trauma patients and prepares them for transfer.</p> <p>Receiving site for multiple counties in Washington and Oregon state.</p> <p>Staffing by time of day as follows:</p> <ul style="list-style-type: none"> • 0700 7 RNs, 5 ED techs • 1000 9 RNs, 5 ED techs • 1100 11 RNs, 7 ED techs • 1300 12 RNs, 7 ED techs • 1500 13 RNs, 7 ED techs • 1900 13 RNs, 7 ED techs • 2200 11 RNs, 7 ED techs • 2300 9 RNs, 5 ED techs • 0100 8 RNs, 5 ED techs • 0300 7 RNs, 5 ED techs <p><u>Level of experience/specialty training:</u></p> <ul style="list-style-type: none"> • Specialty board certification (CEN) is encouraged. 	<p>The ED is a 37-bed unit with private rooms, 1-25, 30-37 and 40-43. Large critical/trauma rooms are 1, 2, 8, 11 and 20.</p> <p><u>The following items are available in rooms:</u></p> <ul style="list-style-type: none"> • Cardiac monitor • Medical gases • Ambu bag • Computer • Linen <p><u>The following equipment is available in unit (not all inclusive):</u></p> <ul style="list-style-type: none"> • 3 triage rooms • Negative airflow rooms are 10 and 11 with adjoining anteroom. • Enhanced Observation Unit (EOU) is rooms 40-43. These rooms are secure and have equipment removed that could result in patient harming self. Audio/Visual monitoring is utilized for increased safety. • 3 clean and 2 dirty utility rooms. • Central telemetry monitoring for 37 patients. • Pneumatic tube system with 2 carrier sites. • 6 adult code carts, 7 defibrillators • 2 Pediatric co carts. • Multiple specialty carts in department. • Hoyer lift • Hover mat • Sit-to-stand • Martii 	<p><u>Charge Nurse consider the following for all shifts:</u></p> <ul style="list-style-type: none"> • Skill mix and experience of staff. • Availability of inpatient beds for admitted patients. • Treat and transfer. • Number of staff on overtime. • Acuity of patients, waiting time to be seen. • Number of patients arriving to the ED. <p><u>Assess staff qualifications:</u></p> <ul style="list-style-type: none"> • Number of new staff/orientees. • Number of CNAs. • Designated Charge Nurse vs relief charge. • All RN staff must have ACLS, BLS, TNCC. Must have PALS or ENPC additionally. <p><u>Effectiveness of assignments:</u></p> <ul style="list-style-type: none"> • Charge nurse will monitor assignments and mentor RNs. • Charge nurse and triage nurse will be in frequent communication regarding waiting room patients. • Per diem staff for unplanned shortages, volume surges. • ESI triage levels 1-5 assigned, depending on acuity of patient RN may have fewer patients. • RMA Room monitoring CNA <p><u>Professional organization used for reference:</u> Emergency Nurse’s Association (ENA).</p> <p><u>Breaks and Lunches</u> Breaks and lunches are offered within state requirements. Nurses hand off patient care and are provided uninterrupted meal periods.</p>	<p><u>Non-Clinical Indicators:</u></p> <ul style="list-style-type: none"> • Overtime, including extra shifts and rest less than 10 hours. • Vacancies and staff turnover rates. • Unscheduled absences. • Voluntary Turnover • Caregiver engagement scores. <p><u>Clinical Indicators:</u></p> <ul style="list-style-type: none"> • Patient satisfaction scores. • Arrival to Discharge times. • Left without being seen (LWBS) rates. • Door to EKG times for chest pain.

FY23 STAFFING MATRIX

Emergency Department

Document Created: 12/21/2022

Effective Date: 12/21/2022

Time of day	CN	RN	ED Tech	PTS
0700	1	8	5	1
0900	1	9	5	1
1000	1	10	5	1
1100	1	12	7	1
1300	1	13	7	1
1500	1	14	7	1
1900	1	14	7	1
2100	1	13	7	1
2200	1	12	7	1
2300	1	10	5	1
0100	1	9	5	1
0300	1	8	5	1

Updated 12/21/2022 Created by: Kandice Martin

ST JOHN MEDICAL CENTER - STAFFING PLAN AND SCOPE OF SERVICE - INTENSIVE CARE UNIT

<u>PATIENT POPULATION</u>	<u>INTENSITY OF UNIT AND CARE</u>	<u>ENVIRONMENTAL FACTORS</u>	<u>ESSENTIAL STAFFING</u>	<u>MEASUREMENT METHODS</u>
<p>The Intensive Care Unit is 12 ICU bed and 6 bed Progressive Care (PCU) unit that provides comprehensive care to the critically ill patients 12 or older & 100 lbs. or over.</p> <p>Patient population is both medical and surgical:</p> <ul style="list-style-type: none"> • General, thoracic and vascular surgery • Severe Sepsis • Respiratory Failure • Multi-System Failure • GI Bleed • Multi-substance OD/Detox • Critical Endocrine Imbalance • Trauma • Medical Mgt. of Cardiac Patients • Critical Dialysis Patients • PCI • Spinal surgeries 	<p>A multidisciplinary team provides care and consists of:</p> <ul style="list-style-type: none"> • Critical Care physicians • Primary Care physicians • Surgeons • Hospitalists • Specialists • RN's • Wound Care RN • CNA • PTS • Dietitians • Pharmacists • Discharge planners • Social workers • Spiritual care • Ethicist • Respiratory Therapists • Occupational therapists • Physical Therapists <p>Interdisciplinary rounds are done 3 times a week to provide for all the patient and family needs.</p> <p>Family conferences are scheduled as needed to support and update families inclusive of ethicist consults.</p>	<p>ICU is a 12-bed unit with private rooms, 300-304 and 311-317; and the IMC consists of 6 private rooms 305 – 310. There are 2 reverse flow isolation rooms in the ICU/IMC.</p> <p><u>The following items are available in each room:</u></p> <ul style="list-style-type: none"> • Cardiac monitor with invasive pressure monitoring capability • Oxygen and related equipment • Suction • Ambu bag • Supply cart • Computer • Patient lift system <p><u>The following equipment is available in Critical Care (not all inclusive):</u></p> <ul style="list-style-type: none"> • Code carts with defibrillator, AED, external pacing capability • Ventilators • Vascular access carts • Pacer insertion tray • Hemodialysis access tray • Critical care beds with scales, rotation, and percussion • Intubation trays • Difficult intubation tray • Pulmonary artery catheter insertion tray • Isolation carts • Blood warmer • Bear Hugger • Hypothermia blanket • Glide scope • CRRT • IABP 	<p><u>Charge Nurse considers the following for all shifts:</u></p> <ul style="list-style-type: none"> • Acuity of patients • Proximity of patients grouped in assignment • Activity on the unit • 24-hour staffing • Census on unit • Surgery schedule for staffing shift- <p><u>Assess staff qualifications:</u> Registered Nurses licensed in the state of Washington. Staff qualifications are assessed for the number of experienced RN's, new RN's and float RN's. All RNs are required to maintain Advanced Cardiovascular Life Support (ACLS), Basic Life Support (BLS) and complete Trauma Nurse Core Course (TNCC) once</p> <p><u>Assignments:</u></p> <ul style="list-style-type: none"> • PTS staffed if census is 5 or over from 0800-1830 and if census over 9 for the night shift 1800-0630. • RN Shift times are 0600 – 1830 and 18.00-0630 • RN ratio 1:1 or 1:2 depending on acuity of patients. • RN ratio 1:3 depending on acuity of IMC patient. • Overflow patients will be assigned according to acuity by the CN. • Charge nurse is assigned to Rapid Response Team <p><u>Effectiveness of Assignments:</u></p> <ul style="list-style-type: none"> • Charge nurse will periodically throughout the shift evaluate the staff's ability to complete the assignment • Adjustments to the assignment will be made throughout the shift as needed • The charge nurse will communicate with the nurse manager and/or shift supervisor • If the plan is unsatisfactory to the direct care nurse or charge nurse, the appropriate chain of command will be followed. • May request CNA for 1:1 safety staffing for patients needing additional observation for safety concerns. Usage of this resource allows RN to assume care of an additional patient. • Professional organization used as guide for decision making: AACN <p><u>Breaks and Lunches</u> Breaks and lunches are offered within state requirements. Nurses hand off</p>	<p><u>Non-Clinical Indicators:</u></p> <ul style="list-style-type: none"> • Baseline OT, including extra shifts and rest less than 10 • Vacancies • Unscheduled absences • Caregiver injuries • Vacancies and staff turnover rate • Caregiver Satisfaction <p><u>Clinical Indicators:</u></p> <ul style="list-style-type: none"> • Ventilator Acquired Pneumonia (VAP) • Hospital Acquired Pressure Injuries (HAPI) • Central line associated blood stream infections (CLABSI) • Catheter associated urinary tract infections (CAUTI) • Falls

			patient care and are provided uninterrupted meal periods. In the short term, planned/unplanned leave is absorbed by core staff.	
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Approved Oct 2022 NSC

