

2023 Staffing Plan Overview

Department: 1st Surgical, St Francis Hospital

Date Updated: January 2023

Author: Kristin Jarangue

Lauren Ales

Lorena Burcheci

Nursing Department Overview

- Average Daily census is 28
- Average number of admits, discharges, and transfers are 15
- Average length of stay equals 3.0 days

Key Quality Indicators

Delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators which are designated with an asterisk*:

- *Patient falls prevalence.
- *Patient falls with injury.
- *Pressure ulcer rate and prevalence
- *Nursing care hours per patient day
- *Skill Mix
- Hospital Acquired Infections
- Medication Error
- Voluntary staff turnover
- RN Education and Certification
- Patient turnover
- Overtime costs
- Agency/ Traveler Usage
- Patient Experience Data

Project Overview Statement- Executive Summary

Staffing Grid for Patient Census

Target Nursing Hours per Patient Day 10.69

Day/Eve Shifts

Census	Charge	RNs	C.N.A.s	HUC
7-14	1	4	1	0
15-23	1	5	2	0
23-25	1	5-6	3	1
26-28	1	7	3	1

Night Shift

Census	Charge	RNs	C.N.A.s	HUC
16-19	1	4	2	0
20-23	1	5	2	0
24-26	1	6	2-3	0
27-28	1	7	3	0

Overflow Unit 2nd Floor

Day/Eve Shifts

Census	Lead	RNs	C.N.A.s
2	1	0	0-1*
3	1	0	1
4	1	0	1
5	1	1	0
6	1	1	1
7	1	1	1
8	1	1	1
9-12	1	2	2

- * If MBU is closed or has no HUC, staff overflow unit with a CNA for safety

Night Shift

Census	Lead	RNs	C.N.A.s
2	1	0	0-1*
3	1	0	1
4	1	0	1
5	1	1	0
6	1	1	1
7	1	1	1
8	1	1	1
9-12	1	2	2

- * If MBU is closed or has no HUC, staff overflow unit with a CNA for safety

Above Staffing Plan Contingent Upon the Following Supports/Considerations

- We are staffed 20% above core to account for LOA, Sick calls, Family emergencies and PTO.
- If the unit does not have enough staff to support safe patient care, we will use our Clinical Supervisor as Charge Nurse Support and qualified staff from other disciplines such as IV therapy.
- 1st Surgical RNs start their own peripheral IV lines and change central line dressings. A SWAT Nurse or Trained IV therapist assists floor nurses in placing difficult peripheral IVs, placing/monitoring PICC lines, and accessing Ports.
- ER Transition nurses assist in admitting patients prior to their arrival on an inpatient unit
- Critical Care and SWAT supports Rapid Response/ Code Blue throughout the hospital.
- Health Unit Coordinator (HUC), Transporters provide auxiliary support to ensure safe patient care.
- Occupation, Physical and Speech Therapy provide assistance as needed and ordered

Overflow Unit 2nd Floor

- The Mother Baby Unit provides HUC support to overflow patients and staff on the 2nd floor.

Which Situations Require Staffing Variation?

- Heavy surgery schedule/high number of incoming post-op patients
- High acuity of patients where safety would be of great concern without extra support such as confused patients or patients on restraints requiring frequent checks
- Patients requiring a 1:1 sitter
- High number of isolation patients
- High number of admissions/ discharges during the shift > than 8
- Full capacity
- High number of 1:1's needing break coverage
- High acuity or heavy care patients
- High number of patients on complex treatments and medication regimen
- The Orientation and Residency program follows a married state preceptor model limiting the number of patients both preceptor and orientee can take at a time to support successful learning and onboarding objectives.

Meals and Breaks

- 1st Surgical has implemented the use of care teams, made up of 2 RNs and a CNA. A care team will cover each other's patients during meal breaks.
- Charge nurses to check in with staff to ensure breaks are taken and provide support as needed.

Chain of Command Decision Tree

Process for Staffing Variation

- Staffing and patient census are continually evaluated throughout the shift. The hospital supervisor, managers, clinical supervisors, charge nurses huddle at designated times during the day to address staffing needs.
- If the unit is short staffed, the clinical supervisor plays an active role in filling the gaps by putting out communications to staff for availability to work. Clinical Supervisor coordinates with both House Supervisor and the Staffing Office in this process.
- Charge nurses to notify the staffing office or hospital supervisor of immediate needs.

Annual Nurse Staff Survey

- Staff are encouraged to fill out a staffing concern form for any staffing or safety issues identified.
- Reported concerns are addressed during staff meetings, via email and/or at staff huddles for interventions.
- MyVoice, Performance Culture Assessment, completed annually by staff.

Committee Recommendations:

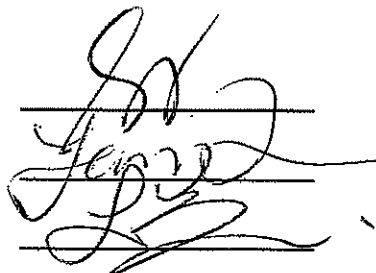
APPROVALS

Prepared and Approved by:

Kristin Jarangue, Clinical Manager

Lauren Ales, Clinical Supervisor

Lorena Burcheci, RN



Next review date: May 2023

2023 Staffing Plan Overview

Department : 3rd Medical Unit
Date Updated : January 2023
Author : Cathy Hanson, Andrea Cramer

Nursing Department Overview																													
<ul style="list-style-type: none"> Average Daily census 26 Average number of daily admits/discharges/transfers 15 Average length of stay 3.5 days 																													
Key Quality Indicators																													
<p>Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators which are designated with an asterisk*:</p> <ul style="list-style-type: none"> *Patient falls prevalence *Patient falls with injury *Pressure ulcer rate/prevalence *Nursing care hours per patient day *Skill Mix Medication errors Staff turnover/orientation costs Overtime costs / end of shift overtime Agency/ Traveler Usage Patient Satisfaction Data Employee Satisfaction (PCA – annually) Data from professional organizations 																													
Staffing Grid for Patient Census Target Nursing Hours per Patient Day 10.69																													
<p>Insert developed staffing grid for varying levels of patient census or attach to this document</p> <p>Day Shift</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Census</th> <th>Charge</th> <th>RNs</th> <th>C.N.As</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>16-19</td> <td>1</td> <td>4</td> <td>2</td> <td>0</td> </tr> <tr> <td>20-23</td> <td>1</td> <td>5</td> <td>2</td> <td>0</td> </tr> <tr> <td>24-26</td> <td>1</td> <td>6</td> <td>3</td> <td>1</td> </tr> <tr> <td>27-28</td> <td>1</td> <td>7</td> <td>3</td> <td>1</td> </tr> </tbody> </table>					Census	Charge	RNs	C.N.As	Other	16-19	1	4	2	0	20-23	1	5	2	0	24-26	1	6	3	1	27-28	1	7	3	1
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Staffing Grid for Patient Census Target Nursing Hours per Patient Day 10.98

Night Shift

Census	Charge	RNs	C.N.As	Other
16-19	1	4	2	0
20-23	1	5	2	0
24-26	1	6	2	0
27-28	1	7	3	0

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Supports that our unit receives from other units/departments or provides to other units and departments that impact staffing.

- IV Therapy department to place and monitor PICC lines; 3rd Medical RN staff start their own peripheral IV lines
- Respiratory therapy supports more complex pulmonary issues not covered by an RN
- Physical, Occupational and Speech Therapy staff support our patient population
- The Critical Care Unit supports Rapid Response/Code Blue throughout hospital

Which Situations Require Staffing Variation?

Use this section to describe legitimate situations where additional staff are required to provide safe patient care

- High Acuity patients
- 1:1 patients
- Increased number of isolation patients
- Some mental health patients who may require additional hours of care
- Orientation of new nurses
- Full Capacity
- High number of heavy care patients
- High number of patients with complex treatments

Meals and Breaks

- 3rd Medical Unit uses a care team model of 2 RN staff and 1 C.N.A. for every 10 patients. Care team members cover for each other for meals and breaks.
- Charge RN to check in with nursing staff to ensure they are getting their breaks.

Survey information from, local, Regional, & National levels are shared with the Nursing Teams at varying venues and audiences for planning unit staffing (i.e. Quality; employee/patient satisfaction; HCAHPS; Culture of Safety surveys, etc.).

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

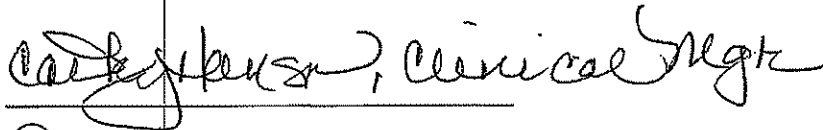
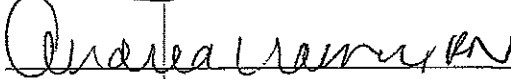
- Staffing and patient census is looked at on a continual basis throughout the day. The hospital supervisor, managers, clinical supervisors, charge nurses and staffing office meet at designated times throughout the day for updates on staffing needs. If the unit is understaffed, the staffing office (or hospital supervisor on weekends or after hours) will put out calls/texts/emails asking for available people to work.
- It is the responsibility of the charge nurse to notify the staffing office or hospital supervisor of immediate staffing needs.

