KVH
Kittitas Valley Healthcare
Your Home for Health

I, the undersigned with responsibility for Kittitas Valley Healthcare, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for the _2023_ (year) 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.

Vicky McGee, CNO
Signature

Vicky Machorro
Printed Name

Dec. 16, 2022
Date

KVH Kittitas Valley Healthcare
Your Home for Health

Family Birthing Place
Core Staffing Matrix

Effective January 1, 2023
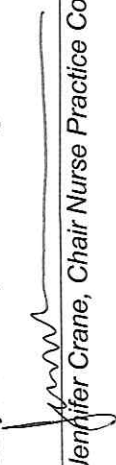
D/E & E/N Census # of Mom/ Baby Rooms	RN	PCT	Total Staff	Shift HPPD	24 hour Total Productive HPPD
0	1	0	1	12.00	24.00
1	1	0-1	2	24.00	48.00
2	1	0-1	2	12.00	24.00
3	1	0-1	2	8.00	16.00
4	2	0-1	3	9.00	18.00
5	2	1	3	7.20	14.40
6	2	1	3	6.00	12.00

D/E or E/N Census # of Labor/ Induction Patients	RN	Total Staff	Shift HPPD	24 hour Total Productive HPPD
0	1	1	12.00	24.00
1	2	2	24.00	48.00
2	2	2	12.00	24.00
3	2	2	8.00	16.00
4	3	3	9.00	18.00
5	3	3	7.20	14.40
6	4	4	8.00	16.00

D/E or E/N Census # Nursery Patients	RN	Total Staff	Shift HPPD	24 hour Total Productive HPPD
0	0	0	0	0
1	1	1	12.00	24.00
2	1-2	2	12.00-24.00	24.00-48.00

Shifts
0700-1900	Sun-Sat	
1900-0700	Sun-Sat	
Per Diem RN	6	

Additional Guidelines for FBP Staffing

- Two LDR RN's will always be in-house even when the unit is empty. This does not imply the RN will be physically in FBP but will be available to return to FBP to check/admit patients.
- The decision to staff a PCT should be a collaboration between the Charge RN and House Supervisor.
- The minimum staffing for a Cesarean Section will be 1 RN to attend the patient/recover the baby and 1 RN to cover the unit.
- The minimum staffing for a baby in the Nursery will be 1-RN to attend the baby.
- The minimum staffing for an induction is 2 RN's, second RN may be utilized in another unit but immediately available to return.
- 1:1 RN assignments per pertinent policies, i.e. Pitocin, Mag, Insulin drip, active labor.
- Outpatient or Observation patients may require 1:1 care until stable or transferred. The minimum evaluation time will be 30 minutes for an NST and 60 minutes to rule out labor.
- The standard for stable antepartum patients is 1 RN for up to 3 antepartum patients.
- Breastfeeding consults are managed by the lactation consultant. If the lactation consultant is not available, the RN may provide this service which takes a minimum of 60 minutes.
- Hearing Screening takes approximately 15 minutes. A trained PCT may perform the screen.
- Meal/rest breaks are scheduled by Charge RN. If unable to safely provide coverage with staff on duty, the Department Director or House Supervisor will facilitate coverage.
- Planned leaves to be covered by per diem/part-time staff and or trained float staff.
- Unplanned absences to be covered by per diem/part-time staff and or trained float staff.

APPROVED:

_____ 12-16-22
Julie Petersen, Chief Executive Officer   Date

_____ 12-16-22
Vicky Machorro, Chief Nursing Officer   Date

_____ 12/15/22
Jennifer Crane, Chair Nurse Practice Committee, Safe Staffing   Date

KVH
Kittitas Valley Healthcare
Your Home for Health

Medical/Surgical Unit
Core Staffing Matrix
Effective January 1, 2023

Shifts:

07:00 - 19:00	Sun - Sat
19:00 - 07:00	Sun - Sat

Per Diem

RN	3

D/E Census	RN	NAC	Unit Secretary	Total Staff	Shift HPPD
0	1	0	0	1	0
1	1	0	0	1	12.00
2	1	1	0	2	12.00
3	1	1	0	2	8.00
4	1	1	1	3	9.00
5	2	1	1	4	9.60
6	2	1	1	4	8.00
7	2	1	1	4	6.86
8	2	2	1	5	7.50
9	2	2	1	5	6.66
10	2	2	1	5	6.00
11	3	2	1	6	6.50
12	3	2	1	6	6.00
13	3	2	1	6	5.54