FY23 STAFFING MATRIX GUIDELINES

INTENSIVE CARE UNIT

12/21/23 Document Revised

12/21/23 Effective Date

DAY SHIFT				
CENSUS	CN	RN	PTS	TOTAL
1	1	1	-	2
2	1	1	-	2
3	1	1	-	2
4	1	2	-	3
5	1	3	1	4
6	1	3	1	4
7	1	4	1	5
8	1	4	1	5
9	1	5	1	6
10	1	5	1	6
11	1	6	1	7
12	1	6	1	7
13	1	7	1	8
14	1	7	1	8
15	1	8	1	9

NIGHT SHIFT				
CENSUS	CN	RN	PTS	TOTAL
1	1	1	-	2
2	1	1	-	2
3	1	1	-	2
4	1	2	-	3
5	1	3	-	4
6	1	3	-	4
7	1	4	-	5
8	1	4	1	5
9	1	5	1	6
10	1	5	1	7
11	1	6	1	8
12	1	6	1	8
13	1	7	1	9
14	1	7	1	9
15	1	8	1	10

The ICU charge nurse and House Supervisor should discuss appropriate staffing each shift, in order to provide the appropriate staffing. A guideline would be 2/3 of staff are core ICU caregivers.

IMC patients are staffed 3:1 on Day and Night Shifts

PHMG CLINICS - STAFFING PLAN – MED ONC

<u>PATIENT POPULATION</u>	<u>SKILL MIX</u>	<u>ENVIRONMENTAL FACTORS</u>	<u>ESSENTIAL STAFFING</u>	<u>MEASUREMENT METHODS</u>																											
<p>Oncology and Hematology patients including new consults for oncology and hematology, current patients receiving treatment, and long term follow up visits.</p> <p>Number of daily office visits: 30-40</p> <p>The maximum number of pre-scheduled RN appointments per care team RN: 6.</p>	<p>A multidisciplinary team provides care and consists of:</p> <ul style="list-style-type: none"> • Medical Oncology/Hematology providers • Physician Assistant • RN’s • MA’s • Patient Access Reps • Dietitians • Care Coordinators • Social workers <p>Daily readiness huddles are performed daily to ensure the team is able to provide for all the patient needs.</p> <p><u>Level of experience/specialty training:</u> RN’s must hold a ONS Provider card</p>	<p>1 clinic location</p> <ul style="list-style-type: none"> • 1.5 RN • 3 MA’s <p><u>The following equipment is available in or adjacent to care teams:</u></p> <ul style="list-style-type: none"> • AED • Vascular access carts • Housekeeping closet • Pneumatic tube system • Decentralized supply closets • Clean and dirty utility rooms 	<p>Core staff matrix (all black boxes = 1 RN):</p> <table border="1" data-bbox="1303 305 2091 456"> <thead> <tr> <th>RN Work</th> <th></th> <th>SUN</th> <th>MON</th> <th>TUE</th> <th>WED</th> <th>THUR</th> <th>FRI</th> <th>SAT</th> </tr> </thead> <tbody> <tr> <td>Hours</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>0800-1700</td> <td></td> <td></td> <td style="background-color: black;"></td> <td style="background-color: black;"></td> <td style="background-color: black;"></td> <td style="background-color: black;"></td> <td style="background-color: black;"></td> <td></td> </tr> </tbody> </table> <p><u>Planned and unplanned Leave</u> 1 variable Rn and 1 Per Diem RN</p> <p><u>Breaks and Lunches</u> Breaks and lunches are offered within state requirements. Nurses hand off patient care and are provided uninterrupted meal periods.</p> <p><u>RN Assignments</u></p> <ul style="list-style-type: none"> • Triage – telephone and in person • Central line care • Patient care • Checking infusion orders <p><u>Effectiveness of Assignments / Daily Adjustments</u></p> <ul style="list-style-type: none"> • Supervisor will periodically throughout the shift evaluate the staff and patient’s status & needs; appropriate interventions implemented • Ongoing communication with Providers and leadership • Activate chain of command for problem solving difficult staffing situations <p>The professional organization used as resource: The Journal of Nursing Administration (JONA).</p>	RN Work		SUN	MON	TUE	WED	THUR	FRI	SAT	Hours									0800-1700									<p><u>Non-Clinical Indicators:</u></p> <ul style="list-style-type: none"> • Overtime, including extra shifts and rest less than 10 hours. • Vacancies and staff turnover rates. • Unscheduled absences. <p><u>CLINICAL Indicators:</u></p> <ul style="list-style-type: none"> • Caregiver Engagement Scores • Patient satisfaction scores for the clinic • Central line associated blood stream infections (CLABSI)
RN Work		SUN	MON	TUE	WED	THUR	FRI	SAT																							
Hours																															
0800-1700																															

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APPROVED: Nov 2022 NSC

ST JOHN MEDICAL CENTER - STAFFING PLAN AND SCOPE OF SERVICES – Medical

<u>PATIENT POPULATION</u>	<u>INTENSITY OF UNIT AND CARE</u>	<u>ENVIRONMENTAL FACTORS</u>	<u>ESSENTIAL STAFFING</u>	<u>MEASUREMENT METHODS</u>
<p>The Medical Unit is a 32-bed unit on the 4th floor that provides comprehensive care to acutely ill patients– at least 12 years of age and 100lbs.</p> <p>Patient population is:</p> <p>Patients with a primary medical diagnosis</p> <p>Patients who progressed from ICU level of care; General medical/surgical</p> <p>Psychiatric patients with primary medical diagnosis</p> <p>Comfort care to patients at end of life transitioning to Hospice</p>	<p>A multidisciplinary team provides care and consists of:</p> <ul style="list-style-type: none"> • Hospitalists • Surgeons • Specialists • RNs • CNAs • PTS • Cardiac Monitor Tech • Dietitians • Pharmacists • Discharge planners • Social workers • Spiritual care • Ethicist • Respiratory therapists • Occupational therapists • Physical Therapists <p>Family conferences are scheduled as needed to support and update families inclusive of ethicist consults.</p>	<ul style="list-style-type: none"> • 32 beds with alarm/scale • 2 beds per room • Lift system • Bariatric room with lift • 2 reverse airflow rooms/isolation room w/ante room • Code blue buttons at each bedside • Nurse call system with intercom per bed with nurse locators & paging system • Decentralized supply closets • Remote telemetry monitoring that monitors SPO2 and heart rhythms • Pneumatic tube system • Telesitter Program availability • Vocera – hands free Caregiver communication device. 	<p>Shift times RNs + CNAs: 0700 – 1930 and 1900 – 0730 Shift Times PTS: 0630 – 1900 and 1830 - 2300</p> <p>Charge Nurse considers the following for all shifts:</p> <ul style="list-style-type: none"> • Skill mix, number of patients, acuity, special needs patients • Anticipated DC, admits, core staff, float staff • Experience, continuity, communication with previous CN/staff • Bed availability <p>Assess staff qualifications:</p> <ul style="list-style-type: none"> • Number of skilled RN; number of skilled CNA’s • Number of new staff • Number of floats • Number of Student Nurses/orienteers requiring oversight • PTS and Monitor Technicians Complete ECGs • Designated Charge Nurse vs relief charge <p>Assignments:</p> <ul style="list-style-type: none"> • Unit Census • PTS per Matrix • Isolations • Acuity/special staffing • Breaks and lunches <p>Effectiveness of Assignments:</p> <ul style="list-style-type: none"> • Adjustments are made by charge RN throughout the shift based on census, acuity, staff availability, and skill mix • Ongoing communication with Charge Nurse/Manager/House Supervisor • Activate chain of command for problem solving / unforeseen staffing situations <p>Professional organization used as resource is: Academy of Medical Surgical Nursing (AMSN)</p> <p>Designated and Relief Charge RNs are ACLS Certified</p> <p>Breaks and Lunches:</p> <p>Breaks and lunches are offered within state requirements. Nurses hand off patient care and are provided uninterrupted meal periods. In the short term, planned/unplanned leave is absorbed by core staff.</p>	<p>Non-Clinical Indicators:</p> <ul style="list-style-type: none"> • Baseline OT, including extra shifts and rest less than 10 • Vacancies • Unscheduled absences • NDNQI total hours Per Patient Day • Vacancies and staff turnover rates • Caregiver injuries <p>Clinical Indicators:</p> <ul style="list-style-type: none"> • Hospital Acquired Pressure Injuries (HAPI) • Central line associated blood stream infections (CLABSI) • Catheter associated urinary tract infections (CAUTI) • Patient Falls • Patient satisfaction scores • Caregiver engagement scores.