Committee Recommendations:

APPROVALS

Prepared By CATHY HANSON, RN, CLINICAL MANAGER
ANDREA CRAMER, RN

Approved By

Next Review Date JUNE 2023

2023 Staffing Plan Overview

Department: SFH Cath/IR/Vascular Lab

Date Updated: Jan 1, 2023

Author: Cynthia Tran, RN; James Johnson, RN

Nursing Department Overview	
<p>Description of the types of patients served in this nursing unit: inpatients/ outpatients requiring cardiac services (left heart catheterization with or without intervention; right heart catheterization; temporary or permanent pacemaker; loop recorder implant; TEE; cardioversion; pericardiocentesis), vascular services (aortogram; lower extremity angiogram with or without intervention; thrombolytic therapy/ infusion catheter; fistula repair), or interventional radiology services (central line placement; tube/drain placement such as gastrostomy, nephrostomy, suprapubic catheter; IVC filter; embolization; vertebroplasty; imaging guided biopsies such as lung, liver, bone)</p> <ul style="list-style-type: none">• Average Daily census – 8 to10 procedures per work day (inpatient/ outpatient) encompassing cardiac/ IR/ vascular cases• Average number of admits/discharges/transfers – 10• Average length of stay – 6 hours (admission/ procedure/recovery)	
Key Quality Indicators	
<p>Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators which are designated with an asterisk*:</p> <ul style="list-style-type: none">• *Patient falls prevalence• *Patient falls with injury• *Pressure ulcer rate/ prevalence• *Nursing care hours per patient day• *Skill Mix: RN/ Cardiovascular technologist/ Radiology technologist• Medication errors• Staff turnover/orientation costs• Overtime costs / end of shift overtime / missed breaks incidental overtime• Agency/ Traveler Usage• Data from professional organizations	
Staffing Grid for Patient Census	Target Nursing Hours per Patient Day__
<p>Insert developed staffing grid for varying levels of patient census or attach to this document</p>	
<p>Day Shift: 0600-1830 (admit/recovery staff) 0700-1730 (procedure room staff)</p>	

Census	Charge	RNs	CAs	CVT/RT
8-10	1 RN	2 RNs procedure	0	4
		2 RNs Admit/Recovery		

Evening Shift – call team: 3 staff (1 RN plus 1 Tech and 1 either RN or Tech)

Census	Charge	RNs	CAs	CVT/IRT
0	0	1 or 2 on-call	0	1 or 2 on-call

Night Shift- continued coverage by call team

Census	Charge	RNs	CAs	Other
0	0	1 or 2 on-call	0	1 or 2 on-call

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Use this area to list other supports that your unit either receives from other units/departments or provides to other units and departments that impact staffing.

- Support diagnostic imaging (CT/ Ultrasound/ X ray/Nuclear Med/ECHO) requiring nurse &/or technologist for specific tasks to include conscious sedation/ procedural sedation; ultrasound guided IV start; bubble study; albumin infusion
- Transport of inpatients (ICU/PCU level) pre/ post procedure
- Pre-admission phone calls to all scheduled outpatients
- Stage inpatients awaiting procedure/ house inpatients awaiting bed
- Interfacility transfer of IABP (intra-aortic balloon pump) patient by cath lab RN (1:1 care)
- Support bedside IR cases throughout hospital
- "Same Day Discharge" for PCIs (Percutaneous Coronary Intervention)- lengthened recovery time (spared inpatient bed)
- Support from the following departments: cardiopulmonary, SWAT (resource nurse), hospital transporter, EVS (environmental service)
- Planned leaves or vacations must be requested in writing to manager at least 30 days prior to leave. Manager fills vacancy with either nurse or tech, as appropriate, based on staff availability, weekly hours worked (scheduled and call time), overtime, etc. Only 1 vacation request per discipline (nurse or tech) is approved at any given time (scheduled leave of 2 nurses, for example, cannot coincide or overlap). Unplanned leaves are covered by staff that have a scheduled day off, first by volunteer basis then by mandate of manager. Per diem staff may be assigned in either Admit/ Recovery or Procedure room. Charge nurse may substitute as procedure nurse. Manager may substitute as technologist.

Which Situations Require Staffing Variation?

Use this section to describe legitimate situations where additional staff are required to provide safe patient care

- Call team of three staff to provide after-hour/ weekend services

Chain of Command/ Staffing Decision Tree

Meals and Breaks

- Use this section to describe what the meal and break strategies are for your area and how you measure if they are working.
- 30- minute and 15- minute breaks are scheduled according to policy for 10-hour shift (procedure room staff) as well as 12- shift (recovery room staff)
- Breaks are planned during daily safety huddle- attended each morning by on-site manager, charge nurse, RNs, and technologists
- Breaks are planned in between scheduled cases and may require adjustment for “add on cases”
- Procedure staff will rotate out or “scrub out” for breaks- particularly during prolonged cases- and “scrub in” after break
- Procedure “room 1” staff may provide breaks for “room 2” staff, vice versa, as cases are completed
- Recovery area staff are relieved for breaks by procedure room staff, charge or manager
- Break “buddy” may be assigned at onset of shift by charge nurse
- Charge nurse provides relief of staff if assigned break “buddy” becomes unavailable
- Staff document “CMD” (CANCEL MEAL DEDUCTION) if relief options exhausted- breaks not taken

Annual Nurse Staff Survey

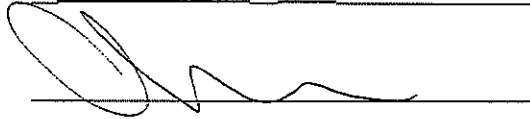
- Survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail)
- Process Improvement work completed on issues identified?
- What was the results/plan of action?

Committee Recommendations:

APPROVALS

Prepared By CYNTHIA TRAN, RN / JAMES JOHNSON, RN

Approved By Christine Stevens RCIS



A handwritten signature in black ink, appearing to read 'Christine Stevens', is written over a horizontal line. The signature is cursive and somewhat stylized.

Next Review Date May 2023

2023 Staffing Plan Overview

Department: Franciscan Endoscopy Center – Federal Way

Effective Date: January 1, 2023

Authors/Reviewers: Casandra Downey–Market Director, Jennifer Lawrence -Manager
Amber Randall-Charge Nurse

Nursing Department Overview

Franciscan Endoscopy Center – Federal Way (FEC-FW) is an outpatient department of St Francis Hospital that provides outpatient Gastroenterology (GI) procedures for patients in the South King County area.

The facility has two (2) procedure rooms and eight (8) admit/recovery bays. The gastroenterologists perform both diagnostic and therapeutic colonoscopy and esophagogastroduodenoscopy (EGD) at this facility. This facility also performs manometry studies and Fibroscan Procedures in the second procedure room.

● Average number of admits/discharges: Procedures are scheduled for 30 minutes. Each procedure room can accommodate up to 22 patients per day.

● Average length of stay: 2 hours

● Hours of operation: Monday-Friday, 0600-1800

Key Quality Indicators

Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators which are designated with an asterisk*:

- *Patient falls prevalence
- *Patient falls with injury
- *Pressure ulcer rate/prevalence
- *Nursing care hours per unit of service
- *Skill Mix
- Medication errors
- Staff turnover/orientation costs
- Overtime costs / end of shift overtime / missed breaks
- Productivity
- Patient Satisfaction Data
- Data from professional organizations (SGNA, ASGE)
- Employee satisfaction scores

Staffing Grid

Target Nursing Hours per Procedure = 3.0452

Staffing is determined on the number of procedure rooms in operation.

- The endoscopy center requires an admit nurse (LPN/RN), procedure nurse (RN), procedure assistant (LPN/Endo Tech/RN), and recovery nurse (RN).
- One additional Endo Tech is scheduled to perform cleaning and high-level disinfection of endoscopes.
- A float nurse is scheduled for break coverage.

Certifications:

- All staff maintain BLS certification.
- All physicians and RNs maintain BLS and ACLS certification.

There is one manager that oversees the outpatient endoscopy centers and a department support assistant who is responsible for charge entry and inventory management.

Day Shift

Number of procedure room	RNs	LPNs	Endo Techs	Other
Procedure Room 1	3 RNs	1 LPN (or RN)	2 Endo Techs	Endoscopy
Procedure Room 2	1 RN			Special procedures

Evening Shift – N/A

Night Shift – N/A

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Support received from other units/departments or provides to other units and departments that impact staffing.

- Staff for this endoscopy center can also provide staffing coverage to Franciscan Endoscopy Center – Tacoma and Franciscan Endoscopy Center – Gig Harbor.
- This department cannot be staffed by other resources from the hospital due to skill and ability requirements.

Which Situations Require Staffing Variation?

Use this section to describe legitimate situations where additional staff are required to provide safe patient care.

- none

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

Manager will:

- Review of procedure schedule daily to determine staffing needs
- Flex shift times up or down depending on procedure schedule
- Provide additional assistance when staffing shortage exists


Meals and Breaks

- Procedure schedules are designed to allow for meal breaks between the AM and PM procedure sessions. (AM session = 0700-1130, PM session – 1230-1700)
- Float nurse is available to provide breaks for staff who are unable to break themselves.
- If a float nurse and/or manager are not available to break staff for their meal or break, they are to record this on the edit log.


