



Cover Page

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



Providence Mount Carmel Hospital
Colville, WA

Nurse Staffing Plan Attestation Form

I, the undersigned, with responsibility for Providence Mount Carmel Hospital, attest that the attached staffing plans and matrixes were developed in accordance with RCW 70.41.420 for the year 2023 and includes all units covered under our hospital license under RCW 70.41. These plans were developed with consideration given to the following elements:

- 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.

Ronald J. Rehn. DHA

Signature

Ronald J. Rehn. DHA

Printed Name

11-9-2022

Date



**Providence Mount Carmel Hospital
2023 Acute Care Unit Staffing Plan
Last revised: 10/25/2022**

Unit Overview

The Providence Mount Carmel Hospital (PMCH) Acute Care Unit (ACU) is a 21-bed acute medical/surgical unit serving the town of Colville, Washington, and surrounding area. The average daily census is 10, and the most common patient types are:

- Patients with acute and chronic cardiac and pulmonary conditions
- Acute and chronic renal injury patients
- Acute and chronic wound patients
- Patients that require management of chronic long-term infections
- Patients with sepsis
- Swing bed patients requiring physical therapy
- Post op patients

If a patient's health declines beyond what the ACU can provide, the patient will be transferred initially to the Critical Care Unit for further assessment, and if necessary, to a higher acuity facility.

Ancillary services available to the unit include respiratory therapy, anesthesiology, diagnostic imaging, telemetry, nutritional services, wound care, and occupational, physical, and speech therapy. On-site laboratory services are also available.

Core Staffing

The PMCH ACU currently staff:

- One hospitalist provider 24 hours a day, 7 days a week
- One Charge Nurse 24 hours a day, 7 days a week
- Additional Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Nursing Assistants (NACs), and a Hospital Unit Coordinator (HUC) depending on patient census (see below matrix)

In the ACU, LPNs cover the same shifts and have the same expectations as RNs with regards to the matrix and scheduling.



| CENSUS | DAYS | | | | Evenings | NIGHTS | | |
|--------|------|-----|-----|-----------|----------|--------|-----|-----|
| | RN | NAC | HUC | Charge RN | | NAC | RN | NAC |
| 1 | 0.0 | 0.0 | 0.0 | 1.0 | 0.0 | 0.0 | 0.0 | 1.0 |
| 2 | 0.0 | 0.0 | 0.0 | 1.0 | 0.0 | 0.0 | 0.0 | 1.0 |
| 3 | 0.0 | 0.0 | 0.0 | 1.0 | 0.0 | 0.0 | 0.0 | 1.0 |
| 4 | 1.0 | 0.0 | 0.0 | 1.0 | 0.0 | 0.0 | 0.0 | 1.0 |
| 5 | 1.0 | 0.0 | 0.0 | 1.0 | 0.0 | 1.0 | 0.0 | 1.0 |
| 6 | 1.0 | 0.0 | 0.0 | 1.0 | 0.0 | 1.0 | 0.0 | 1.0 |
| 7 | 1.0 | 1.0 | 0.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| 8 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| 9 | 2.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| 10 | 2.0 | 1.0 | 1.0 | 1.0 | 1.0 | 2.0 | 1.0 | 1.0 |
| 11 | 2.0 | 2.0 | 1.0 | 1.0 | 1.0 | 2.0 | 2.0 | 1.0 |
| 12 | 2.0 | 2.0 | 1.0 | 1.0 | 1.0 | 2.0 | 2.0 | 1.0 |
| 13 | 3.0 | 2.0 | 1.0 | 1.0 | 1.0 | 2.0 | 2.0 | 1.0 |
| 14 | 3.0 | 2.0 | 1.0 | 1.0 | 2.0 | 2.0 | 2.0 | 1.0 |
| 15 | 3.0 | 2.0 | 1.0 | 1.0 | 2.0 | 3.0 | 2.0 | 1.0 |
| 16 | 4.0 | 2.0 | 1.0 | 1.0 | 2.0 | 3.0 | 2.0 | 1.0 |
| 17 | 4.0 | 2.0 | 1.0 | 1.0 | 2.0 | 3.0 | 2.0 | 1.0 |
| 18 | 4.0 | 2.0 | 1.0 | 1.0 | 2.0 | 3.0 | 2.0 | 1.0 |
| 19 | 4.0 | 2.0 | 1.0 | 1.0 | 2.0 | 3.0 | 2.0 | 1.0 |
| 20 | 4.0 | 2.0 | 1.0 | 1.0 | 2.0 | 4.0 | 2.0 | 1.0 |
| 21 | 5.0 | 2.0 | 1.0 | 1.0 | 2.0 | 4.0 | 2.0 | 1.0 |
| 22 | 5.0 | 3.0 | 1.0 | 1.0 | 2.0 | 4.0 | 2.0 | 1.0 |
| 23 | 5.0 | 3.0 | 1.0 | 1.0 | 3.0 | 5.0 | 2.0 | 1.0 |
| 24 | 5.0 | 3.0 | 1.0 | 1.0 | 3.0 | 5.0 | 2.0 | 1.0 |
| 25 | 5.0 | 3.0 | 1.0 | 1.0 | 3.0 | 5.0 | 2.0 | 1.0 |