FY 21 STAFFING MATRIX GUIDELINE 5:1
 Medical Unit

CENSUS	DAY SHIFT			NIGHT SHIFT			PTS
	CN	RN	CNA	CN	RN	CNA	
10	1	2	1	1	2	1	0.00
11	1	2	1	1	2	1	0.00
12	1	2	2	1	2	1	0.00
13	1	3	2	1	3	2	0.00
14	1	3	2	1	3	2	0.00
15	1	3	2	1	3	2	1.33
16	1	4	2	1	4	2	1.33
17	1	4	2	1	4	2	1.33
18	1	4	2	1	4	2	1.33
19	1	4	2	1	4	2	1.33
20	1	4	2	1	4	2	1.33
21	1	5	3	1	5	2	1.33
22	1	5	3	1	5	2	1.33
23	1	5	3	1	5	3	1.33
24	1	5	3	1	5	3	1.33
25	1	6	3	1	6	3	1.33
26	1	6	4	1	6	3	1.33
27	1	6	4	1	6	4	1.33
28	1	6	4	1	6	4	1.33
29	1	6	4	1	6	4	1.33
30	1	6	4	1	6	4	1.33
31	1	7	4	1	7	4	1.33
32	1	7	4	1	7	4	1.33

STAFFING PLAN and SCOPE OF SERVICE - OP INFUSION

PATIENT POPULATION	INTENSITY OF UNIT AND CARE	ENVIRONMENTAL FACTORS	ESSENTIAL STAFFING	MEASUREMENT METHODS																																																																																										
<p>Patients needing oncology, hematology, blood transfusion and non-oncology infusions, antibiotics and injections</p> <p>Daily Volumes: M-F: 25 - 40 Saturday: 5-20 Sunday: 6, if more than 6 patients, a 2nd RN is considered</p> <p>The maximum number of pre-scheduled RN appointments per nurse: 8, depending on level of acuity</p>	<p>A multidisciplinary team provides care and consists of:</p> <ul style="list-style-type: none"> Medical Oncology/Hematology providers Physician Assistant RNs CNAs Pharmacist Patient Access Representative Patient Navigators Referral Coordinator Social Worker Dietician <p>Daily readiness huddles are performed daily to ensure the team is able to provide for all the patient needs.</p> <p>Level of experience/specialty training: RN's must hold an ONS Provider card</p> <ul style="list-style-type: none"> Oncology/Infusion/Acute care is preferred <p>Level 1 (<30 min) Level 2 (30-60 min) Level 3 (60-120 min) Level 4 (120-140 min) Level 5 (>240 min)</p> <p>Add on 1 level</p> <ul style="list-style-type: none"> Use of assistive devices BR assistance, frequently Incontinence Confusion Additional education Psychosocial needs Drug reactions 	<p>1 department location 8/9 RN daily</p> <ul style="list-style-type: none"> 1 PTS PAR staff 9 chairs/6 beds =15 Minimum of 5 RN's with ONS Provider Card for M-F staffing <p>Open: Monday – Friday 8:00 – 5:00pm Saturday 8:00 a.m. 4:00pm Sunday 10:00a.m-2:00p.m.</p> <p>The following equipment is available in or adjacent to care teams:</p> <ul style="list-style-type: none"> AED Vascular access carts Housekeeping closet Pneumatic tube system Decentralized supply closets Clean and dirty utility rooms Eye wash unit IV pumps Blood pressure monitoring devices Oxygen Hazardous Drug spill kits Ambulatory (CADD) pumps Pulse Oximeter Thermometers Vein finder 	<p>Core staff matrix (all black boxes = 1 RN):</p> <table border="1" data-bbox="1257 305 2161 688"> <thead> <tr> <th>RN Work</th> <th>Hours</th> <th>SUN</th> <th>MON</th> <th>TUES</th> <th>WED</th> <th>THUR</th> <th>FRI</th> <th>SAT</th> </tr> </thead> <tbody> <tr> <td>Chg RN</td> <td>0730-1600</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>0800-1630</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>0800-1630</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>0830-1700</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>0830-1700</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>0830-1700</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Weekend SAT</td> <td>0730-1600</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Weekend SUN</td> <td>1000-1400</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HOLIDAY</td> <td>1000-1400</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Planned and unplanned Leave 2 Per diem RNs on staff, 1 per diem with ONS Provider Card</p> <p>Breaks and Lunches Breaks and lunches are offered within state requirements. Nurses hand off patient care and are provided uninterrupted meal periods.</p> <p>RN Assignments</p> <ul style="list-style-type: none"> Patient care Infusional and injection administration of hazardous drug, blood products, non-hazardous drug, fluids, patient assessment/monitoring <p>Effectiveness of Assignments / Daily Adjustments</p> <ul style="list-style-type: none"> Supervisor will periodically throughout the shift evaluate the staff and patient's status & needs; appropriate interventions implemented Ongoing communication with Providers and leadership Activate chain of command for problem solving difficult staffing situations <p>The professional organization used as resource: Oncology Nursing Society</p>	RN Work	Hours	SUN	MON	TUES	WED	THUR	FRI	SAT	Chg RN	0730-1600									0800-1630									0800-1630									0830-1700									0830-1700									0830-1700								Weekend SAT	0730-1600								Weekend SUN	1000-1400								HOLIDAY	1000-1400								<p>Non-Clinical Indicators:</p> <ul style="list-style-type: none"> Overtime, including extra shifts and rest less than 10 hours. Vacancies and staff turnover rates. Unscheduled absences. <p>CLINICAL Indicators:</p> <ul style="list-style-type: none"> Caregiver Engagement scores Serious safety events Central line associated blood stream infections (CLABSI) Hazardous Drug spills Medication errors Hazardous Drug Bodily Fluid spills
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STAFFING PLAN and SCOPE OF SERVICE - OP INFUSION

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ST JOHN MEDICAL CENTER - STAFFING PLAN AND SCOPE OF SERVICE – OPERATING ROOM (OR)