Planned and Unplanned Leave
Coverage for planned and unplanned leave will be provided by: <ul style="list-style-type: none">● Utilizing per diem staff and part time staff who wish to work above their FTE
Annual Nurse Staff Survey
<ul style="list-style-type: none">● Survey results are shared with staff during staff meetings.● Staff are asked for their top 3 areas of concern/most urgent needs to focus on in the coming year.● Leadership and staff will collaboratively develop action plans for how to address the top 3 concerns.● Action plans to be shared with staff at staff meetings.

Committee Recommendations:

APPROVALS

Approved By  _____, Clinical Manager – Endoscopy Services

 _____, Staff Member, Franciscan Endoscopy

Approved By  _____, Market Director – Digestive Services

Approved By _____, Staffing Committee Representative

Next Review Date: May 2023

2023 Staffing Plan Overview

Department: Franciscan Endoscopy Center – Gig Harbor

Effective Date: January 1, 2023

Authors/Reviewers: Casandra Downey–Market Director, Jennifer Lawrence-Manager, Ryan Johnson-Charge Nurse

Nursing Department Overview

Franciscan Endoscopy Center – Gig Harbor (FEC-GH) is an outpatient department of St Francis Hospital that provides outpatient Gastroenterology (GI) procedures for patients in the South Puget Sound and Kitsap/Olympic Peninsula area.

The facility has one (1) procedure room and five (5) admit/recovery bays. The gastroenterologists perform both diagnostic and therapeutic colonoscopy and esophagogastroduodenoscopy (EGD) at this facility.

- Average number of admits/discharges: Procedures are scheduled for 30 minutes. The procedure room can accommodate up to 22 patients per day.
- Average length of stay: 2 hours from check-in to discharge
- Hours of operation: Monday-Friday, 0600-1800

Key Quality Indicators

Use this section for a delineation of what constitutes “safe” nursing care on this unit including but not limited to the five approved state indicators which are designated with an asterisk*:

- *Patient falls prevalence
- *Patient falls with injury
- *Pressure ulcer rate/prevalence
- *Nursing care hours per unit of service
- *Skill Mix
- Medication errors
- Staff turnover/orientation costs
- Overtime costs / end of shift overtime / missed breaks
- Productivity
- Patient Satisfaction Data
- Data from professional organizations (SGNA, ASGE)
- Employee satisfaction (PCA-annually)

Staffing Grid

Target Nursing Hours per Procedure = 3.0842

Staffing is determined on the number of procedure room in operation.

- The endoscopy center requires an admit nurse (LPN/RN), procedure nurse (RN), procedure assistant (LPN/Endo Tech), and recovery nurse (RN).
- One additional Endo Tech is scheduled to perform cleaning and high-level disinfection of endoscopes.
- A float nurse is scheduled for break coverage.

Certifications:

- All staff maintain BLS certification.
- All physicians and RNs maintain BLS and ACLS certification.

There is one manager that oversees the outpatient endoscopy centers and a department support assistant who is responsible for charge entry and inventory management.

Day Shift

Number of procedure rooms	RNs	LPNs	Endo Techs	Other
1	3 RNs	1 LPN (or RN)	2 Endo Techs	

Evening Shift – N/A

Night Shift – N/A

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Support received from other units/departments or provides to other units and departments that impact staffing.

- Staff for this endoscopy center can also provide staffing coverage to Franciscan Endoscopy Center - Tacoma and Franciscan Endoscopy Center – Federal Way.
- This department cannot be staffed by other resources from the hospital due to skill and ability requirements.

Which Situations Require Staffing Variation?

Use this section to describe legitimate situations where additional staff are required to provide safe patient care.

- none

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

Manager will:

- Review of procedure schedule daily to determine staffing needs
- Flex shift times up or down depending on procedure schedule
- Provide additional assistance when staffing shortage exists


Meals and Breaks

- Procedure schedules are designed to allow for meal breaks between the AM and PM procedure sessions. (AM session = 0700-1130, PM session – 1230-1700)
- Float nurse is available to provide breaks for staff who are unable to break themselves.

<ul style="list-style-type: none">• If a float nurse and/or manager are not available to break staff for their meal or break, they are to record this on the edit log.
Planned and Unplanned Leave
Coverage for planned and unplanned leave will be provided by: <ul style="list-style-type: none">• Utilizing per diem staff and part time staff who wish to work above their FTE
Annual Nurse Staff Survey
<ul style="list-style-type: none">• Survey results are shared with staff during staff meetings.• Staff are asked for their top 3 areas of concern/most urgent needs to focus on in the coming year.• Leadership and staff will collaboratively develop action plans for how to address the top 3 concerns.• Action plans to be shared with staff at staff meetings.

Committee Recommendations:

APPROVALS

Approved By  _____, Clinical Manager – Endoscopy Services

 _____, Staff Member, Franciscan Endoscopy

Approved By  _____, Market Director – Digestive Services

Approved By _____, Staffing Committee Representative

Next Review Date: May 2023

2023 Staffing Plan Overview

Department: Franciscan Endoscopy Center - Tacoma

Effective Date: January 1, 2023

Authors/Reviewers: Casandra Downey–Market Director, Jennifer Lawrence-Manager, Amber Randall-Charge Nurse

Nursing Department Overview

Franciscan Endoscopy Center – Tacoma (FEC-T) is an outpatient department of St Francis Hospital that provides outpatient Gastroenterology (GI) procedures for patients in the South Puget Sound area.

The facility has three (3) procedure rooms and twelve (12) admit/recovery bays. The gastroenterologists perform both diagnostic and therapeutic colonoscopy and esophagogastroduodenoscopy (EGD) at this facility.

- Average number of admits/discharges: Procedures are scheduled for 30 minutes. Each procedure room can accommodate up to 22 patients per day.
- Average length of stay: 2 hours from check-in to discharge
- Hours of operation: Monday-Friday, 0600-1800

Key Quality Indicators

Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators which are designated with an asterisk*:

- *Patient falls prevalence
- *Patient falls with injury
- *Pressure ulcer rate/prevalence
- *Nursing care hours per unit of service
- *Skill Mix
- Medication errors
- Staff turnover/orientation costs
- Overtime costs / end of shift overtime / missed breaks
- Productivity
- Patient Satisfaction Data
- Data from professional organizations (SGNA, ASGE)
- Employee satisfaction scores

Staffing Grid Target Nursing Hours per Procedure = 3.0837

Staffing is determined on the number of procedure rooms in operation.

- Each room requires an admit nurse (LPN/RN), procedure nurse (RN), procedure assistant (LPN/Endo Tech/RN), and recovery nurse (RN).
- Two additional Endo Techs are scheduled to perform cleaning and high-level disinfection of endoscopes.
- A float nurse is scheduled for break coverage.

Certifications:

- All staff maintain BLS certification.
- All physicians and RNs maintain BLS and ACLS certification.

There is one manager that oversees the outpatient endoscopy centers and a department support assistant who is responsible for charge entry and inventory management.

Day Shift

Procedure Room	RNs	LPNs	Endo Techs	Other
#1	3 RNs	1 LPN (or RN)	2 Endo Techs	
#2	3 RNs	1 LPN (or RN)	2 Endo Techs	
#3	3 RNs	1 LPN (or RN)	1 Endo Tech	

Evening Shift – N/A
Night Shift – N/A

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Support received from other units/departments or provided to other units and departments that impact staffing.

- Staff for this endoscopy center can also provide staffing coverage to Franciscan Endoscopy Center - Gig Harbor and Franciscan Endoscopy Center – Federal Way.
- This department cannot be staffed by other resources from the hospital due to skill and ability requirements.

Which Situations Require Staffing Variation?

Use this section to describe legitimate situations where additional staff are required to provide safe patient care.

- none

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

Manager will:

- Review procedure schedule daily to determine staffing needs
- Flex shift times up or down depending on procedure schedule
- Provide additional assistance when staffing shortage exists

Meals and Breaks


<ul style="list-style-type: none">● Procedure schedules are designed to allow for meal breaks between the AM and PM procedure sessions. (AM session = 0700-1130, PM session – 1230-1700)● Float nurse is available to provide breaks for staff who are unable to break themselves.● If a float nurse and/or manager are not available to break staff for their meal or break, they are to record this on the edit log.
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Coverage for planned and unplanned leave will be provided by: <ul style="list-style-type: none">● Utilizing per diem staff and part time staff who wish to work above their FTE
Annual Nurse Staff Survey
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Committee Recommendations:

APPROVALS

Approved By  _____, Clinical Manager – Endoscopy Services

 _____, Staff Member, Franciscan Endoscopy

Approved By  _____, Market Director – Digestive Services

Approved By _____, Staffing Committee Representative

Next Review Date: May 2023

2023 Staffing Plan Overview

Department: Observation Unit
Date Updated: 1/1/2023
Author: Chantel Arnone, Clinical Manager, Emergency Service
 Halie Flowers, Clinical Supervisor, Observation Unit
 Autumn McVay, Unit Based Council member, staffing representative

Nursing Department Overview				
<p>This unit will serve patients who are "observation" status and are in need of observation or further evaluation/treatment of symptoms.</p> <ul style="list-style-type: none"> • Average Daily Arrivals – 4 • Average length of stay Discharged Patients – 25 hours • Percent of Admits – 15% 				
Key Quality Indicators				
<p>Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators which are designated with an asterisk*:</p> <ul style="list-style-type: none"> • *Patient falls prevalence • *Patient falls with injury • *Pressure ulcer rate/prevalence • *Nursing care hours per patient day • *Skill Mix • Medication errors • Staff turnover • Overtime costs • Agency/ Traveler Usage • Patient Satisfaction Data 				
Staffing Grid for Patient Census		Target Nursing Hours per Patient Day 12.04		
Day Shift 0700-1930				
Census	Charge	RNs	ERTs	Other
<5	1	1	0	
5-6	1	1	0-1	
7-8	1	1-2	0-1	
9-10	1	1-2	0-1	

Night Shift 1900-0730

Census	Charge	RNs	ERTs	Other
<5	1	1	0	
5-6	1	1	0-1	
7-8	1	1-2	0-1	
9-10	1	1-2	0-1	

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Use this area to list other supports that your unit either receives from other units/departments or provides to other units and departments that impact staffing.