Designated shift times for the nurses are 0700 to 1930 and 1900 to 0730. The NACs work 12-hour shifts. In times of extreme low census, it is possible NACs will not be utilized and the ACU RNs assume total patient care and handle all HUC responsibilities. This staffing matrix is used primarily as a guideline however and can change due to an increase in patient acuity or patient safety needs, such as when a patient requires 1:1 observation.

Licensure and certification requirements for the ACU RNs include:

- An active RN or LPN license
- Basic Life Support Certification

All NACs, including HUCs, are required to have an active state license and current Basic Life Support certification.



Caregiver Functions

The Charge Nurse is responsible for managing patient loads assigned to the RNs, ensuring breaks are being taken by all ACU staff, giving shift report to the oncoming shift, working with the Administrative Supervisor on bed planning and patient throughput, and actively participating as a nurse leader in the facility.

The primary functions of the ACU RN and LPN include full head to toe assessments each shift, IV medication maintenance and assessment, blood glucose management, wound and ostomy care that does not involve the needs of a certified wound nurse, enteral feedings, and ongoing focused assessments as ordered by the prescribing physician.

Orientation

Orientation time for the unit is based on the judgment of management and the experience of the individual being oriented. Professional Development and Clinical Informatics provide initial computer Electronic Medical Record training and skill signoff during the orientation period. The individual orienting to the unit will be assigned a daily preceptor that has shown competent to do so.

Breaks

Staff breaks are scheduled for each staff member on the unit. Staff members sign up at the beginning of the shift for all scheduled breaks throughout their shift. Chart of all scheduled staff breaks is kept at the nurse's station for all staff to view. Though breaks are scheduled staff members will check in with charge RN and give brief patient report prior to taking break.

Planned and Unplanned Leave

The PMCH ACU utilizes a self-scheduling system for planned time off that is based on first come, first served. The ACU RNs are respectful and considerate of each other's needs and schedule accordingly. Please see the attached self-scheduling guidelines put together by the PMCH ACU/CCU/FMC Unit Based Council for details.

Unplanned leave is covered by supplemental and FTE staff through the self-scheduling process by marking when they are available to cover shifts. In the event the unplanned leave is long term, temporary agency staff may be utilized to meet staffing needs.



**Providence Mount Carmel Hospital
2023 Critical Care Unit Staffing Plan
Last revised: 10/25/2022**

Unit Overview

The Providence Mount Carmel Hospital (PMCH) Critical Care Unit (CCU) is a 4 bed critical care unit serving the town of Colville, Washington and surrounding area.

The most common patient types are those with a higher acuity than typically seen in an Acute Care Unit (ACU), such as those with:

- Congestive heart failure
- Respiratory failure
- Chronic obstructive pulmonary disease
- Diabetic ketoacidosis
- Sepsis
- Alcohol withdrawal
- NSTEMI
- CVA

The CCU can also serve as an overflow area for the hospital's ACU, or a temporary holding area for patients awaiting transportation to a higher acuity facility.