E/N Census	RN	NAC	Total Staff	Shift HPPD	24 hour Total Productive HPPD
0	1	0	1	0	0
1	1	1	2	24.00	36.00
2	1	1	2	12.00	24.00
3	1	1	2	8.00	16.00
4	1	1	2	6.00	15.00
5	2	1	3	7.20	16.80
6	2	1	3	6.00	14.00
7	2	1	3	5.14	12.00
8	2	1	3	4.50	12.00
9	2	2	4	5.33	11.93
10	2	2	4	4.80	10.8
11	3	2	5	5.45	11.95
12	3	2	5	5.00	11.00
13	3	2	5	4.61	10.15

Guidelines of Implementing Acuity and Staffing Matrix (RN/ NAC/US hours used to calculate HPPD)

- One-to-one patients may require additional NAC staffing as sitters.
- During low census, keep in mind core staffing needs for Code Team.
- Planned admissions will be considered into daily and shift staffing plans.
- Meal/rest breaks are scheduled by Charge RN. If unable to safely provide coverage with staff on duty, the Department Director or House Supervisor will facilitate coverage.
- Planned leaves to be covered by per diem/part-time staff and or trained float staff.
- Unplanned absences to be covered by per diem/part-time staff and or trained float staff.

Pediatric Guidelines of Implementing Acuity and Staffing Matrix

- The American Academy of Pediatrics recommends the following Nursing Patient staffing ratio: 1 RN for every 3-4 pediatric patients.
- Patient Acuity, based on collaborative assessment of patient care requirements between designated Charge RN, Nurse Director and/or House Supervisor will determine increased staffing hour requirements.
  Example: RSV – Potential need for 1:1 staffing first 24-48 hours or 1:2 after 48 hours and until patient condition is stable.

APPROVED:

_____   _____
Julie Petersen, Chief Executive Officer   Date 12-16-22

_____   _____
Vicky Maghorro, Chief Nursing Officer   Date 12/15/22

_____   _____
Jennifer Crane, Chair Nurse Practice Committee, Safe Staffing   Date

Critical Care Unit
Step-down/Intensive Care Mix
Staffing Matrix Effective January 1, 2023

KVH — Kittitas Valley Healthcare
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# of Patients	RN	NAC	Tele Tech	Total Staff	Daily Productive HPPD
0	1	0	1	2	48
1	1	0-1	1	2	48
2	1	0-1	1	2	24
3	1 or 2	0 or 1	1	3 or 4	16-32
4	2	0 or 1	1	3 or 4	18-24
5	2 or 3	1	1	4 or 5	19-24
6	2 or 3	1	1	4 or 5	16-20

Shifts:

07:00 - 19:00	Sun - Sat
19:00 - 07:00	Sun - Sat

Per Diem

RN	2

Guidelines for CCU Staffing (HPPD includes RN and tech hours)

- WAC 246-320-261 sets the standard that at least two RN's skilled and trained in critical care will be available in-house when there are patients. It does not imply that the two RN's be physically in the CCU, but be available.
- The standard for most CCU patients is 1:2. Patients with high acuity and safety concerns may be considered 1:1 nursing care after collaboration with department director, house supervisor and nursing staff.
- The standard for Observation/Step-down patients in the CCU is 1 RN for every 3 patients.
- The standard for Med/Surg patients is 1 RN for every 4 patients.
- Meal/rest breaks are scheduled by Charge RN. If unable to safely provide coverage with staff on duty, the Department Director or House Supervisor will facilitate coverage.
- Planned leaves to be covered by per diem/part-time staff and or trained float staff.
- Unplanned absences to be covered by per diem/part-time staff and or trained float staff.
- When census is 5 or 6 in CCU and there are CCU patients that require 1:1 or 1:2, RN staffing will be adjusted when acuities are reviewed.
- When census is less than 3, the NAC will be utilized based on acuity or in the event of the need for 1:1 sitter. To be assigned in collaboration with the House Supervisor or Department Director.
- NAC's may be floated to other departments within KVH to assist in patient care when not needed in CCU.