<u>PATIENT POPULATION</u>	<u>INTENSITY OF UNIT AND CARE</u>	<u>ENVIRONMENTAL FACTORS</u>	<u>ESSENTIAL STAFFING</u>	<u>MEASUREMENT METHODS</u>
<p>Hours of Operation: 0700-1730 Monday thru Thursday and Friday 0800-1730</p> <p>The unit is open 24 hours a day, 7 days a week for scheduled and urgent/emergent cases.</p> <p>*Pediatrics through geriatrics:</p> <ul style="list-style-type: none"> • Orthopedic • General • Vascular • Gynecological • Podiatry • Urological • Ophthalmic • Oral • Podiatry • Other • *Pediatric services offered on an outpatient basis only. 	<p>Approximately 5500 surgeries per year. Number of rooms running per day:</p> <ul style="list-style-type: none"> • 4-5 Monday – Thursday and 1-2 Fridays <p>Average number of cases per day: 20 Case mix varies with cases ranging from simple to complex.</p> <p>Communication is person to person, utilization of EMR and Smartrack</p> <p>Acuity is measured by patients for ASA classification and the complexity of the surgical procedure or combination of procedures.</p> <p><u>ASA Levels:</u></p> <p>ASA 1 - A normal healthy patient.</p> <p>ASA 2 - A patient with mild systemic disease.</p> <p>ASA 3 - A patient with severe systemic disease.</p> <p>ASA 4 - A patient with severe systemic disease that is a constant threat to life.</p> <p>ASA 5 - A moribund patient who is not expected to survive without the operation.</p> <p>ASA 6 - Declared brain-dead patient whose organs are being removed for donor purposes.</p>	<p>Total 10 operating Rooms: 6 Main OR 1 ACU 2 OB (Located on Separate Unit)</p> <p>The rooms are set up in a similar manner as a standard operating room. Supplies are stored in the Central Core area accessible to the main OR's. Emergency airway supply cart, crash carts, pyxis and other essential supplies are centrally located/readily accessible.</p> <p>SurgiCount system is present in each operating room.</p> <p>The Sterile Processing Department is located adjacent to the main OR.</p> <p>Smart Track systems are located at the control desk, in the OR rooms, lounge, clean core areas, Pre-op, PACU and Waiting Rooms.</p>	<p>Utilization of AORN staffing guidelines: 1 RN Charge Nurse from 0600 – 1630 (M-F) Each procedure has: 1 RN Circulator 1 Surgical Technologist (or Scrub RN) M-F - 1 Surg Tech 0700-1930 and 1 RN 0900 – 1930 Friday – 1-2 RN, 1-2 Surg Tech 0700 – 17:30 M-F - 1 Anesthesia Tech & 2 -3 Surgical Services Assistants as ancillary staff.</p> <p>After 1630 the Charge Nurse duties are absorbed by the on-call RN or late RN.</p> <p>Additional scrub staff is added to the procedure based on the complexity and/or staff availability. All staff is required to maintain competency in all procedures based on our Trauma services (Level III): Vascular, General, Orthopedic, Urology, GYN.</p> <p>Mon-Thursday There is a 0705 Huddle with staff at which time staffing issues are reviewed with the team.</p> <p><u>After hour coverage (on call) on weekday:</u> The end of shift - 0700 the next day. Weekend coverage: 1700 on Friday to 0700 on Monday morning. Call Team is 1 RN and 1 Surgical Technologist on a rotational basis. 1 SSA on call on Friday, Saturday & Sunday 0700-1930.</p> <p><u>Breaks and Lunches:</u> Breaks and lunches are offered within state requirements. Nurses hand off patient care and are provided uninterrupted meal periods. In the short term, planned/unplanned leave is absorbed by core staff.</p>	<p>Nurse Sensitive Indicators</p> <p>Structural indicators</p> <ul style="list-style-type: none"> • Unplanned absence/tardiness • Vacancies and staff turnover rates <p>Process indicators</p> <ul style="list-style-type: none"> • First case on time starts • Staff satisfaction • Turnover times <p>Outcome indicators</p> <ul style="list-style-type: none"> • Retained items • SSI rates per NSQIP • Patient Satisfaction with overall care

ST JOHN MEDICAL CENTER – STAFFING PLAN AND SCOPE OF SERVICE - PACU

PATIENT POPULATION	INTENSITY OF SERVICE	ENVIRONMENTAL FACTORS	ESSENTIAL STAFFING	MEASUREMENT METHODS
<p>Pediatrics through geriatrics for post anesthesia care:</p> <ul style="list-style-type: none"> • Orthopedic • General Surgery • Vascular • Gynecological • Urological • Ophthalmic • Oral Surgery • Podiatry • ENT • Other <p>Pediatric services on an outpatient only basis. If pediatric patients do not meet discharge criteria by the end of the scheduled day, the surgeon will be asked to arrange transfer of the patient to facility with in-patient pediatric services.</p>	<p>Approximately 5500 surgeries/procedures per year.</p> <p>The unit workflow is dependent upon the OR volume for inpatient/ Outpatient, as well as for scheduled/add-on procedures. Patients from ACU/Imaging/cath lab area for anesthesia may be recovered in the unit when needed. Care is based on acuity, length of procedure, type of anesthesia given during procedure.</p> <p>Phase I: For immediate post-anesthesia care. Patients will be transferred to nursing unit(s) or Phase II level of care. Phase II: preparing the patient to be discharged to home or Extended Care facility. (Some patients may stay longer beyond their recovery time due to nursing unit bed capacity)</p> <p>POC Testing as ordered (BSG and EKG)</p> <p>Daily census: 20 Average length of stay: Phase I: 45 mins – 90 mins Phase II: 30 mins – 60 min</p> <p>Acuity is measured for patients by ASA classification and the complexity of the post anesthesia surgical procedure or combination of procedures.</p> <p>ASA Levels:</p> <p>ASA 1 - A normal healthy patient.</p> <p>ASA 2 - A patient with mild systemic disease.</p> <p>ASA 3 - A patient with severe systemic disease.</p> <p>ASA 4 - A patient with severe systemic disease that is a constant threat to life.</p> <p>ASA 5 - A moribund patient who is not expected to survive without the operation</p>	<p>Hours of Operation: 0730-2030 Monday to Thursday, Friday 0800-1630</p> <p>Phase I has 7 bays. Phase II has 7 bays. Bay 6 and 7 are used also for pre-op regional blocks with anesthesia.</p> <p>An enclosed room adjacent to the phase I area for Pediatric and/or other patient population who need to be placed other than phase I/II.</p> <p>The nurse’s station is located to allow continual visualization of the patients.</p> <p>Phase II patients have call lights</p> <p>Emergency airway supply cart, crash carts, EKG machine, Pyxis and other essential supplies are centrally located/readily accessible in Phase I/Phase II recovery areas.</p> <p>Smart track is available in both Phase I and II for tracking of patient progress by staff and families.</p>	<p>Registered Nurses licensed in the state of WA and required to maintain ACLS, PALS and BLS and with demonstrated competencies in PACU care. Unit is open until the last patient is placed appropriately. 1 RN starts at 0700 with RNs arriving at intervals. The last shift starts at 12:00</p> <p>Charge Nurse utilizes productivity tools and formulas for daily staffing needs:</p> <p>Things considered:</p> <ul style="list-style-type: none"> • Procedures • Number of OR rooms • ACU with Anesthesia • Number of patients • Acuity and age of patients • Outpatient vs AM Admit • Scheduled surgical end times <p>Phase I Level of Care: RN to patient ratio: 1:2; 1:1; 2:1 depending on age and acuity. Phase II Level of Care: RN to patient ratio 1:3; 1:2; 1:1 depending on age and acuity. Extended Care Level of Care: RN to patient ratio 1:3-5 depending on age and acuity. After hour coverage (on call) on weekday: The end of shift - 0700 the next day.</p> <p>Weekend coverage: 16:30 on Friday to 0700 on Monday morning. Call is assigned to 1 RN and on a rotational basis. Utilize an OR/Preop on call staff as a second RN. A second RN must be in the same room/unit as the patient recovering and this may be an OR or Pre-op RN. RN may request additional help as needed. B/L staffing as appropriate.</p>	<p>Nurse Sensitive Indicators</p> <p>Structural indicators</p> <ul style="list-style-type: none"> • Unplanned absence/tardiness • Vacancies and staff turnover rates <p>Process indicators</p> <ul style="list-style-type: none"> • First vitals within 5 minutes of Phase I • Nurse job satisfaction • Pain assessment and documentation <p>Outcome indicators</p> <ul style="list-style-type: none"> • HAPIs • Patient satisfaction with pain management • Patient Satisfaction with overall care

These Staffing Plans are reviewed semi-annually by the Nurse Staffing Committee per regulatory requirement.