Ancillary services available to the unit include respiratory therapy, anesthesiology, diagnostic imaging, telemetry, nutritional services, wound care, and occupational, physical, and speech therapy. On-site laboratory services are also available.

Core Staffing

The PMCH CCU Staffing:

- One hospitalist provider 24 hours a day, 7 days a week. TeleICU available 24/7 with Tele-Intensivist coverage from 8pm to 8am.
- CCU is staffed with 2 RN's that work 12 hour shifts from 0700 to 1930 and 1900 to 0730.
 - 2 CCU Registered Nurses are on call if there are no patients in the unit and may be floated to other areas that they are cross-trained and qualified to work in.
 - 2 CCU Registered Nurses for 1 or more CCU patient(s) with or without monitoring telemetry. Staffing may be adjusted according to acuity.
 - 1 CCU Registered Nurse for telemetry monitoring with 0 CCU patients. 2nd RN may be floated or placed on-call.
 - 1 CCU Registered Nurse for 2 ACU patients without telemetry. 2nd RN may be floated or placed on-call.

The primary CCU RN collaborates continuously with the Administrative Supervisor on the required patient to nurse ratio. For high acuity patients or patients with special needs, patients should be evaluated for a 1:1 patient to nurse ratio. Telemetry patients require close monitoring and should be considered in the staffing matrix of the CCU.



The primary functions of the CCU RN include telemetry readings, arterial line placement and management, ventilator management, and administration of high-risk medication drips. There are no aides or other staff assigned to the CCU, so the CCU RN is expected to assume total care of their patients unless a sitter is assigned for observation. However, the Administrative Supervisor is readily available on the unit and can act as a backup.

Licensure and certification requirements for the CCU RN include:

- An active RN license
- Basic Life Support Certification
- Advanced Cardiovascular Life Support Certification

Telemetry monitoring training is also required for all CCU RNs.

Breaks

The Administrative Supervisor covers breaks for the CCU RNs. Occasionally, an RN from the ACU can relieve the CCU RNs if the Administrative Supervisor is unavailable and the ACU RN is trained in the CCU or patients are ACU status.

Planned and Unplanned Leave

The PMCH CCU utilizes a self-scheduling system for planned time off that is based on first come, first served. The CCU RNs are respectful and considerate of each other's needs and schedule accordingly. Please see the attached self-scheduling guidelines put together by the PMCH ACU/CCU/FMC Unit Based Council for details.

Due to the extremely low number of CCU RN positions, coverage for unplanned leave is simply offered to whoever has not worked in the past 12 hours. If no CCU RNs are available to cover, the Administrative Supervisor assumes care of the patient until someone is available.



**Providence Mount Carmel Hospital
2023 Family Maternity Center Staffing Plan
Last revised: 10/25/2022**

Unit Overview

The Providence Mount Carmel Hospital (PMCH) Family Maternity Center (FMC) is an obstetrical unit serving the town of Colville, Washington and surrounding area. The FMC averages 200 deliveries a year, and the most common patient types are typical antepartum, intrapartum, and postpartum obstetrical patients. Higher acuity patients are transported to a higher acuity facility, but care may still be provided in the event of a precipitous delivery or other emergency where transportation is not a viable option.

Three labor and delivery rooms are available, and two to four additional rooms are shared with the hospital's Acute Care Unit for postpartum care. An operating room is also available for C-sections.

Ancillary services available to the unit include respiratory therapy, anesthesiology, and ultrasound. On-site laboratory services are also available.

Core Staffing

The PMCH FMC currently staff two obstetrical (OB) Registered Nurses (RNs) 24 hours a day, 7 days a week per the Association of Women's Health, Obstetric and Neonatal Nurses recommended guidelines. These guidelines are utilized for all additional staffing needs in the PMCH FMC, such as requiring one RN per laboring patient.