APPROVED:

_____ 12-16-22
Julie Petersen, Chief Executive Officer   Date

_____ 12-16-22
Vicky MacIjorro, Chief Nursing Officer   Date

_____ 12/15/22
Jennifer Crane, Chair Nurse Practice Committee, Safe Staffing   Date

ED Unit
Core Staffing Matrix
Effective January 1, 2023

	F-S-S-M	T-W-TH	7 Days Week
	RN	RN	PCT
0700-0800	2	2	1
0800-0900	2	2	1
0900-1000	3	3	1
1000-1100	3	3	1
1100-1200	4	4	1
1200-1300	4	4	2
1300-1400	4	4	2
1400-1500	4	4	2
1500-1600	4	4	2
1600-1700	4	4	2
1700-1800	4	4	2
1800-1900	4	4	2
1900-2000	4	4	2
2000-2100	4	4	2
2100-2200	4	3	2
2200-2300	4	3	2
2300-0000	3	3	2
0000-0100	3	3	1
0100-0200	3	3	1
0200-0300	3	3	1
0300-0400	2	2	1
0400-0500	2	2	1
0500-0600	2	2	1
0600-0700	2	2	1

RN Shifts:

07:00 - 19:00
07:00 - 15:00
09:00 - 19:00
11:00 - 21:00
11:00 - 23:00
15:00 - 03:00
15:00 - 23:00
19:00 - 07:00

PCT Shifts:

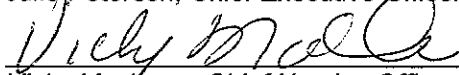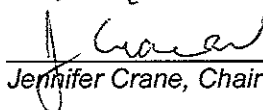| |
|---|
| 06:00 - 18:00 |
| 12:00 - 00:00 |
| 18:00 - 06:00 |

Per Diem:

ED RN = 10
ED PCT = 6

Guidelines for ED staffing

- WAC 246-320-281 sets the standard that at least one registered nurse skilled and trained in emergency care services be on duty and in the hospital at all times who is immediately available to provide care.
- The standard for ED patients is 1 RN for every 3-4 patients. Patients may require either 1:2 or 1:1 based on patient acuity.
- Meal/rest breaks are scheduled by Charge RN. If unable to safely provide coverage with staff on duty, the Department Director or House Supervisor will facilitate coverage.
- Planned leaves to be covered by per diem/part-time staff and or trained float staff.
- Unplanned absences to be covered by per diem/part-time staff and or trained float staff.

APPROVED:

_____
Julie Petersen, Chief Executive Officer

12-16-22
Date

_____
Vicky Machorro, Chief Nursing Officer

12-16-22
Date

_____
Jennifer Crane, Chair Nurse Practice Committee, Safe Staffing
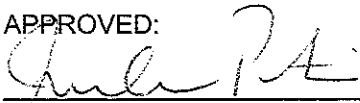
12-15-22
Date

Urgent Care – Cle Elum Unit
Core Staffing Matrix
Effective January 1, 2023

| | Sun-Sat | Sun-Sat | Sun-Sat |
	RN	Urgent Care Technician	Registration Clerk
1000-1100	1	1	1
1100-1200	1	1	1
1200-1300	1	1	1
1300-1400	1	1	1
1400-1500	1	1	1
1500-1600	1	1	1
1600-1700	1	1	1
1700-1800	1	1	1
1800-1900	1	1	0
1900-2000	1	1	0
2000-2100	1	1	0
2100-2200	1	1	0

RN Shifts:

1000 - 2200

Urgent Care Technician Shifts:

1000 – 2200

Registration Clerk Shifts:

1000 - 2000

Per Diem

UC RN = 1

UC Technician = 1

Guidelines for Urgent Care Staffing

- At least one registered nurse skilled and trained in emergency care services be on duty who is immediately available to provide care.
- Planned leaves to be covered by per diem/part-time staff and or trained float staff.
- Unplanned absences to be covered by per diem/part-time staff and or trained float staff.
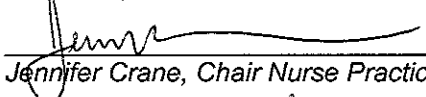
APPROVED:

_____   _/ 2 - / 6 · 2 2_
Julie Petersen, Chief Executive Officer   Date

_____   _/ 2 - / 6 - 2 2_
Vicky Machorro, Chief Nursing Officer   Date

_____   _12 / 15 / 22_
Jennifer Crane, Chair Nurse Practice Committee, Safe Staffing   Date

Surgical Services
Core Staffing Matrix
Effective January 1, 2023

Role	Staffing
Operating Room Charge RN	1
Operating Room RN	3-5
Operating Room Scrub	4-6
Pre-Ops Services RN	1-2
Pre-Ops Services PSR	1
Procedural/Pre OP RN	1
Surgical Out Patient Charge RN	1
Surgical Out Patient RN	3-6
SOP Divisional Coordinator	1
Endoscopy RN	2
Endoscopy TECH	1
Post Anesthesia Care Unit RN	2
Central Sterile TECH	3-5
Wound Care RN	1
WC Divisional Coordinator	1
OR Per Diem RN	4
SOP Per Diem RN	6

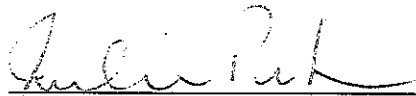| Shifts		
OR		
07:00 - 15:30		Mon - Fri
07:00 - 17:30		Mon - Fri
POS		
08:30 - 17:00		Mon - Fri
SOP		
06:30 - 15:00		Mon - Fri
06:00 - 16:30		Mon - Fri
07:30 - 18:00		Mon - Fri
CS		
07:00 - 15:30		Mon - Fri
10:30 - 19:00		Mon - Fri
Wound Care		
08:30 - 12:30		Mon - Fri

Guidelines for Surgical Services Staffing

- Charge RN role should be in a separate position not included in patient care staffing. Charge RN may need to fill in staffing role for some situations: sick calls, unexpected life events, emergencies, staff working extended hours (overnight etc.), breaks, meal breaks.
- Pre-Op Services may require 3rd RN to assist with patient interviews as workload demands. 3rd RN would float from Surgical Out Patient.
- Patient Service Representative will assist the Pre-Ops Services RN with the Pre-Op Process, as well as scheduling procedures.
- Day of Procedure: Staffing will be based according to scheduled block time, case volumes, number of patients to be admitted, number of operating rooms anticipated to run concurrently, patient acuity and intensity of care (inpatient, outpatient, GI Lab, pediatric and special needs patients).
  - At all times, 2 RN's, 1 of which is competent in Phase II nursing are present whenever a patient is receiving Phase II nursing care.
  - 1:1 for patients requiring thoracentesis, epidural blocks, phlebotomy, PICC lines, sterile dressing changes, patients in isolation, and may be needed for complicated patients with multiple needs.
  - 1:3 for patients greater than 13 years of age or 13 years and younger with family present.
  - 1:2 for patient's 13 years and younger without family or support staff present.
  - 1:2 for initial admission of patient into Phase II recovery.
  - 1:3-5 Patients waiting to be discharged, waiting for rides home, extended post-op care for pain and nausea/vomiting management.

Surgical Services
Core Staffing Matrix
Effective January 1, 2023

- Divisional Coordinator will manage central communication for all Surgical Services, schedule medical out patients, re-occurring medical out patients, manage patient tracking boards, and daily schedule.
- Per "ASGE Minimum staffing requirements for the performance of GI endoscopy"
  - 1 RN with ACLS and moderate conscious sedation competency present for each procedure a 2nd RN depending on census if using 2 Endo Suite Sequencing.
  - For Upper Endoscopy, a 3rd person may be required to provide patient position and safety, who is trained to work in Endo Suite.
  - 1 Tech to assist physician (may be Endoscopy Tech, RN, or OR Tech).
- Each surgical patient requires a minimum of 1 Operating Room RN Circulator. Secondary RNs may be utilized to expedite efficiencies for room sequencing or rapid turnover (i.e. eyes). 1 RN Circulator on call.
- Each surgical patient requires a minimum of 1 Scrub Tech/Nurse. Secondary Scrub may be utilized to expedite efficiencies for room sequencing or rapid turnover, hold retractors, etc. 1 Scrub Tech/Nurse on call.
- The American Society of PeriAnesthesia Nurses (ASPAN) Recommendations:
  - Two Registered Nurses are in the same room as the patient receiving Phase I level of care at all times until critical elements are met (Safe Hand-off), then the second nurse may leave the Post Anesthesia Care Unit as long as the door is open and the second nurse can directly hear a call for assistance and be immediately available to assist.
  - 1:1 care with a second nurse present with Pediatric patients.
  - On call 2 RN's to cover all call back Phase I and Phase II Recovery
- Central Sterile Staff includes 1 Supervisor, Certified in Sterile Processing. Central Sterile Staff provide processing instrumentation for clinics, Hospital, and Vendor "Loaner" Items and high level disinfection of endoscopes.
- Meal/rest breaks are scheduled by Charge RN. If unable to safely provide coverage with staff on duty, the Department Director or House Supervisor can facilitate coverage.
- Planned leaves to be covered by per diem/part-time staff and or trained float staff.
- Unplanned absences to be covered by per diem/part-time staff and or trained float staff.