APPROVED: August 2022

PHMG Musculoskeletal Clinic - STAFFING PLAN

<u>PATIENT POPULATION</u>	<u>SKILL MIX</u>	<u>ENVIRONMENTAL FACTORS</u>	<u>ESSENTIAL STAFFING</u>	<u>MEASUREMENT METHODS</u>
<p>Patients include specialty focused consultations and follow ups for:</p> <p>Rheumatology Interventional Pain Physical Medicine and Rehab Chiropractic</p> <p>The maximum number of pre-scheduled RN appointments per care team RN: 4 with an average of 8-10 per week</p>	<p>A multidisciplinary team provides care and consists of:</p> <ul style="list-style-type: none"> • Specialty Care providers • RN's • MA's • Patient Access Reps • Surgery Scheduler <p>Daily readiness huddles are performed daily to ensure the team is able to provide for all the patient needs.</p> <p><u>Level of experience/specialty training:</u> Ambulatory/clinic nursing; ambulatory nursing certification Both RN's in clinic are certified</p>	<p>1 clinic locations</p> <ul style="list-style-type: none"> • 1 RN treatment rooms • 7 RN/MA stations • 1 med prep area <p><u>The following equipment is available in or adjacent to care teams:</u></p> <ul style="list-style-type: none"> • AED • Isolation equipment • Housekeeping closet • Pneumatic tube system • Decentralized supply closets • Clean and dirty utility rooms 	<p><u>Core staff matrix:</u> Two .6 FTE RN's covering clinic Monday-Friday 8:30-6:00 Monday-Friday</p> <p><u>Planned and unplanned Leave</u> Cross coverage</p> <p><u>Breaks and Lunches</u> Breaks and lunches are offered within state requirements. Nurses hand off patient care and are provided uninterrupted meal periods.</p> <p><u>RN Assignments</u></p> <ul style="list-style-type: none"> • Triage – telephone and in person • Patient care • Patient education • Co-ordinated care for infusion therapy <p><u>Effectiveness of Assignments / Daily Adjustments</u></p> <ul style="list-style-type: none"> • Supervisor will periodically throughout the shift evaluate the staff and patient's status & needs; appropriate interventions implemented • Ongoing communication with Providers and leadership • Activate chain of command for problem solving difficult staffing situations <p>The professional organization used as resource: The Journal of Nursing Administration (JONA).</p>	<ul style="list-style-type: none"> • Baseline OT, including extra shifts • Vacancies • Unscheduled absences • Patient Satisfaction • Caregiver Engagement Scores • Vacancies and staff turnover rates

These Staffing Plans are reviewed semi-annually by the Nurse Staffing Committee per regulatory requirement

APPROVED: Sep 2022

PHMG PRIMARY CARE CLINICS - STAFFING PLAN

PATIENT POPULATION	SKILL MIX	ENVIRONMENTAL FACTORS	ESSENTIAL STAFFING	MEASUREMENT METHODS																																																																																																																																																																		
<p>Primary patients include well and problem focused visits.</p> <p>The maximum number of pre-scheduled RN appointments per care team RN: 5.</p>	<p>A multidisciplinary team provides care and consists of:</p> <ul style="list-style-type: none"> Primary Care providers RN's MA's Patient Access Reps Dietitians Pharmacists Care Coordinators Social workers <p>Daily readiness huddles are performed daily to ensure the team is able to provide for all the patient needs.</p> <p>Level of experience/specialty training: Ambulatory/clinic nursing; ambulatory nursing certification optional. One year of experience as registered nurse preferred.</p>	<p>2 clinic locations</p> <ul style="list-style-type: none"> 3 RN treatment rooms 8 RN/MA stations 5 med prep areas <p>The following equipment is available in or adjacent to care teams:</p> <ul style="list-style-type: none"> AED Vascular access carts Housekeeping closet (Lakefront) Pneumatic tube system (MOBD) Decentralized supply closets Clean and dirty utility rooms 	<p>Core staff matrix (all white boxes = 1 RN):</p> <table border="1"> <thead> <tr> <th>PHMG RN Work Area/Hours</th> <th>Hours</th> <th>SUN</th> <th>MON</th> <th>TUES</th> <th>WED</th> <th>THUR</th> <th>FRI</th> <th>SAT</th> </tr> </thead> <tbody> <tr> <td>Work Assignment</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Internal Medicine</td> <td>0830-1800</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Family Medicine OB</td> <td>0800-1730</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pediatrics</td> <td>0800-1730</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>MOBD Support</td> <td>0830-1800</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>OB Intakes</td> <td>0800-1730</td> <td></td> <td>-</td> <td>-</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Lakefront East</td> <td>0800-1730</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Lakefront West</td> <td>0745-1715</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Lakefront East Support</td> <td>1030-2000</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Lakefront West Support</td> <td>1030-2000</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PC Triage - 1 (LFW office)</td> <td>0730-1700</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PC Triage - 2 (LFW office)</td> <td>0730-1700</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PC Triage - 3 (LFW office)</td> <td>0745-1715</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mon/Tue Extra Triage (LFW office)</td> <td>0745-1715</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Inbasket work</td> <td>0745-1715</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Weekend</td> <td>0815-1745</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Weekend</td> <td>0815-1745</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Planned and unplanned Leave: 6 Per diem RNs on staff</p> <p>Breaks and Lunches: Breaks and lunches are offered within state requirements. 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PHMG Specialty Clinic - STAFFING PLAN

<u>PATIENT POPULATION</u>	<u>SKILL MIX</u>	<u>ENVIRONMENTAL FACTORS</u>	<u>ESSENTIAL STAFFING</u>	<u>MEASUREMENT METHODS</u>
<p>Patients include specialty focused consultations and follow ups for: Cardiology Pulmonology Nephrology Neurology GI Palliative Care</p> <p>The maximum number of pre-scheduled RN appointments in the Specialty Clinic is 18 with an average of 7 per day.</p>	<p>A multidisciplinary team provides care and consists of:</p> <ul style="list-style-type: none"> • Specialty providers • RN's • MA's • Patient Access Reps • Surgery Scheduler • Care Coordinator • EEG Tech <p>Daily readiness huddles are performed daily to ensure the team is able to provide for all the patient needs.</p> <p><u>Level of experience/specialty training:</u> Ambulatory/clinic nursing</p>	<p>3 clinic locations</p> <ul style="list-style-type: none"> • 4 RN stations • 1 RN treatment room • 1 med prep area <p>*Two RN's are currently working from home due to COVID and reduced space after consolidating clinics due to the flood. Return to clinic date TBD.</p> <p><u>The following equipment is available in or adjacent to care teams:</u></p> <ul style="list-style-type: none"> • AED • Housekeeping closet • Pneumatic tube system • Clean and dirty utility rooms • Decentralized supply closets 	<p><u>Core staff matrix:</u> Three RN's – FTE's: 1.0 1.0 (0.8 (Currently interviewing) 0.6</p> <p>RN shifts: 1. 0800-1700 (M,T,W)/ (T, W, Th, F) 2. 0800-1700 (M-F) 3. 0830-1700 (M-F)</p> <p><u>Planned and unplanned Leave:</u> Cross covering</p> <p><u>Breaks and Lunches:</u> Breaks and lunches are offered within state requirements. Nurses hand off patient care and are provided uninterrupted meal periods.</p> <p><u>RN Assignments:</u></p> <ul style="list-style-type: none"> • Triage – telephone and in person • Patient care <p><u>Effectiveness of Assignments / Daily Adjustments:</u></p> <ul style="list-style-type: none"> • Supervisor will periodically throughout the shift evaluate the staff and patient's status & needs; appropriate interventions implemented • Ongoing communication with Providers and leadership • Activate chain of command for problem solving difficult staffing situations <p>The professional organization used as resource: The Journal of Nursing Administration (JONA).</p>	<ul style="list-style-type: none"> • Baseline OT, including extra shifts • Vacancies • Unscheduled absences • Patient Satisfaction • Caregiver Engagement Scores • Vacancies and staff turnover rate