- IV Therapy department to place and monitor PICC lines; Observation Unit RN staff start their own peripheral IV lines.
- Respiratory Therapy supports more complex pulmonary issues not covered by a RN
- If the unit does not have enough staff to support safe patient care, we will use qualified staff from other departments
- Critical Care supports Rapid Response/ Code Blue throughout hospital

Which Situations Require Staffing Variation?

- Increased number of isolation patients
- High acuity patients
- Orientation of new nurses
- Full capacity or disaster
- Patients who require 1:1 care/status
- Holding inpatients waiting for admission

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

- Staffing and patient census is looked at on a continual basis throughout the day. The hospital supervisor, managers, charge nurses meet (or call) at throughout the day for updates on staffing needs. If the unit is short staffed, the charge nurse or manager will put out calls/texts/emails asking for available people to work.
- It is the responsibility of the charge nurse to notify the hospital supervisor of immediate needs.

Meals and Breaks

- Care team members cover each other for meals and breaks.
- Charge RN to check in with nursing staff to ensure they are getting their breaks.
- If unable to cover breaks and meals staff will be paid for this time.

Planned and Unplanned Leaves

- The Observation Unit uses per diem employees, overtime, extra shifts to cover leaves. If unable to cover planned and unplanned leaves for an extended period of time travelers would be considered.

Annual Nurse Staff Survey


- Survey information from, local, Regional, & National levels are shared with the Nursing Teams at varying venues and audiences for planning unit staffing (i.e. Quality; employee/patient satisfaction; Press Ganey; Culture of Safety surveys, etc.).

Committee Recommendations:


APPROVALS

Prepared By CHANTEL ARNONE AND MICHELLE CHANEY

Approved By


Chantel Arnone, Manager, Observation Unit


Haile Flowers, Clinical Supervisor, Observation Unit


Autumn McVay, RN, Observation Unit

Next Review Date: May 2023

2023 Staffing Plan

Department: Family Birth Center

Date Updated: December, 2022

Next Review Date: May 2023

Nursing Department Overview

Patients served in this unit include newborns and perinatal patients (antepartum, labor, and postpartum) and clean surgical/medical patients (usually gynecological, bariatric, or spinal surgical patients).

Family Birth Center RNs respond to orders for monitoring/assessments within any area in the hospital that a pregnant patient may be admitted. Special Care Nursery RNs respond to neonatal and pediatric codes within any area of the hospital.

FBC Staff and Providers:

- Obstetricians/Gynecologists
- Certified Nurse Midwives
- Neonatologists
- Neonatal Advanced Practice Practitioners (NNP/APP)
- Pediatricians
- Family Practice Doctors
- RNs specializing in: Labor and Delivery; Level II Special Care Nursery

FBC Support Staff:

- Health Unit Coordinators (HUC's)
- Nursing care assistants (NAC's)
- Surgical Technicians
- Lactation consultants
- Environmental services staff
- Laboratory technicians
- Respiratory therapists
- Dietary staff
- Social Services

FBC Census and Productivity Target:

- Average daily census: 15.5
- Average OB census (inpatients/outpatients): 6.3
- Average nursery daily census: 1.9
- Average number of admits/discharges/transfers: 12.2
- Average length of stay: 1.93 days
- Productivity target (target worked hours per unit): 16.98

Meals and Rest Breaks

- The charge nurse is responsible for facilitating staff breaks, and can cover for staff on breaks
- RNs can cover for each other during rest and meal breaks

Situations that Require Additional Staff to Provide Safe Patient Care

- High acuity patients, including, but not limited to:
 - Post-op patients for the first 24 hours after surgery
 - Isolation patients
 - PPH
 - Patients requiring translation services
 - Patients with severe pre-eclampsia
 - Late preterm newborns
 - Newborns undergoing in-room phototherapy
 - Magnesium therapy
 - Insulin Drips
 - Eat Sleep Console
 - MAT patients
- Lack of support staff on unit
- The following nurse characteristics should also be considered:
 - Level of experience
 - Professional certification
 - Organizational experience

Staffing Decision Tree

- The charge nurse reviews staffing needs and patient census every two hours
- When acuity or census requires additional staff members:
 - The charge nurse will call in any RNs on standby
 - The charge nurse will put out calls/texts asking for available staff to work
 - The charge nurse may take an assignment
 - The charge nurse will notify the manager on call or house supervisor of immediate needs
 - Any elective or non-medically necessary cesarean sections, inductions, and procedures will be delayed until adequate staffing is available

Staffing Grid

The staffing plan for the unit includes 12 hour shifts. A staffing grid is established for patient care, based on an average of 4 deliveries per 24-hour day. Staffing follows the, "Guidelines for Professional Registered Nurse Staffing for Perinatal Units", published by the Association of Women's Health, Obstetrics, and Neonatal Nurses (AWHONN) in 2022, and includes allowance for minimal core staffing during low census.

Staffing is reviewed and adjusted to census every two hours by the charge nurse and documented on the Women's Infant's Staffing tool (WIPS) then sent to the director at midnight. Determination for more staff is based on current census, patient acuity, and competency of available staff as determined by the charge nurse and manager. The charge nurse will follow the Family Birth staffing plan.

Staffing Plan Considerations

- Nurses caring for stable patients on magnesium therapy maintenance doses after delivery will be assigned one additional couplet or one additional woman to care for
- Nurses caring for babies undergoing in-room phototherapy will be assigned one other couplet or woman to care for
- In the situation where the Special Care Nursery is closed due to patient census, at least one RN with Special Care Nursery training will be staffed on the unit, with at least one Special Care Nursery RN available on standby. L&D patient acuity and risk factors will also be put into consideration when determining the number of Special Care Nursery RN's staffed on the unit.
- A minimum of 2 staff members must be assigned to the postpartum unit when the unit is open. When there are 6 patients or fewer, the second staff member may be an RN, NAC, ORT, or HUC (FBC or Surgical)

L&D Staffing Grid (When All Patients are 1:1)

Census	Charge	Labor RNs	Triage RN	ORT	NAC/HUC or Additional RN	Total # of Staff
0-1	1	1	1	1	0	4
2	1	2	1	1	0	5
3	1	3	1	1	1	7
4	1	4	1	1	1	8
5	1	5	1	1	1	9
6	1	6	2	1	1	11
7+	1	7	2	1	1	12

Postpartum Staffing Grid: 0700-1900

Census	RNs	NAC/HUC or Additional RN	Total # of Staff
1-6	1	1	2
7-12	2	1	3
13-18	3	1	4
19-24	4	1	5



Postpartum Staffing Grid 1900-0700

Census	RNs
1-8	1
8-12	2
13-18	3
19-24	4

Newborns

- 1:5 to six neonates requiring only routine care
- 1:4 recently born neonates and those requiring close observation
- 1:3 to 4 neonates requiring continuing care
- 1:2 to 3 neonates requiring intermediate care
- 2:1 for unstable neonates requiring multisystem support
- 2:1 or greater for unstable neonates requiring complex critical care
- If 3 or more neonates in the nursery, consider staffing a NAC
- If 4 or more neonates in the nursery, either a NAC or additional RN is required
- ESC 1:2

Approvals

 Staff Nurse, Teryn Bucsher RN
 Manager FBC, Karen Lydell RN

Approved By: _____
SFH Staffing Committee

2023 Staffing Plan Overview

Department: Intensive Care Unit

Date Updated: January 1, 2023

Author: Rachael Smith & Julie Reynolds

Nursing Department Overview

Description of the types of patients served in this nursing unit,

- Average Daily Census: **15.0 patients**
- Average length of stay: **3.0 (varies each week)**
- Shift times are from 6:00 – 18:30 and 18:00 – 6:30

RNs in the ICU are responsible for directing and coordinating members of the care team, focusing on the provision of individualized quality patient care consistent with organizational standards. Develop patients' plan of care in partnership with physicians, interdisciplinary teams, and patient/family members. This position is responsible for providing care to the patient who is hemodynamically compromised and requires monitoring of multiple systems and/or nursing interventions every one to four hours.