Designated shift times are 0700 to 1930 and 1900 to 0730.

The functions of the OB RN include caring for women during pregnancy, childbirth, and the postpartum period. Neonatal care is also provided by the OB RN. The OB RN performs fetal monitoring, fetal non-stress tests, lactation education/consultation, and newborn hearing screenings. These RNs are also trained in phototherapy management. Total care is provided to the couplet by the OB RN as there are no additional staff assigned to this unit.

Licensure and certification requirements for the FMC RN include:

- An active RN license
- Basic Life Support Certification
- Neonatal Resuscitation Program Certification
- AWHONN Fetal Heart Monitoring Certification

OB RNs certified by the International Board-Certified Lactation Consultant are available to perform a majority of the lactation consultations.

Breaks

Because there are two OB RNs on the unit at all times, the OB RNs are normally able to relieve each other for breaks. The ACU Charge Nurse and/or FMC Assistant Nurse Manager will be an additional resource for providing break relief. Scheduling of elective procedures will be avoided whenever possible during scheduled break times to facilitate staff to be able to get scheduled breaks.



Planned and Unplanned Leave

The PMCH FMC utilizes a self-scheduling system for planned time off that is based on first come, first served. The OB RNs are respectful and considerate of each other's needs and schedule accordingly. Please see the attached self-scheduling guidelines put together by the PMCH ACU/CCU/FMC Unit Based Council for details.

For unplanned leave coverage, supplemental OB RNs are offered to cover first. Then FTE OB RNs who will not incur overtime if the shift is accepted are offered. Agency nurses may also be utilized to cover leaves.

Vacation Scheduling Guidelines 2023 ACU/CCU/FMC/NAC/HUC

Vacation Criteria:

- ACU Day Shift: 2 nurses may be on vacation at the same time at the discretion of management due to coverage needs of the department and additional nurses may be approved if staffing coverage permits it.
- ACU Night Shift: 2 nurses may be on vacation at the same time at the discretion of management due to coverage needs of the department and additional nurses may be approved if staffing coverage permits it.
- FMC/CCU: 1 nurse per shift per department may be on vacation at the same time at the discretion of management due to coverage needs of the department and additional nurses may be approved if staffing coverage permits it.
- CNA/HUC: 1 CNA and 1 HUC per shift may be on vacation at the discretion of management due to coverage needs of the department and additional CNA's/HUC's may be approved if staffing coverage permits it.

Vacation Request Guidelines, Non-Holiday:

- Staff must submit vacation requests electronically to their direct supervisor or manager a minimum of two weeks prior to the schedule posting. Requests can be made up to one year in advance and will be approved/denied per guidelines set in this document.
- Requests for time off will be limited to a maximum of 14 days off at a time unless a request is made for "A vacation of a lifetime" which can be discussed between the employee requesting time off and their direct supervisor or manager.
- Staff should request the entire desired block of time off for each vacation request, not just the days they predict they will be scheduled.
- Vacation requests will be approved on a first come first serve basis. In case of conflicting requests (such as those received on the same date and time), seniority shall prevail in assigning vacations provided the skills, abilities, experience, competence, and qualifications of the nurses affected are not overriding factors as determined by the employer; however, seniority may not override an already approved vacation. Once approved, scheduled vacation can only be changed with the mutual consent of the nurse and management, except in an emergency. Approval/denial will be in writing.
- Vacations are approved based on availability of accrued vacation hours. All approved vacation requests come with the statement "pending accrual of vacation hours."
- All vacation requests will be approved as soon as possible but will be approved or denied within thirty (30) days of the vacation request as stated in the union contract
- Once approved, vacation dates will be added to Kronos and will be viewable to all staff.



- If a vacation request is denied the staff member may request a review of the vacation request before the posting of the schedule that includes the dates requested. The review committee will consist of a member from the UBC, the scheduling assistant and the immediate supervisor. Once requested the review will take place within 5 days of the requested review date.
- Staff may find his/her own replacement independently to cover scheduled workdays after the schedule has posted for the days requested/desired as long as overtime is not accrued unless approved by the employee's direct supervisor or manager. Non-scheduled supplemental as well as any qualified benefited staff member may be utilized. Request will be made electronically as stated above.
 - When attempting to find a replacement, staff may not utilize already scheduled back-up/on call staff.