PHMG Women’s Clinic - STAFFING PLAN

<u>PATIENT POPULATION</u>	<u>SKILL MIX</u>	<u>ENVIRONMENTAL FACTORS</u>	<u>ESSENTIAL STAFFING</u>	<u>MEASUREMENT METHODS</u>
<p>Patients include specialty focused consultations and follow ups for: OB/GYN NST’s</p> <p>The maximum number of pre-scheduled RN appointments in the Women’s Clinic is 12 with an average of 7 per day.</p>	<p>A multidisciplinary team provides care and consists of:</p> <ul style="list-style-type: none"> • Specialty providers • Certified Nurse Midwives • RN’s • MA’s • Patient Access Reps • Surgery Scheduler • Social Worker <p>Daily readiness huddles are performed daily to ensure the team can provide for all the patient needs.</p> <p><u>Level of experience/specialty training:</u> Ambulatory/clinic nursing Labor and Delivery Lactation support Women’s Health</p>	<p>2 clinic locations</p> <ul style="list-style-type: none"> • 2 RN Phone Triage station • 1-2 RNs Intake room <p><u>The following equipment is available in or adjacent to care teams:</u></p> <ul style="list-style-type: none"> • AED • Housekeeping closet • Clean and dirty utility rooms • Decentralized supply closets • Lab • Med Room 	<p><u>Core staff matrix:</u> Four Nurses - FTE’s below: .9 x 2 .6 .5</p> <p>RN shifts, Monday - Friday:</p> <ol style="list-style-type: none"> 1. 0800-1700 2. 0815-1715 3. 0830-1730 <p><u>Planned and unplanned Leave:</u> Cross covering</p> <p><u>Breaks and Lunches:</u> Breaks and lunches are offered within state requirements. Nurses hand off patient care and are provided uninterrupted meal periods.</p> <p><u>RN Assignments:</u></p> <ul style="list-style-type: none"> • Triage – telephone and in person • Patient care <p><u>Effectiveness of Assignments / Daily Adjustments:</u></p> <ul style="list-style-type: none"> • Supervisor will periodically throughout the shift evaluate the staff and patient’s status & needs; appropriate interventions implemented • Ongoing communication with Providers and leadership • Activate chain of command for problem solving difficult staffing situations <p>The professional organization used as resource: The Journal of Nursing Administration (JONA).</p>	<ul style="list-style-type: none"> • Baseline OT, including extra shifts • Vacancies • Unscheduled absences • Patient Satisfaction • Caregiver Engagement Scores • Triage stats • Vacancies and staff turnover rates

These Staffing Plans are reviewed semi-annually by the Nurse Staffing Committee per regulatory requirement.

APPROVED: Nov 2022 NSC

PeaceHealth St. John Medical Center
NURSE STAFFING PLAN
PRE-OP / ANESTHESIA CLINIC

PATIENT POPULATION	ACUITY LEVELS	INTENSITY OF UNIT AND CARE	ENVIRONMENTAL FACTORS	ESSENTIAL STAFFING	MEASUREMENT METHODS
<p>*Pediatrics through geriatrics:</p> <ul style="list-style-type: none"> • Orthopedic • General • Vascular • Gynecological • ENT • Urological • Ophthalmic • Oral • I • Cath Lab • Other <p>*Pediatric patients are seen on an outpatient basis only.</p>	<p>Acuity is measured by patients for ASA classification and the complexity of the surgical procedure or combination of procedures.</p> <p>ASA Levels: ASA 1 - A normal healthy patient. ASA 2 - A patient with mild systemic disease. ASA 3 - A patient with severe systemic disease. ASA 4 - A patient with severe systemic disease that is a constant threat to life.</p>	<p>Approximately 5,500 surgeries per year.</p> <p>Preop Day of Surgery: The unit workflow is dependent on the OR volume for inpatient/Outpatient, as well as for scheduled/add-on procedures. The focus of the unit is to provide the care and prepare patients on the day of surgery in an optimum level. Nurses perform assessments, ordering/reviewing lab tests as indicated by patient history and standing orders. Potential issues are identified and communicated with the attending physician and the anesthesia provider. Treatments to pre-optimize hemodynamic stability, pulmonary status and blood sugar control are administered as ordered.</p> <p>Nurses travel to the PACU to admit emergent ED/ICU patients or assist anesthesia with surgical blocks.</p> <p>Patient rounding is ongoing and as frequently as possible at every 30 minutes or less.</p> <p>Pre-Anesthesia: Evaluate patients undergoing procedures requiring anesthesia services per prescreening protocol. Each patient has an evaluation for 45-90 minutes prior to surgery by phone, nurse appointment, or with an anesthesia provider. The evaluation includes a health history, medication history,</p>	<p>Hours of Operation:</p> <ul style="list-style-type: none"> ➤ 0600-1630 Monday thru Thursday ➤ Friday 0630 -16:30 ➤ 9 individual preop holding rooms ➤ 1 nurse’s station w/central monitoring capabilities ➤ 6 RN workstations ➤ 3 additional workstations in Anesthesia Clinic office <p>4 interview rooms in Anesthesia Clinic area</p> <p>The rooms are set up in a standard manner.</p> <p>Glucose, EKG, Urine HCG, Rapidpoint and INR POC testing done in the unit. Other lab performed in the unit by Lab staff.</p> <p>Emergency airway supply cart and crash carts located in O.R. clean core, Pyxis, EKG machine and other essential supplies are centrally located/readily accessible.</p> <p>Communication includes SmartTrack and face to face reports with the RN circulators, anesthesia providers, surgeons, and family members.</p> <p>Smart Track systems are located at the nurses’ station.</p>	<p>Unit is staffed from 0600 to 1730 Monday-Thursday and 0630-1730 on Friday</p> <ul style="list-style-type: none"> 1 Charge Nurse 0600-1630 1 RN for each OR for first case and adjust according to OR schedule. 1 float RN 2-3 RNs in Anesthesia Clinic assignments 1 LPN in Anesthesia Clinic 1 PTS 0630-1700 1 SSA 0700-1730 <p>Additional staffing may be requested as needed.</p> <p>After hour coverage (on call) on weekday: 1 RN from the end of shift – 1900. Weekend coverage (Fri-Sun): 1 RN 0700 – 1830 (Work as a backup RN for PACU when needed)</p> <p>B/L staffing as appropriate.</p> <p>Charge Nurse works to admit patients on an as needed basis.</p> <p>If the plan is unsatisfactory to the direct care nurse, the chain of command will be initiated: RN → Manager/Supervisor → Director → CAO</p>	<p>Structural Indicators:</p> <ul style="list-style-type: none"> • Unplanned absences and tardiness • Vacancies and staff turnover rates <p>Process Indicators:</p> <ul style="list-style-type: none"> • Employee satisfaction • Average Preop time ≤ 60 minutes <p>Outcomes Indicators:</p> <ul style="list-style-type: none"> • Patient satisfaction • Same day cancellations

Scope of Service/Staffing Plan: 100.8.113 These Staffing Plans are reviewed semi-annually by the Nurse Staffing Committee per regulatory requirement.