Key Quality Indicators

Use this section for a delineation of what constitutes “safe” nursing care on this unit including but not limited to the five approved state indicators which are designated with an asterisk*:

- Patient falls with injury*
- Patient falls prevalence*
- Pressure ulcer rate and prevalence*
- Nursing care hours per patient day*
- Nursing Skill Set*
- Medication Errors/Incident Reporting- IRIS
- Staff turnover
- Overtime/orientation costs
- Agency and/or Traveler Usage
- Patient Satisfaction
- Performance Culture Assessment- Annually
- Ventilator Bundle
- HAI prevalence including Hospital acquired C.Diff, CAUTI, and CLABSI within department
- Prevalence of Hospital Acquired Pressure Injury within department

Staffing Grid for Patient Census**Target Nursing Hours per Patient Day: 18.181**

[Census	Charge	RNs	HUC
1-2	1	1	0
3-4	1	2	0
5-6	1	3	1
7-8	1	4	1
9-10	1	5	1
11-12*ADC	1	7	1
13-14	1	8	1
15-16	1	9	1

2:1 nurse ratio with 14 total beds in ICU, rooms 27-40. 2 PCU beds, rooms 25 and 26.

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

- Critical care charge nurses and pharmacists respond to any Code Blue and/or Rapid Response throughout the hospital.
- SWAT nurses place PICC and/or central line IVs, peripheral lines started upon request. ICU RNs attempt to start IVs prior to calling the SWAT nurse for help.
- CNA can be requested to help with 1:1 patients as sitter and/or heavy patient care.
- ICU RNs float to PCU and PCU RNs float to ICU to help with staffing needs as necessary
- A critical care pharmacist is available on the floor to help with medication needs and/or questions. Pharmacists monitor and manage IV antibiotics, PPN/TPN, anticoagulation drips, and provide STAT medications when needed.
- Respiratory therapists (RT) work closely with RNs in managing ventilators, drawing arterial blood gases, and completing scheduled breathing treatments. RTs manage airway and ventilation of respiratory dependent patients transferring to and from ICU.
- Care management provides support with discharges, patient placement, discharge appointments and medications, patient transportation, etc.
- Environmental Services provides patient room cleaning and other services
- Lab services available as ordered/needed
- Dialysis treatment performed by contracted staff for all patients cared for by St Francis Staff

Which Situations Require Staffing Variation?

- 1:1 RN monitoring is required for, post cardiac hypothermia patients, rotoprone or manually proned patients, direct OR to ICU admits, sepsis, hemodynamic instability example: >3 titrating vasopressors and transfusions, and Intra-Aortic Balloon Pump management, and post stroke TPA care, and CRRT monitoring
- Orientation and/or preceptorship scheduling (varies with each nurse)
- Inadequate staffing with patient census
- Post procedural sedation at bedside requires 1:1 RN monitoring for 1-2 hours, varies per patient.
- Increased number of isolation patients, 1:1 feeds, frequent turning and oral care, post-procedure vital signs, etc.

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

- Staffing may be adjusted according to acuity of the patient, type and/or skill set of the caregivers, and availability of staff.
- The charge nurse will round on the unit every four hours to assess acuity of the floor and facilitate problem solving with patient care. In addition, the charge RN will communicate the needs of their unit to the House Supervisor and/or Manager at the morning and evening meetings.
- Patient assignments are made to provide appropriate and quality care for each patient.
- Staffing changes are based on staffing concerns, patient acuity, and procedures.
- Extra shifts are available for staff through the care value system and are approved by the staffing office or manager.
- Unexpected leaves and absences are managed by staffing department to 20% above core needs for the department's average daily census
- Disaster planning includes areas of where to expand ICU capacity to PCU, utilization of cross trained staff, crisis staffing implementation and standards, and utilization of disaster planning model for assigning. This includes both team nursing, ratio adjustment, and use of staff that have participated in cross training program.

Meals and Breaks

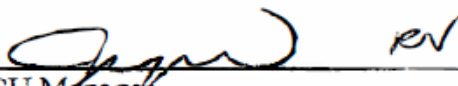
- Staff are provided breaks and two 30-minute breaks and 3 15 minute breaks throughout each 12-hour shift.
- Currently using the break partner assignment that is planned and coordinated by charge RN each shift with break schedule template.
- Charge nurse is to check in with the floor RNs to ensure they are getting their breaks and if not, how they can help to ensure breaks.

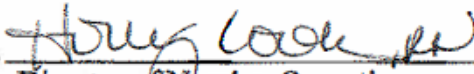
Annual Nurse Staff Survey

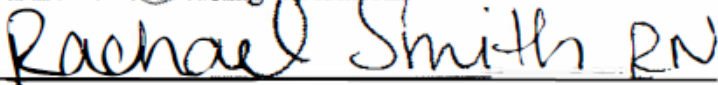
- Any identified concerns are addressed at staff meetings, via email and/or at staff huddles to make improvements.
- Performance Culture Assessment (PCA) completed annually by nursing staff.
- Equipment needs are addressed and ordered for the unit as needed. Staff are encouraged to submit work orders and notify management in a timely manner of equipment needs.

Approvals

Approved By:


ICU Manager


Director of Nursing Operations


Department Staffing Committee Representative

Next review date May 2023

2023 Staffing Plan Overview

Department: Observation Unit
Date Updated: 1/1/2023
Author: Chantel Arnone, Clinical Manager, Emergency Service
 Halie Flowers, Clinical Supervisor, Observation Unit
 Autumn McVay, Unit Based Council member, staffing representative

Nursing Department Overview				
<p>This unit will serve patients who are "observation" status and are in need of observation or further evaluation/treatment of symptoms.</p> <ul style="list-style-type: none"> • Average Daily Arrivals – 4 • Average length of stay Discharged Patients – 25 hours • Percent of Admits – 15% 				
Key Quality Indicators				
<p>Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators which are designated with an asterisk*:</p> <ul style="list-style-type: none"> • *Patient falls prevalence • *Patient falls with injury • *Pressure ulcer rate/prevalence • *Nursing care hours per patient day • *Skill Mix • Medication errors • Staff turnover • Overtime costs • Agency/ Traveler Usage • Patient Satisfaction Data 				
Staffing Grid for Patient Census		Target Nursing Hours per Patient Day 12.04		
Day Shift 0700-1930				
Census	Charge	RNs	ERTs	Other
<5	1	1	0	
5-6	1	1	0-1	
7-8	1	1-2	0-1	
9-10	1	1-2	0-1	

Night Shift 1900-0730

Census	Charge	RNs	ERTs	Other
<5	1	1	0	
5-6	1	1	0-1	
7-8	1	1-2	0-1	
9-10	1	1-2	0-1	

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Use this area to list other supports that your unit either receives from other units/departments or provides to other units and departments that impact staffing.

- IV Therapy department to place and monitor PICC lines; Observation Unit RN staff start their own peripheral IV lines.
- Respiratory Therapy supports more complex pulmonary issues not covered by a RN
- If the unit does not have enough staff to support safe patient care, we will use qualified staff from other departments
- Critical Care supports Rapid Response/ Code Blue throughout hospital

Which Situations Require Staffing Variation?

- Increased number of isolation patients
- High acuity patients
- Orientation of new nurses
- Full capacity or disaster
- Patients who require 1:1 care/status
- Holding inpatients waiting for admission

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

- Staffing and patient census is looked at on a continual basis throughout the day. The hospital supervisor, managers, charge nurses meet (or call) at throughout the day for updates on staffing needs. If the unit is short staffed, the charge nurse or manager will put out calls/texts/emails asking for available people to work.
- It is the responsibility of the charge nurse to notify the hospital supervisor of immediate needs.

Meals and Breaks

- Care team members cover each other for meals and breaks.
- Charge RN to check in with nursing staff to ensure they are getting their breaks.
- If unable to cover breaks and meals staff will be paid for this time.

Planned and Unplanned Leaves

- The Observation Unit uses per diem employees, overtime, extra shifts to cover leaves. If unable to cover planned and unplanned leaves for an extended period of time travelers would be considered.

Annual Nurse Staff Survey


- Survey information from, local, Regional, & National levels are shared with the Nursing Teams at varying venues and audiences for planning unit staffing (i.e. Quality; employee/patient satisfaction; Press Ganey; Culture of Safety surveys, etc.).

Committee Recommendations:


APPROVALS

Prepared By CHANTEL ARNONE AND MICHELLE CHANEY

Approved By


Chantel Arnone, Manager, Observation Unit


Haile Flowers, Clinical Supervisor, Observation Unit


Autumn McVay, RN, Observation Unit

Next Review Date: May 2023

2023 Staffing Plan Overview

Department: SFH Outpatient Oncology Care Clinic

Date Updated: 1/1/2023

Author: Lori McArdle, Manager and Suzanne Martin Charge RN

Nursing Department Overview

Description of the types of patients served in this nursing unit,

- Average Daily census = 16-23 patients/day
- Clinic Hours 0800-1630
- Average length of stay = 30 minutes to 7 hours
- Services include administration of chemotherapy, antibiotics, biologics/immunologics, bisphosphonates, electrolyte replacement, blood and blood product transfusion, Migrain protocols, Darbepoetin alfa, Denusomab, hydration, Iron infusions, Lasix, IVIG, SQ and IM injections, therapeutic phlebotomy, patient teaching and education, vaccination.
- Serving patients age 14 and up and weighing at least 100 pounds.