Holiday Guidelines:

- A holiday preference form will be available January 1st-January 31st and will be used to schedule holidays off during the next 12 months and one day.
 - Summer Holidays include: Labor Day, 4th of July, and Memorial Day
 - Winter Holidays include: Thanksgiving, Christmas Day and New Year's Day. Christmas Eve and New Year's Eve will also be included, however do not count as paid holidays.
- The Management Team will strive to honor employee's 1st and/or 2nd preference request.
- All staff are expected to submit their preferences for working holidays using a number system. Summer Holidays will be numbered 1-3 and Winter Holidays 1-5. 1 being "I want this holiday off" and 5 being "I want to work this holiday."
- The holiday scheduled will be posted by February 14th and will be posted online and will be viewable to all staff
- In the event there is a conflict with scheduling the holidays, preferences will be given to the staff member that most recently worked that holiday. If conflicts continue to persist preference will be based on seniority.
- Any changes made after February 14th must be submitted in Kronos.
- Staff may find his/her own replacement independently to cover scheduled workdays after the schedule has posted for the days requested/desired as long as overtime is not accrued unless approved by the employee's direct supervisor or manager. Non-scheduled supplemental as well as any qualified benefited staff member may be utilized. Request will be made electronically as stated above.
 - When attempting to find a replacement, staff may not utilize already scheduled back-up/on call staff.
- If time off is needed before or after the holiday, staff are expected to submit a time off request form and will be approved/denied per guidelines stated in vacation guidelines.

These guidelines are subject to review by the UBC/Management



**Providence Mount Carmel Hospital
2023 Emergency Department Staffing Plan
Last revised: 10/25/2022**

Unit Overview

The Providence Mount Carmel Hospital (PMCH) Emergency Department (ED) is a 10 bed, level 4 Trauma Center serving the town of Colville, Washington and surrounding area. The average daily census is 30, and the most common patient types are:

- The elderly with chronic cardiac and pulmonary conditions
- Orthopedic injuries related to outdoor recreational activities
- Traumas related to motor vehicle accidents
- Those with behavioral and physical symptoms related to chemical abuse
- Pediatric patients with common pediatric ailments

The PMCH ED has 2 trauma bays, on-site diagnostic imaging and laboratory services, and a helipad.

Core Staffing

The core staffing for the PMCH ED is:

- One Charge Registered Nurse (RN) and one ED RN (0700 – 1930)
- One Charge RN and one ED RN (1900 – 0730)
- One ED RN (1000 – 2230)
- One ED RN (1400 – 0030)
- One ED Assistant (0830 – 2100)

The goal for average patient to nurse ratio is 4:1. Ratios may be adjusted based on patient acuity. At minimum two ED RNs are available on the unit 24 hours a day, 7 days a week per the Emergency Nurses Association's recommendations. The Nurse Manager, Assistant Nurse Manager and Administrative Supervisor are also available to assist if necessary.

The primary functions of the ED RN include triage, assessment, and all other clinical patient care duties as assigned.

Licensure and certification requirements for the ED RN include:

- An active RN license
- Basic Life Support Certification
- Advanced Cardiovascular Life Support Certification
- Pediatric Advanced Life Support Certification
- Trauma Nurse Core Course Certification

Breaks

Breaks during shift are covered by the "buddy system" as assigned by the Charge Nurse on duty. In addition, the Nurse Manager, Assistant Nurse Manager and Administrative supervisor may be utilized to assist with coverage during breaks.



Planned and Unplanned Leave

The PMCH ED utilizes a self-scheduling system for planned time off that is based on first come, first served. The ED staff are respectful and considerate of each other's needs and schedule accordingly. Please see the attached self-scheduling guidelines put together by the PMCH ED Unit Based Council for details.