APPROVED:

_____
Julie Petersen, Chief Executive Officer

12·16·22
Date

_____
Vicky Machorro, Chief Nursing Officer

12-16-22
Date

_____
Jennifer Crane, Chair Nurse Practice Committee, Safe Staffing

12|15|22
Date

Home Health & Hospice Nurse Staffing Matrix
Effective January 1, 2023

Role	Approved Staffing	Current Staffing	Goal Staffing
RN Case Manager	7.8	4	8
Staff RN	0.3	0.3	0.3
Per Diem Staff RN	2	2	2
Staff LPN	0	0	2
Per Diem LPN	0	0	2
TOTAL RN FTE	8.1	4.3	8.3
TOTAL LPN FTE	0	0	2

- Home Health and Hospice staff work primarily day shift 8 AM to 4:30 PM
- Weekend and holidays are rotated by all FTE staff; Per Diem staff per contract
- After hour call is rotated between all RN's
- Staff will see 6 visit equivalents per day. A visit equivalent is equal to 1.2 hours or 80 minutes. Visit types are adjusted by adding equivalents to the visit to account for a lengthier visit or travel. The following table defines the visit equivalents:

Visit Type	Home Health	Hospice
Routine Follow Up	1.0	1.5
Start of Care	2.0	3.0
Recertification of Care	2.0	2.0
Resumption of Care	1.5	1.5
Complex IV Patient	1.5	1.5
Travel > 60 miles	1.0	1.0

- Visit acuity is reviewed on a case by case basis. High acuity needs are assigned 1.5 points. The RN case manager will review acuity needs with the Clinical Manager to approve any adjustments to the visit equivalent points

- RN's working 1.0 FTE are considered Case Managers. They coordinate the care and services that the patient receives and are responsible for interdisciplinary communication and the overall patient outcomes and patient satisfaction. This means they assure the patients are on the schedule for the appropriate visit frequency and intervention, and anticipate visits needed when they are on vacation or absent. They are responsible for the discharge or transfer of the patient

- Case Management is also calculated by an acuity system where home health patients count as 1 point and hospice patients count as 2 points. Full time (1.0 FTE) RN Case Managers can carry a caseload of 16 points. RN Case Managers who are 0.8 FTE can carry a caseload of 13 points.

Home Health & Hospice Nurse Staffing Matrix
Effective January 1, 2023

- Due to the nature of Home Health and Hospice, meal/rest breaks are individually scheduled by staff based on assigned patient schedule. If the staff are unable to take a rest or meal break, they will contact their clinical manager or designee to discuss options for a break
- The staffing matrix will be reviewed twice annually in the department with updates to senior leaders to request additional staff as needed to meet this matrix.
- The goal staffing target will allow us to grow the home health and hospice census

Approved:

_____   12-16-22
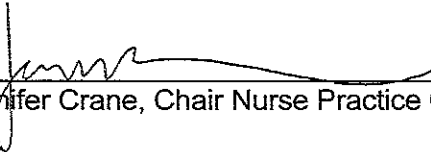Julie Petersen, Chief Executive Officer   Date

_____   12-16-22
Vicky Machorro, Chief Nursing Officer   Date

_____   12/15/22
Jennifer Crane, Chair Nurse Practice Committee Safe Staffing   Date