Key Quality Indicators

Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators which are designated with an asterisk*:

- *Patient falls prevalence
- *Patient falls with injury
- *Nursing care hours per patient day
- *Skill Mix
- Medication errors
- Staff turnover/orientation costs
- Overtime costs / end of shift overtime / missed breaks incidental overtime
- Agency/ Traveler Usage
- Patient Satisfaction Data
- Data from Oncology Nursing Society
- Staff satisfaction assessment annually
- *HCAHPS

Staffing Grid for Patient Census

Target Nursing Hours per Patient Day 1.68

Day Shift

Census	Charge	RNs	PAR	C.N.A-HUC
Up to 14 pts	1	1 Review for reduction	1	0
15-17 Acuity Dependent	1 Takes 6-7 patients	2 RN 7- 8 pts. Acuity dependent	1 PAR	1 review for reduction
18 -23+ Acuity Dependent	1 Takes 5 patients	3 RN's take approx 7 pts, acuity dependent. Then review for potential reduction	1 PAR	1

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Use this area to list other supports that your unit either receives from other units/departments or provides to other units and departments that impact staffing.

- Patient Service Representative 0800-1630 Monday through Friday, no holidays
- Centralized Pharmacist and SFH Pharmacy for medication preparation
- Laboratory Services
- Diagnostic Imaging
- Environmental Services
- Dietary Services
- Central supply

Which Situations Require Staffing Variation?

Use this section to describe legitimate situations where additional staff are required to provide safe patient care

- New Patient with High Alert Medication requiring frequent monitoring
- Treatment cancellation, patient reschedule or no show
- Sick employee or sick family member
- Pt acuity other than expected ie; hypersensitivity or blood reaction. Plans that require monitoring after medi is complete.
- Level of experience and specialty is considered when making assignments

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

- The charge nurse reviews the schedule the day before to determine appropriate staffing levels.
- Charge nurse evaluates the volume and staffing throughout the day and will flex up or down staffing depending on patient volume and acuity
- Employees that will not be able to come to work notify the manager at least two hours prior to the start of shift.
- The manager/charge nurse are notified when staffing shortages exist and every attempt is made to ensure staffing does not affect the care of the patients. Efforts may include calling other staff to come in, checking for agency staff to come in.
- Schedule may be adjusted if the department is not able to accommodate the volume due to a low staffing level
- Planned leave is requested by staff and approved by the manager according to the needs of the clinic. Every attempt is made to cover and approve the requested time off if the schedule is not already posted. If the schedule is already posted, staff are required to find their own coverage for time off.
- When unplanned time off occurs, every attempt is made to ensure staffing does not affect the care of the patients. Efforts may include calling other staff to come in, checking for agency staff to come in. Patient schedule may need to be adjusted.

Meals and Breaks
<p>Use this section to describe what the meal and break strategies are for your area and how you measure if they are working.</p> <ul style="list-style-type: none">• Staff are provided breaks and lunches as required and are encouraged to do so after safely handing off their patients to another RN.• Charge nurse assigns mealtime and breaks for nurses. Charge nurse covers for break• No appts made between 12 pm and 1 pm to allow charge RN to cover staff for lunch.• If staffing does not allow for breaks and/or lunches, the manager will provide back-up, or the employee will be paid for their missed break.
Unit Layout considerations
<p>Use this section to describe what the effects of the layout of the unit are on patient care.</p> <ul style="list-style-type: none">• The clinic is in separate building from hospital laboratory and pharmacy requiring trips back and forth to pick up medications, blood and drop off labs.• Environmental services must be called to come to building if needed, otherwise cleaned only at the end of the workday.• Patient meals must be delivered from hospital building
Annual Nurse Staff Survey
<ul style="list-style-type: none">• Are survey results reviewed with staff? What format was used? (staff meetings, shift huddles, e-mail) Staff meetings and huddles• Process Improvement work completed on issues identified?<ol style="list-style-type: none">1. Safe and secure environment, PPE2. Competence of dept, Filling FTE's• What were the results/plan of action? Safe environment: COVID19 precautions and PPE implemented. Competency: 100% of FTE RN are credentialed in their specialty. Fire day, Fire training, earthquake and evacuation drills completed by staff.

Committee Recommendations:

APPROVALS

Prepared By Lori McArdle Manager, Clinical Services 

Approved By HONG COOK, Director of Nursing Operations

Staff Approver Suzanne Martin Relief Charge RN 

Next Review June 1, 2023

Date

Patients	Charge RN	Nurses	PSR	C.N.A

2023 Staffing Plan Overview

Department: Progressive Care Unit

Date Updated: December 2022

Author: Carrie Beyke

Nursing Department Overview

Description of the types of patients served in this nursing unit

- Average Daily Census: **22.63 patients**
- Average length of stay: **2.81 (varies each week)**
- Shift times are from 6:00 – 18:30 and 18:00 – 6:30

RNs in the PCU are responsible for directing and coordinating members of the care team, focusing on the provision of individualized quality patient care consistent with organizational standards. Develops patients' plan of care in partnership with physicians, interdisciplinary teams, and patient/family members. This position is responsible for providing care to the patient who is hemodynamically compromised and requires monitoring of multiple systems and/or nursing interventions every four hours.

Key Quality Indicators

Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators which are designated with an asterisk*:

- Patient falls with injury*
- Patient falls prevalence*
- Pressure ulcer rate and prevalence*
- Nursing care hours per patient day*
- Nursing Skill Set*
- Medication errors/ Incident Reporting- IRIS
- Staff turnover
- Overtime costs
- Agency and/or Traveler Usage
- Patient Satisfaction
- Performance Culture Assessment- Annually

Staffing Grid

Census	Charge RN	RNs	CNAs	HUC
24	1	8	2	1
23	1	8	2	1
22	1	7	2	1
19-21	1	7	2	1
18-16	1	6	2	1
15-13	1	5	1	1
12-10	1	4	1	1
9-7	1	3	1	1
6-1	1	2	1	1

3:1 or 4:1 nurse ratio with 24 total beds in PCU depending on staffing availability.

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

- Critical care charge nurses and pharmacists respond to any Code Blue and/or Rapid Response.
- SWAT nurses place PICC and/or central line IVs, peripheral lines started upon request. PCU RNs attempt to start IVs prior to calling the SWAT nurse for help.
- A third CNA is requested for the floor to help with 1:1 patients as sitter and/or high acuity patient loads.
- PCU staff float to other units to help with staffing issues present within each shift.
- A critical care pharmacist is available on the floor to help with medication needs and/or questions. Pharmacists monitor and manage IV antibiotics, PPN/TPN, anticoagulation drips, and provide STAT medications when needed.
- Respiratory therapists (RT) work closely with RNs in completing scheduled breathing treatments and respond to codes. RTs also complete EKGs, arterial blood gases, and manage BIPAP/CIPAP orders.
- Dialysis treatment performed by a contracted dialysis company and all patients are cared for by St Francis Hospital staff.
- Care management provides support with discharges, patient placement, discharge appointments and medications, patient transportation, etc.
- Environmental Services provides patient room cleaning and other services
- Lab services available as ordered/needed

Which Situations Require Staffing Variation?

- Alcohol withdrawal patients depending on medication with monitoring requirements.
- Orientation and/or preceptorship scheduling (varies with each nurse)
- Post procedural assessments and/or sedation at bedside requires 1:1 RN monitoring for 1-2 hours and variable.
- Increased number of isolation patients, 1:1 feeds, frequent turning and oral care, post-procedure vital signs, etc.

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

- Staffing may be adjusted according to acuity of the patient, type and/or skill set of the caregivers, and availability of staff.
- The charge nurse will round on the unit every four hours to assess acuity of the floor and facilitate problem solving with patient care. In addition, the charge RN will communicate the needs of their unit to the House Supervisor and/or Manager at the morning and evening meetings.
- Patient assignments are made to provide appropriate and quality care for each patient.
- Staffing changes are based on staffing concerns, patient acuity, and procedures.
- Extra shifts are available for pick-up by staff through care values and are approved by the staffing office and/or manager.

Meals and Breaks

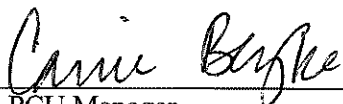
- Staff are provided breaks and two 30-minute breaks and 3-15 minute breaks throughout each 12-hour shift.
- Currently utilizing a "break partner" assignment that is planned and coordinated by charge RN each shift.
- Charge nurse is to check in with the floor RNs to ensure they are getting their breaks and if not, how they can help to ensure breaks.


Annual Nurse Staff Survey

- Any identified concerns are addressed at staff meetings, via email and/or at staff huddles to make improvements.
- Performance Culture Assessment (PCA) completed annually by nursing staff.
- Equipment needs are addressed and ordered for the unit as needed. Staff are encouraged to submit work orders and notify management in a timely manner of equipment needs.