APPROVED: August 2022

PeaceHealth St. John Medical Center
NURSE STAFFING PLAN
PRE-OP / ANESTHESIA CLINIC

		<p>surgical/anesthesia history, and coordination of patient-specific information from physician offices, other hospitals, diagnostic radiology centers & medical labs.</p> <ul style="list-style-type: none"> • The clinic is responsible for patient follow-up through the preoperative phone call process. Individual patient concerns & questions are forwarded to anesthesia staff. • EKG/Lab Testing provided as needed • Referral for additional X-ray, sleep study or cardiac workup as necessary • Prepare other necessary documentation preoperatively • A phone call is made to each patient 1-2 days prior to the surgery date for instructions and arrival time. • Patient Education for Surgical Process 		<ul style="list-style-type: none"> • AORN Staffing Guidelines 	
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ST JOHN MEDICAL CENTER - STAFFING PLAN AND SCOPE OF SERVICE - SURGICAL SPECIALTIES UNIT

<u>PATIENT POPULATION</u>	<u>INTENSITY OF UNIT AND CARE</u>	<u>ENVIRONMENTAL FACTORS</u>	<u>ESSENTIAL STAFFING</u>	<u>MEASUREMENT METHODS</u>
<p>Primary patients include general & orthopedic surgical for patients ≥ 12 yrs. and 100lbs</p> <p>Adult vascular, Urology, ENT, & gynecology surgical patients</p> <p>Patients who have progressed from ICU</p> <p>Up to 10 patient's w/telemetry monitoring for secondary adult cardiac diagnosis</p> <p>Comfort care to patients at end of life transitioning to Hospice</p>	<p>A multidisciplinary team provides care and consists of:</p> <ul style="list-style-type: none"> • Primary Care physicians • Surgeons • Hospitalists • Specialists • RN's • CNA's • Dietitians • Pharmacists • Discharge planners • Social workers • Spiritual care • Ethicist • Respiratory therapists • Occupational therapists • Physical Therapists • Wound care Specialist RN • Fracture Program Coordinator • Total Joint Program RN <p>Family conferences are scheduled as needed to support and update families inclusive of ethicist consults.</p>	<ul style="list-style-type: none"> • 32 beds with alarm/scale • 16 rooms able to accommodate semi-private • One unit located over two floors (7th and 8th floors) <p><u>The following items are available in each room:</u></p> <ul style="list-style-type: none"> • Medical gases • Ambu bag • Supply cart • Computer • Patient lift system <p><u>The following equipment is available in unit (not all inclusive):</u></p> <ul style="list-style-type: none"> • Code carts with defibrillator, AED • Vascular access carts • Isolation carts • Remote telemetry monitoring with central "client" monitoring screen at nurses' station • Centralized pulse oximetry monitoring • Housekeeping closet • Pneumatic tube system • Decentralized supply closets • 2 med rooms with Pyxis/fridge and supplies • Clean and dirty utility rooms • Bariatric room with 2 beds • 2 reverse airflow rooms/isolation room w/ante room • Nurse call system with intercom per bed with nurse locators and paging system • Telesitter Program Monitoring 	<p>Shift Times: 07.00 – 19.30 and 19.00 – 07.30, 24/7 Unit</p> <p><u>Charge Nurse considers the following for all shifts:</u></p> <ul style="list-style-type: none"> • Skill mix, number of patients, acuity, special needs patients • Anticipated DC, admits, core staff, floaters • Experience, continuity, communication with previous CN/staff • Treat and transfer • Bed availability • # of staff on overtime <p><u>Assess staff qualifications</u></p> <ul style="list-style-type: none"> • Number of skilled RN • Number of skilled CNA's • Number of new staff • Number of floats • Number of Student Nurses/orienteers requiring oversight • Designated Charge Nurse vs relief charge <p><u>Assignments:</u></p> <ul style="list-style-type: none"> • Acuity of patients/special staffing • Number's and skill of staff • PTS 0630-1900, 7 days a week and 1900-2300 Wednesdays • Isolations <p><u>Effectiveness of Assignments:</u></p> <ul style="list-style-type: none"> • CN will periodically throughout the shift evaluate the staff and patient's status & needs & does appropriate interventions • Adjustments are made throughout the shift based on census, acuity and staff availability • Ongoing communication with Charge Nurse/Manager/House Supervisor • Activate chain of command for problem solving difficult staffing situations <p>The professional organization used as resource: Academy of Medical Surgical Nursing (AMSN)</p> <p><u>Breaks and Lunches:</u> Breaks and lunches are offered within state requirements. Nurses hand off patient care and are provided uninterrupted meal periods. In the short term, planned/unplanned leave is absorbed by core staff.</p>	<p><u>Non-Clinical Indicators:</u></p> <ul style="list-style-type: none"> • Baseline OT, including extra shifts and rest less than 10 • Vacancies and Staff turnover rates • Unscheduled absences • NHPPD • Patient Satisfaction • Caregiver Engagement Scores • Caregiver injuries <p><u>Clinical Indicators:</u></p> <ul style="list-style-type: none"> • Hospital Acquired Pressure Injuries (HAPI) • Central line associated blood stream infections (CLABSI) • Catheter associated urinary tract infections (CAUTI) • Falls • Stryker Marshall Steele Total Joint Replacement Program Data

These Staffing Plans are reviewed semi-annually by the Nurse Staffing Committee per regulatory requirement.

APPROVED: August 2022

SURGICAL SPECIALTIES - 7TH FLR MATRIX (effective 4/20/19 through 5/20/19, during 8th FLR Closure)

	Day and Night Shift Matrix			
CENSUS	CN	PTS	RN	CNA
12	1	1	3	1
13	1	1	3	2
14:	1	1	3	2
15	1	1	4	2
16	1	1	4	2
17	1	1	4	2
18	1	1	4	2
19	1	1	5	2
20	1	1	5	2
21	1	1	5	2
22	1	1	5	3
23	1	1	5	3
24	1	1	6	3
25	1	1	6	3
26	1	1	6	3
27	1	1	6	3
28	1	1	6	4
29	1	1	7	4
30	1	1	7	4
31	1	1	7	4
32.	1	1	7	4

ST JOHN MEDICAL CENTER - STAFFING PLAN AND SCOPE OF SERVICES –TELEMETRY

<u>PATIENT POPULATION</u>	<u>INTENSITY OF UNIT AND CARE</u>	<u>ENVIRONMENTAL FACTORS</u>	<u>ESSENTIAL STAFFING</u>	<u>MEASUREMENT METHODS</u>
<p>The Telemetry Unit is a 32-bed unit that provides comprehensive care to patients requiring cardiac monitoring, acutely ill patients - at least 12 years of age and 100lbs.</p> <p>Patient population is:</p> <p>Patients with a primary cardiac and medical diagnosis</p> <p>Patients who progressed from ICU level of care; General telemetry/medical/surgical</p> <p>Psychiatric patients with primary cardiac or medical diagnosis</p>	<p>A multidisciplinary team provides care and consists of:</p> <ul style="list-style-type: none"> • Hospitalists • Surgeons • Specialists • RNs • CNAs • PTS • Cardiac Monitor Tech • Dietitians • Pharmacists • Discharge planners • Social workers • Spiritual care • Ethicist • Respiratory therapists • Occupational therapists • Physical Therapists <p>Family conferences are scheduled as needed to support and update families inclusive of ethicist consults.</p>	<ul style="list-style-type: none"> • 32 beds with alarm/scale • 2 beds per room • Lift system • Bariatric room with lift • 2 reverse airflow rooms/isolation room w/ante room • Code blue buttons at each bedside • Nurse call system with intercom per bed with nurse locators & paging system • Decentralized supply closets • Telemetry monitoring suite that monitors SPO2 and heart rhythms • Pneumatic tube system • Telesitter Program availability • Vocera – hands free caregiver communication device. 	<p>Shift times RNs + CNAs: 0700 – 1930 and 1900 – 0730 Shift Times PTS: 0630 – 1900 and 1830 - 2300</p> <p><u>Charge Nurse considers the following for all shifts:</u></p> <ul style="list-style-type: none"> • Skill mix, number of patients, acuity, special needs patients • Anticipated DC, admits, core staff, float staff • Experience, continuity, communication with previous CN/staff • Bed availability <p><u>Assess staff qualifications:</u></p> <ul style="list-style-type: none"> • Number of skilled RN; number of skilled CNA’s • Number of new staff • Number of floats • Number of Student Nurses/orienteers requiring oversight • PTS and Monitor Technicians Complete ECGs • Designated Charge Nurse vs relief charge <p><u>Assignments:</u></p> <ul style="list-style-type: none"> • Unit Census • Monitor Technician 24/7; PTS per Matrix • Isolations • Acuity/special staffing: PCI 4:1 • Breaks and lunches <p><u>Effectiveness of Assignments:</u></p> <ul style="list-style-type: none"> • Adjustments are made by charge RN throughout the shift based on census, acuity, staff availability, and skill mix • Ongoing communication with Charge Nurse/Manager/House Supervisor • Activate chain of command for problem solving / unforeseen staffing situations <p>Professional organization used as resource is: Academy of Medical Surgical Nursing (AMSN) Designated and Relief Charge RNs are ACLS Certified</p> <p><u>Breaks and Lunches:</u> Breaks and lunches are offered within state requirements. Nurses hand off patient care and are provided uninterrupted meal periods. In the short term, planned/unplanned leave is absorbed by core staff.</p>	<p><u>Non-Clinical Indicators:</u></p> <ul style="list-style-type: none"> • Baseline OT, including extra shifts and rest less than 10 • Vacancies • Unscheduled absences • NDNQI total hours Per Patient Day • Vacancies and staff turnover rates • Caregiver injuries <p><u>Clinical Indicators:</u></p> <ul style="list-style-type: none"> • Hospital Acquired Pressure Injuries (HAPI) • Central line associated blood stream infections (CLABSI) • Catheter associated urinary tract infections (CAUTI) • Patient Falls • Patient satisfaction scores • Caregiver engagement scores.