Unplanned leave coverage is offered to:

- Supplemental ED RNs
- ED RNs with an FTE position
- Cross trained RNs that work for other departments
- Agency RNs
- Administrative Supervisors

If none of the above are able to cover the shift, the department manager may cover the shift as a last resort.

Vacation Scheduling Guidelines PMCH Emergency Department

Vacation Criteria:

- ED Day Shift: Only 1 nurse may be on vacation at a time. At the discretion of management, additional nurses may be approved for vacation if staffing coverage permits.
- ED Night Shift: Only 1 nurse may be on vacation at a time. At the discretion of management, additional nurses may be approved for vacation if staffing coverage permits.
- ED Mid Shift: Only 1 nurse may be on vacation at a time. At the discretion of management, additional nurses may be approved for vacation if staffing coverage permits.
- ED Assistant: Only 1 assistant may be on vacation per shift. At the discretion of management, additional assistants may be approved for vacation if staffing coverage permits.

*NOTE: Only two of these are likely to be approved for the same time off.

Vacation Request Guidelines, Non-Holiday:

- Staff must submit vacation requests to their direct supervisor or manager a minimum of two weeks prior to the schedule posting. Requests can be made up to one year in advance and will be approved/denied per guidelines set in this document.
- Requests for time off will be limited to a maximum of 14 days off at a time unless a request is made for "A vacation of a lifetime" which can be discussed between the employee requesting time off and their direct supervisor or manager.
- Staff should request the entire desired block of time off for each vacation request, not just the days they predict they will be scheduled.
- Vacation requests will be approved on a first come first serve basis. In case of conflicting requests (such as those received on the same date and time), seniority shall prevail in assigning vacations provided the skills, abilities, experience, competence and qualifications of the nurses affected are not overriding factors as determined by the employer; however, seniority may not override an already approved vacation. Once approved, scheduled vacation can only be changed with the mutual consent of the nurse and management, except in an emergency situation. Approval/denial will be in writing.
- Vacations are approved based on availability of accrued vacation hours. All approved vacation requests come with the statement "pending accrual of vacation hours".



- All vacation requests will be approved as soon as possible but will be approved or denied within thirty (30) days of the vacation request as stated in the union contract.
- Once approved, vacation dates will be added to the Vacation Schedule online and will be available for all staff to view.
- If a vacation request is denied the staff member may request a review of the vacation request before the posting of the schedule that includes the dates requested. The review committee will consist of a member from the UBC, the scheduling assistant and the immediate supervisor. Once requested the review will take place within 5 days of the requested review date.
- Staff may find his/her own replacement independently to cover scheduled workdays after the schedule has posted for the days requested/desired as long as overtime is not accrued unless approved by the employee's direct supervisor or manager. Non-scheduled supplemental as well as any qualified benefited staff member may be utilized. All employee time off requests must be submitted in writing to their direct supervisor or manager using a request for time off form.
 - When attempting to find a replacement, staff may not utilize already scheduled back-up/on call staff.

Holiday Guidelines:

- A holiday preference form will be available January 1st-March 15th and will be used to schedule holidays off during the next 12 months and one day.
 - Summer Holidays include: Labor Day, 4th of July, and Memorial Day
 - Winter Holidays include: Thanksgiving, Christmas Day and New Year's Day. Christmas Eve and New Year's Eve will also be included, however do not count as paid holidays.
- The Management Team will strive to honor employee's 1st and/or 2nd preference request.
- All staff are expected to submit their preferences for working holidays using a number system. Summer Holidays will be numbered 1-3 and Winter Holidays 1-5. 1 being "I want this holiday off" and 5 being "I want to work this holiday".
- The holiday schedule will be posted by March 31st and will be available for all staff to view.
- In the event there is a conflict with scheduling the holidays, preferences will be given to the staff member that most recently worked that holiday. If conflicts continue to persist preference will be based on seniority. ED employees will not be required to work the same holiday two consecutive years, unless the employee requests to do so.
- Any changes made after March 31st must be submitted in writing using a request for time off form.
- Staff may find his/her own replacement independently to cover scheduled workdays after the schedule has posted for the days requested/desired as long as overtime is not accrued unless approved by the employee's direct supervisor or manager. Non-scheduled supplemental as well as any qualified benefited staff member may be utilized. Requests must be submitted in writing using the request for time off form as stated above.
 - When attempting to find a replacement, staff may not utilize already scheduled back-up/on call staff.
- If time off is needed before or after the holiday, staff are expected to submit a time off request form and will be approved/denied per guidelines stated in vacation guidelines.
- If a position is vacated, the new employee fulfilling the vacancy will be expected to work the previous employee's scheduled holidays.