Approvals

Approved By:


PCU Manager


Department Staffing Committee Representative

2023 Staffing Plan Overview

Department: SFH Radiation Oncology

Date Updated: 1/1/2023

Author: Lori McArdle, Manager, Beth Go Staff RN

Nursing Department Overview			
Description of the types of patients served in this nursing unit, <ul style="list-style-type: none"> • Clinic hours 0800-1630 • Average Daily census = 15-30 patients/day • Average length of stay = 30 minutes to 2 hours with procedure • Services include consultation for new referral, first view visit (FV), daily ERT treatment, on-treatment visit (OTV), CT scans, Simulations, nurse assessment and education, follow-ups and discharge, Dr Visit with procedure, scopes and exams 			
Key Quality Indicators			
Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators which are designated with an asterisk*: <ul style="list-style-type: none"> • *Patient falls prevalence • *Patient falls with injury • *Nursing care hours per patient day • *Skill Mix • Medication errors • Staff turnover/orientation costs • Overtime costs / end of shift overtime / missed breaks incidental overtime • Agency/ Traveler Usage • *Survey information from, local, Regional, & National levels are shared with the Nursing Teams at varying venues and audiences for planning unit staffing (i.e. Quality; employee/patient satisfaction; HCAHPS; Culture of Safety surveys, etc.). 			
Staffing Grid for Patient Census		Target Variable hours/Stat	
		0.97	
Insert developed staffing grid for varying levels of patient census or attach to this document Day Shift			
Machine Census	RNs (Note: not all patients on machine see the RN)	Rad Therapists	On Call
Up to 23	1 depending on number of nursing visits/consults	2 for treatment + 1 for studies, CTs, Sims	1 Rad Therapist on call for all weekends/holidays.
24 + 30	2 RNs or 1 RN + C.N.A. on busy OTV days. Evaluate census for reduction of staff	3 for treatment +1 for, CTs, Sims. Eval. for reduction of staff every 4 hours.	1 Rad Therapist on call for all weekends/holidays.
31 - 40	2 RN's on busy OTV days or multiple RN consults. Evaluate for reduction every 4 hours.	3-4 depending on length of day & above criteria. Eval. for reduction of staff every 4 hours.	1 Rad Therapist on call for all weekends/holidays.

<p>Above Staffing Plan Contingent Upon the Following Supports/ Considerations</p>
<p>Use this area to list other supports that your unit either receives from other units/departments or provides to other units and departments that impact staffing.</p> <ul style="list-style-type: none"> ● Patient Service Representative 0800-1630 Monday through Friday ● Laboratory Services ● Environmental Services ● Infusion services ● Central Supply ● Pharmacy
<p>Which Situations Require Staffing Variation?</p> <p>Use this section to describe legitimate situations where additional staff are required to provide safe patient care</p> <ul style="list-style-type: none"> ● Emergent Consult/treatment ● Multiple CT or FV patients concurrent with other patient treatment times ● Multiple NEw Consults

Chain of Command/ Staffing Decision Tree

<p>Process for Staffing Variation</p>
<ul style="list-style-type: none"> ● The schedule is reviewed to determine appropriate staffing levels and will flex up or down dependent on patient volume and acuity ● Employee that will not be able to come to work notifies the manager/Lead therapist at least two hours prior to the start of shift. ● Planned leave is requested by staff and approved by the manager. If the schedule is not already posted, the manager strives to obtain coverage to approve time off. If the schedule is already posted, staff find their own coverage for time off. ● When unplanned time off occurs, every attempt is made to ensure staffing does not affect patient care. Efforts include calling staff/agency to come in. Patient schedule may need to be adjusted.
<p>Meals and Breaks</p>
<p>Use this section to describe what the meal and break strategies are for your area and how you measure if they are working.</p> <ul style="list-style-type: none"> ● Staff are provided breaks and lunches as required and are encouraged to do so after safely handing off their patients to another appropriate staff. ● If staffing does not allow for breaks and/or lunches, the manager will provide back-up, or the employee will have their pay adjusted to cover for the missed time. ● Staff may take an hour break all at once to include their 30 min Lunch, 15-minute AM, and 15-minute PM break as scheduled.
<p>Annual Nurse Staff Survey</p>
<ul style="list-style-type: none"> ● Survey information from, local, Regional, & National levels are shared with the Nursing Teams at varying venues and audiences for planning unit staffing (i.e. Quality; employee/patient satisfaction; HCAHPS; Culture of Safety surveys, etc.). ● Process Improvement work completed on issues identified? <ol style="list-style-type: none"> 1. Completing incident reports when the situation calls for it.

Project Overview Statement—Executive Summary

- | |
|--|
| <ol style="list-style-type: none"> 2. Patient Education regarding Side Effects of Treatment 3. COVID Precautions/Safety, Proper PPE 4. Safety Training for Fire, Earthquake and evacuation. |
|--|

Committee Recommendations:

APPROVALS

Prepared By Lori McArdle Manager / *LMA*

Staff approver Elizabeth Go RN / *E Go*

Approved By Henry Cook, Director of Nursing Operations

Next Review Date 6/1/2023

2023 Staffing Plan Overview

Department: Post Anesthesia Care unit (PACU)

Date Updated: January 1, 2023

Author: Nicholas Macharia, Gilda Yu

Nursing Department Overview

Patients Served in the Unit: Post-surgical phase 1 and phase 2 patients, post-procedure GI, Cath lab, and IR patients. Acuity ranges from healthy patients to patients with significant co-morbidities.

- Average Daily census: Average patient encountered ranges from 20-30 patients/day.
- There are two separate PACU locations, with capacity for 6 patients each.
- Average length of stay: 60-120 minutes depending on the patients' needs.
Hours of operation for the department: 0730-2230 with staff available on call after hours and on weekends.
- Age: 6 months and older:
 - Pediatric cases are scheduled as early morning and cases are screened according to the pediatric matrix. Exclusion criteria are:
 - No one younger than 1 yr. of age that requires airway instrumentation
 - No tonsillectomy cases or children with obstructive apnea under age 4 due to risk of post-op breathing complications
 - No children with known respiratory and cardiac disease
 - No children with genetic disorders
 - No inpatients younger than 15
 - No history of RSV within 8 weeks prior to surgery.

Key Quality Indicators

Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators which are designated with an asterisk*:

- *Patient falls prevalence
- *Patient falls with injury
- *Nursing care hours per visit
- Patient census
- Skill mix
- *Medication errors
- Staff turnover
- Productivity
- Overtime / end of shift overtime/ call back
- Agency/ Traveler usage
- Patient perception of care data
- Employee satisfaction (PCA-annually)
- Safety culture assessment data

- Data from professional organizations (ASPAN, AORN)
- Pain management scores

Staffing Grid for Patient Census Target Nursing Hours per 100 minutes 2.7hrs

Staffing grid for scheduled shifts, layered throughout the day. Totals are to be added to the preceding shift over the range of times.

Day Shift

Scheduled Shifts M-F	Charge	RNs	CNAs	Other
730-1600	1	2-3	0	
730-1600	1	1	0	
730-1800	1	1	0	

Evening Shift

Scheduled Shifts M-F	Charge	RNs	CNAs	Other
730-2000	1	2	0	
14-2230	1	1	0	
10-2230	1	1	0	

Night Shift

Shift M-F	Charge	RNs	CNAs	Other
Emergent only Standby 2200-0730	0	2	0	
Weekend				
Shift Sat-Sun	Charge	RNs	CNAs	Other
Emergent only Standby 0800-0800	0	2	0	

*The department follows the American Society of Perianesthesia Nurses' (ASPAN) staffing Guidelines. The staffing ratio is 1:2 per RN with the exception of the following situations that require staffing of 1:1 per patient:

- Unconscious children under the age of 8
- Any patient with an artificial airway
- Critical Care level patients

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Support received from other units/departments or provided to other units and departments that impact staffing:

- Laboratory
- Cardio-pulmonary
- Patient transport
- EVS
- Pharmacy
- Dietary
- Radiology

(The department provides recovery services to GI, Cath lab and IR patients.)

Which Situations Require Staffing Variation?

Situations where additional staff are required to provide safe patient care:

- Patient census in the Surgical Admit/Discharge Unit (SADU)
- Inpatient room availability
- After hour cases
- Increased/Decreased surgical or procedural volumes
- Increased/Decreased number of isolation patients
- Add-on of emergent/urgent cases
- Patients requiring translation services
- Patient acuity, e.g. children, critical care
- Adjusting staffing to sick calls, or staff who are absent because they were called in the night before.

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

Process used to determine if extra staff is needed:

- Daily review of surgery schedule to determine staffing needs
- Flexing shifts up or down depending on surgery schedule
- Request assistance from charge nurse/manager when staffing shortage exists

*When staffing shortages are anticipated, such as planned FMLA, staff may be asked to pick up additional shifts when appropriate, or agency staff may be utilized.

Meals and Breaks


- Meals and breaks are covered by the scheduled mid-shift FTE.
- Meals and breaks are scheduled on the staffing sheet. If staff are not able to take a break or meal at the scheduled time, they are to report this to the charge nurse, so alternate plans can be made to ensure breaks and meals.
- If staff are not able to take their meal or break on time, they are to record this on the edit log and seek approval from the charge nurse or manager.

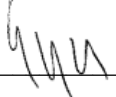
Annual Nurse Staff Survey

- Survey information from, local, Regional, & National levels are shared with the Nursing Teams at varying venues and audiences for planning unit staffing (i.e. Quality; employee/patient satisfaction; HCAHPS; Culture of Safety surveys, etc.).