FY 21 STAFFING MATRIX GUIDELINE
Telemetry Unit

7/7/2020 Document Created
7/8/2020 Effective Date

CENSUS	DAY SHIFT			NIGHT SHIFT			PTS
	CN	RN	CNA	CN	RN	CNA	
10	1	2	1	1	2	1	0.00
11	1	2	1	1	2	1	0.00
12	1	2	2	1	2	1	0.00
13	1	3	2	1	3	2	0.00
14	1	3	2	1	3	2	0.00
15	1	3	2	1	3	2	1.33
16	1	4	2	1	3	2	1.33
17	1	4	2	1	3	2	1.33
18	1	4	2	1	3	2	1.33
19	1	4	2	1	4	2	1.33
20	1	4	2	1	4	2	1.33
21	1	5	3	1	4	2	1.33
22	1	5	3	1	4	2	1.33
23	1	5	3	1	4	2	1.33
24	1	5	3	1	4	3	1.33
25	1	6	3	1	5	3	1.33
26	1	6	4	1	5	3	1.33
27	1	6	4	1	5	3	1.33
28	1	6	4	1	5	4	1.33
29	1	6	4	1	5	4	1.33
30	1	6	4	1	5	4	1.33
31	1	7	4	1	6	4	1.33
32	1	7	4	1	6	4	1.33

ST JOHN MEDICAL CENTER - STAFFING PLAN AND SCOPE OF SERVICE - WWBC

<u>PATIENT POPULATION</u>	<u>INTENSITY OF UNIT AND CARE</u>	<u>ENVIRONMENTAL FACTORS</u>	<u>ESSENTIAL STAFFING</u>	<u>MEASUREMENT METHODS</u>
<p>Women’s Wellness & Birth Center (WWBC) is a 14-bed unit that offers both inpatient and outpatient services to pregnant and up to eight-week postpartum women of all ages. In addition, as needed, Post op Gyn/medical services.</p> <p>Nursery – Level one nursery with ability to flex to care for NAS newborns.</p>	<p>Patients are cared for by a team approach in Labor and Delivery. The physicians, CRNA’s, pediatricians, OB techs and nurses work together to ensure comprehensive and safe patient care.</p> <p>Newborn nursery is staffed when a newborn requires special care. Diagnoses include: Newborn Abstinence Syndrome, Hypoglycemia, Hyperbilirubinemia.</p> <p>WWBC manages low and high- risk pregnancies – preterm labor, Magnesium Sulfate therapy, Pregnancy induced hypertension (PIH) and substance abuse.</p> <p>We stabilize and transfer patients when higher level of care is needed.</p> <p>We perform approximately 780 deliveries a year and assess approximately 950 triage patients annually. All pregnant patients are triaged in L&D for multiple complaints.</p>	<ul style="list-style-type: none"> • 14 bed Labor Delivery Recovery Post- Partum • 2 OR’s • 3 triage rooms • Newborn nursery – 6 bed capacity <p><u>The following items are available in rooms:</u></p> <ul style="list-style-type: none"> • Medical gases • Neonatal resuscitation equipment and PANDA warmers • L&D supplies • Computer • Fetal monitoring equipment • IV pumps <p><u>The following equipment is available in unit (not all inclusive):</u></p> <ul style="list-style-type: none"> • Centralized fetal monitoring • HUGS Security System • OR equipment • Adult code carts, AED • Newborn resuscitation equipment • Difficult intubation cart • Glide Scope • OB Hemorrhage cart • Malignant Hyperthermia cart • Surgicount • Accu Vein • Bilirubin lights • Marti Interpreter device 	<p>L&D is staffed on projected census, acuity, experience and competency level in keeping with staff/patient ratio as per guidelines published by AWOHNN and ACOG. The charge RN in collaboration with the nurse manager, lead the unit daily to make appropriate patient assignments to ensure patient safety and good outcomes for mothers and babies.</p> <p>RN and OB Tech shift times: 0600 – 1830 and 1800 – 0630</p> <p>Core staffing per shift is: 3 RNs (including charge nurse) and 1 OB Tech.</p> <p><u>Breaks and Lunches:</u> Breaks and lunches are offered within state requirements. Nurses hand off patient care and are provided uninterrupted meal periods.</p> <p><u>Planned/Unplanned Leave/High Census:</u> In the short term, planned/unplanned leave/high census is absorbed by core staff, relief staff and mandatory scheduled call.</p> <p><u>Charge Nurse considers the following for all shifts and adjusts throughout shift:</u></p> <ul style="list-style-type: none"> • Skill mix and experience of staff • Availability of inpatient beds for admitted patients • Number of staff on overtime or call-back • Acuity of patients – see AWHONN guidelines; post-op GYN; appropriate medical • Nursery admissions <p><u>Assess staff qualifications:</u></p> <ul style="list-style-type: none"> • Number of new staff/orienteers • Designated Charge Nurse vs relief charge • Clinical experience – labor trained; mother/baby trained; lactation trained <p><u>Effectiveness of assignments:</u></p> <ul style="list-style-type: none"> • Charge nurse will monitor assignments and mentor RNs <p>All staff certified in: BLS; NRP; STABLE Recommended certification in: RNC – OB; Certified Lactation Counselor</p> <p>Professional organization used for reference: AWHONN</p>	<p><u>Non-Clinical Indicators:</u></p> <ul style="list-style-type: none"> • Overtime, including extra shifts and rest less than 10 hours • Vacancies and staff turnover rates • Unscheduled absences <p><u>Clinical Indicators:</u></p> <ul style="list-style-type: none"> • Adherence to established induction criteria • APGAR scores • Newborn acuity • Decision to incision times • Serious safety events • Use of escalation pathways • Patient satisfaction scores • Caregiver engagement scores



Women's Wellness & Birth Center Staffing Matrix				
	Census	Charge RN	RN (inc T)	OB Tech
Core Staffing - Always need 2 L3 labor RN w/ 1 L3 Labor RN on call	0 - 2 M/B or 1 Nsy/NAS or 1 Labor w/no other patient	1	2	1
	1 - 2 Labor w/no risk factors or 3 M/B; 1 labor	1	3	1
	2 Labor; 1-3 M/B or 1 Labor; 6 M/B	1	4	2
Scheduled OR Procedure/s	CN to refer to census matrix for RN needs	1		2*
Refer to AWHONN Guidelines; considerations; and high risk info for increased staffing needs				

Considerations	
Labor - risk level/acuity	PP mom - risk level/acuity
Labor - active > 5 cm	Category 2 or 3 Fetal tracing
OBS/Ante - risk level/acuity	Mom/Baby
NAS/Nsy - risk level/acuity	Fetal demise
OB/GYN-MS overflow	
High risk info	
Magnesium Sulfate	Diabetes
TOLAC	Morbid Obesity
OSA monitoring	Postpartum hemorrhage
Post-resuscitation care	

- * All staffing decisions at **Charge Nurse discretion**
- * Day shift will staff 2 OB Techs according to above matrix
- * Night shift will always staff 1 OB Tech
- * Second OB Tech to be low censused after procedure completed according to census needs

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