These guidelines are subject to review by the UBC/Management



Providence Mount Carmel Hospital Surgical Services Staffing Plan 2023

SCOPE OF SERVICE

Last Revised: 10/25/2022

The Surgical Services department at Providence Mount Carmel Hospital (PMCH) provides both inpatient and outpatient surgical care of patients ranging from pediatric to geriatric populations on an elective, urgent and emergent basis. The PMCH Surgical Services department also provides outpatient infusion therapy, endoscopies, a pre-admit clinic, and pre-op and post-op care.

The Operating Room (OR) provides surgical care in the following specialties: General, Obstetrics, Urology, Orthopedics, Podiatry, and Ophthalmology.

The OR is open to provide surgical care 24 hours a day, 7 days a week, and 365 days a year. The OR consists of 2 operating suites within the main footprint of the department. There are two additional suites located adjacent to the Day Surgery unit used for endoscopies and minor cystoscopy procedures.

There are 10 rooms available for admitting and discharging OR, endoscopy, and minor cystoscopy procedure patients. There are three additional rooms for outpatient infusions.

There are two bays in the Post Anesthesia Care Unit (PACU).

Patient care planning includes collaboration with the patient, patient family/significant other, Surgeon, Anesthesiologist, Day Surgery, PACU or other nursing personnel, Pharmacy, Diagnostic Imaging, Cardiovascular Lab, Occupational Therapy, Physical Therapy and Social Services.

Nursing activities include patient physical and psychosocial assessments; planning individualization of care for the intraoperative period; evaluating the effectiveness and results of the interventions. Interventions are performed based on physician orders and nursing assessment.

Surgical and endoscopy care can lead to transfer to the PACU for inpatient admission or discharge to home. Some surgical patients will transfer directly to Critical Care Unit (CCU) post-operatively due to patient condition. Pediatric patients are provided outpatient surgery only. If pediatric patients require inpatient care, they will be transferred to a higher level of care facility.

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| Providence Mount Carmel Hospital Surgical Services Staffing Plan | |
| Date of Review: 10/26/2021 | |
| General considerations/ | The staffing plan is based upon the surgical block schedule, endoscopy block schedule, outpatient infusion schedule and historical patient census at specific times throughout the day, week, and year. In addition, the average patient census for "after hours" at 1500 and specified by day of the week is reviewed on an ongoing manner to evaluate adequate core staffing projections for these hours of operation. Shift start times and length are staggered by individual days of the week and time of day to best accommodate the fluctuations in surgical, endoscopy, and outpatient infusion volumes. |
| Caregiver qualifications and competencies | <p>Unit specific qualifications:</p> <ul style="list-style-type: none"> Day Surgery and Endo RNs must have valid unencumbered nursing license issued by the State of Washington and one year of experience or be hired into a "new to specialty" residency program. |