Committee Recommendations:

APPROVALS

Prepared By  NICHOLAS MACHARIA, CLINICAL MANAGER

 GILDA YU, RN

Approved By SFH STAFFING COMMITTEE

Next Review Date MAY 1, 2023

2023 Staffing Plan Overview

Department: Preadmission Testing Clinic

Date Updated: January 1, 2023

Author: Nicholas Macharia, Sharon Holbrook

Nursing Department Overview

Patients served in the unit: Preadmission screening of surgical patients planned to undergo anesthesia. Acuity ranges from healthy patients to patients with significant comorbidities;

- Average daily census: Average patients encountered ranges from 10-30 patients in total who are contacted via phone or in person visit; no more than 5 in person visits are scheduled per day.
- Average length of appointment: 15 mins to 2 hours based on acuity and co-morbidities.
- Hours of operation for the department: 0800-1830
- Age: 6 months and older:
- Pediatric cases are scheduled as early morning and cases are screened according to the pediatric matrix. Exclusion criteria are:
 - No one younger than 1 yr. of are that requires airway instrumentation
 - No tonsillectomy cases or children with obstructive apnea under age 4 due to risk of post-op breathing complications
 - No children with known respiratory and cardiac disease
 - No children with genetic disorders
 - No inpatients younger than 15
 - No history of RSV within 8 weeks prior to surgery.

Key Quality Indicators

Use this section for a delineation of what constitutes “safe” nursing care on this unit including but not limited to the five approved state indicators which are designated with an asterisk*:

- *Patient falls prevalence
- *Patient falls with injury
- *Nursing care hours per visit
- Patient census
- Skill mix
- *Medication entry errors
- Overtime / end of shift overtime
- Productivity
- Agency/ Traveler usage
- Patient perception of care data
- Employee satisfaction (PCA-annually)
- Safety culture assessment data
- Data from professional organizations (ASPAN, AORN)
- Pain management education

Staffing Grid for Patient Census

Target Nursing Hours per 100 minutes 2.7hrs

Staffing grid for scheduled shifts.

Day Shift

Scheduled Shifts	Charge/Team Lead	RNs	HUC
8-1830	1	2	1

*The typical staffing ratio is 1:1 for each appointment scheduled. This is in alignment with the American Society of Perianesthesia Nurses (ASPAN) staffing guidelines.

The department makes every effort to avoid interruptions during the screening process. This is a critical time for patient safety and distractions can lead to errors.

Support staff includes HUCs (internal dept.), and EVS (external dept.)

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Support received from other units/departments or provided to other units and departments that impact staffing:

- SADU RN's that are cross trained, float to PAT to back fill for sick calls or when core staff are out on PTO.

Which Situations Require Staffing Variation?

Situations where additional staff are required to provide safe patient care:

- Increased/Decreased surgical volumes
- Increased/Decreased number of isolation patients
- Percentage of add-on cases
- Patients requiring translation services
- Last minute surgical schedule changes

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

Process used to determine if extra staff is needed:

- Daily review of surgery schedule to determine staffing needs
- Flexing shifts up or down depending on surgery schedule
- Request assistance of charge nurse/manager when staffing shortage exists

*When staffing shortages are anticipated, such as planned FMLA, staff may be asked to pick up additional shifts when appropriate, or agency staff may be utilized.

Meals and Breaks

- Meals and breaks are covered by a system of relieving.
- If staff are not able to take a break or meal at the scheduled time, they are to report this to the charge nurse, so alternate plans can be made to ensure breaks and meals.
- If staff are not able to take their meal or break on time, they are to record this on the edit log and seek approval from the charge nurse or manager.

Annual Nurse Staff Survey

- Survey information from, local, Regional, & National levels are shared with the Nursing Teams at varying venues and audiences for planning unit staffing (i.e. Quality; employee/patient satisfaction; HCAHPS; Culture of Safety surveys, etc.).

Committee Recommendations:

APPROVALS

Prepared By: *Nicholas Macharia* NICHOLAS MACHARIA, CLINICAL MANAGER.

Sharon Holbrook

SHARON HOLBROOK, RN

Approved By SEH STAFFING COMMITTEE

Next Review Date MAY 1, 2023

2023 Staffing Plan Overview

Department: Surgical Admit/ Discharge Unit

Date Updated: January 1, 2023

Author: Nicholas Macharia, Phyllis Mills

Nursing Department Overview

Patients served in the unit: admit and discharge of Surgical, GI, Cath Lab, and IR patients. Acuity ranges from healthy patients to patients with significant comorbidities;

- Average daily census: Average patient encountered ranges from 20-35 admits and 15-30 discharges each day (the department has 14 patient rooms, and experiences rapid turnover)
- Average length of stay: 2 hours pre-op/1-2 hours post op
Hours of operation for the department: 0500-2030
- Age: 6 months and older:
 - Pediatric cases are scheduled as early morning and cases are screened according to the pediatric matrix. Exclusion criteria are:
 - No one younger than 1 yr. of age that requires airway instrumentation
 - No tonsillectomy cases or children with obstructive apnea under age 4 due to risk of post-op breathing complications
 - No children with known respiratory and cardiac disease
 - No children with genetic disorders
 - No inpatients younger than 15
 - No history of RSV within 8 weeks prior to surgery.

Key Quality Indicators

Use this section for a delineation of what constitutes "safe" nursing care on this unit including but not limited to the five approved state indicators which are designated with an asterisk*:

- *Patient falls prevalence
- *Patient falls with injury
- *Nursing care hours per visit
- Patient census
- Skill mix
- *Medication errors
- Overtime / end of shift overtime
- Productivity
- Agency/ Traveler usage
- Patient perception of care data
- Employee satisfaction (PCA-annually)
- Safety culture assessment data
- Data from professional organizations (ASPAN, AORN)
- Pain management

Staffing Grid for Patient Census Target Nursing Hours per 100 minutes 2.7hrs

Staffing grid for scheduled shifts, layered throughout the day. Totals are to be added to the preceding shift over the range of times.

Day Shift

Scheduled Shifts	Charge/Team Lead	RNs	CNAs	HUC
5-1330	1	2	1	1
530-1400	1	5-6	1	1
530-1800	1	1	1	1
730-1600	1	1	1	1

Evening Shift

Scheduled Shifts	Charge/Team Lead	RNs	CNAs	HUC
8-2030	1	2	1	1
13-2030	1	1	1	0

Night Shift

Census	Charge	RNs	CAs	HUC
0	0	0	0	0
*If any patients are left on unit after 2030, they will be transferred to PACU or in house.		*RN staff may float from PACU to SADU when necessary and possible if patients are not discharged by 2030.		

*The typical staffing ratio is 1:1 for patients being admitted and 1:3 for patients being discharged depending on acuity. This is in alignment with the American Society of Perianesthesia Nurses (ASPAN) staffing guidelines.

The department makes every effort to avoid interruptions during the admission process. This is a critical time for patient safety and distractions can lead to errors.

Support staff includes CNAs, HUCs (internal dept.), and EVS (external dept.)

Above Staffing Plan Contingent Upon the Following Supports/ Considerations

Support received from other units/departments or provided to other units and departments that impact staffing:

- Impact from GI, Cath lab and IR schedule can be significant
- Support from anesthesia with placement of difficult IV's
- Laboratory
- EVS

Which Situations Require Staffing Variation?

Situations where additional staff are required to provide safe patient care:

- Increased volume of surgical, GI or procedure patients
- Increased/Decreased surgical and procedure volumes

- Increased/Decreased number of isolation patients
- Percentage of add-on cases not pre-screened
- Patients requiring translation services
- Lack of transportation help
- Last minute surgical schedule changes

Chain of Command/ Staffing Decision Tree

Process for Staffing Variation

Process used to determine if extra staff is needed:

- Daily review of surgery schedule to determine staffing needs
- Flexing shifts up or down depending on surgery schedule
- Request assistance of charge nurse/manager when staffing shortage exists

*When staffing shortages are anticipated, such as planned FMLA, staff may be asked to pick up additional shifts when appropriate, or agency staff may be utilized.

Meals and Breaks

- Meals and breaks are covered by a system of relieving. Break times per shift are posted on the unit break sheet.
- If staff are not able to take a break or meal at the scheduled time, they are to report this to the charge nurse, so alternate plans can be made to ensure breaks and meals.
- If staff are not able to take their meal or break on time, they are to record this on the edit log and seek approval from the charge nurse or manager.

Annual Nurse Staff Survey

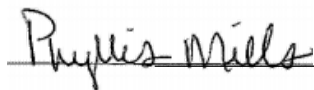
- Survey information from, local, Regional, & National levels are shared with the Nursing Teams at varying venues and audiences for planning unit staffing (i.e. Quality; employee/patient satisfaction; HCAHPS; Culture of Safety surveys, etc.).

Committee Recommendations:

APPROVALS



Prepared By _____ NICHOLAS MACHARIA, CLINICAL MANAGER



PHYLLIS MILLS, RN

Approved By SEH STAFFING COMMITTEE

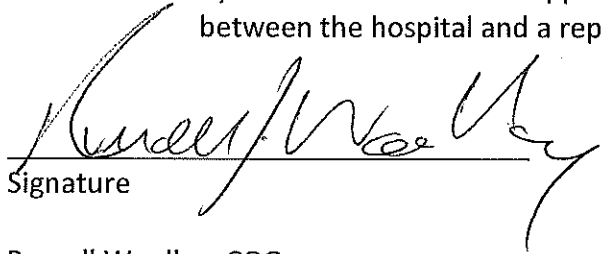
Next Review Date MAY 1, 2023

Attestation Form

St. Francis Hospital
Nurse Staffing Committee
January 1, 2023

I, the undersigned with responsibility for St. Francis Hospital, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for the calendar 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.


Signature

Russell Woolley, COO
Printed Name

December 22, 2023
Date