| | |
|------------------------|--|
| | <ul style="list-style-type: none"> • OR Circulators must have valid unencumbered nursing license issued by State of Washington and one year of OR experience or be hired into a “new to specialty” residency program. • Surgical Technologists (STs) must have graduated from an accredited school of Surgical Technology and maintain valid unencumbered Surgical Technologist licensure issued by the State of Washington. • All Surgical Services caregivers are required to have a current Basic Life Support certificate. • All RNs are required to have current Pediatric Advanced Life Support and Advanced Cardiovascular Life Support certification. <p>Unit specific certifications:</p> <ul style="list-style-type: none"> • We encourage PACU Nurses to obtain CPAN certification. • We encourage OR Nurses to obtain CNOR certification. • We encourage STs to obtain certification through a nationally recognized certifying agency. <p>Unit specific competencies: MH, Laser Safety, Formaldehyde, Sponge Accounting, Fire Safety in the OR, Specimen Handling, Sharps Safety, Rapid Response/Code Blue in the OR, Patient Handling & Ergonomics.</p> |
| Hospital unit activity | <ul style="list-style-type: none"> • As noted under general considerations, the unit activity fluctuates depending on the time of day, day of the week and month of the year. • In general, the first scheduled OR case starts at 0730 and ends at 1500 (Monday, Tuesday, Wednesday, Thursday). Surgical procedure time may last as little as 30 minutes or as long as 20 hours. • First endoscopy case starts at 0700 and ends at 1600, Monday, Tuesday, Thursday, and Friday. • Outpatient infusions are scheduled between the hours of 0600 and 1630 Monday through Friday. • Pre-admits are scheduled between the hours of 1200 and 1600 Monday, Tuesday, Thursday, and Friday. |
| Total diagnoses | <ul style="list-style-type: none"> • List most common diagnoses: The OR accepts care of any patient diagnosis deemed appropriate for and requiring surgical intervention as determined by the scheduling surgeon. |
| Acuity and OR staffing | <p>The Association of Perioperative Nurses (AORN) standards and minimum specifications for OR procedural safe staffing maintains one perioperative RN Circulator dedicated to every patient undergoing an operative procedure.</p> <ul style="list-style-type: none"> • A surgical patient must have at a minimum one Circulating RN and one Surgical Technologist assigned to provide surgical care of the patient and maintain the sterile field. Licensed RNs and Surgical Technologists comprise the staff who provide direct care services to patients and are assigned to each surgical patient. Additionally, Certified Registered Nurse Anesthetists are available to oversee anesthesia care. • When patient acuity is such that additional hands are needed to safely manage the complex needs in the OR, additional resources will be requested and assigned as applicable and when feasible. Such resources |



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| | include: Charge RN support, another assigned OR RN Circulator, another assigned Scrub, and/or OR leadership team member support. |
| Average census | <p>Average census: patient census varies greatly by day of the week and time of day.</p> <ul style="list-style-type: none"> • Average daily OR cases scheduled is 5. • Average daily outpatient infusions scheduled is 7 • Average daily endoscopy cases scheduled is 6 |
| Day Surgery, Endoscopy, PACU staffing | <p>All clinical caregivers in Day Surgery, Endoscopy, OR, and PACU are oriented and trained upon hire and must demonstrate competency in the direct care of the surgical patient (specific to their role) prior to receiving an independent assignment.</p> <p>Describe the Assignment Process</p> <ul style="list-style-type: none"> • Staffing is based upon expected patient volume which is predicted by the surgery block schedule, the surgical cases scheduled for the day, endoscopy block schedule, and infusion schedule. • Daily staffing assignments are made the day before by the Surgical Services Clinical Leadership Team (Charge RN's, Assistant RN Manager, and Surgical Services Manager). • Factors considered during daily assignments: surgeon requests, caregiver requests, patient requests, team dynamics, complexity of the case, caregiver experience, length of room and shift length of caregiver. • Additional considerations include: surgeon requests for second scrub, complexity of patient preparation and/or care activities that may benefit from additional Circulator RN or room support (positioning, complicated set up, multiple specimens, multi-surgeons/multi-procedures) • Evaluation of the needs of the OR, Day Surgery, Endoscopy, and Out-patient infusion is ongoing to ensure the departments staffing levels are met. <p>Evaluation & Effectiveness of Assignments</p> <ul style="list-style-type: none"> • Any RN or ST in the department may go to the Charge RN or a member of the Clinical Leadership Team and let them know if they are having challenges handling their current assignment related to the specialty or acuity of their patient. Working with the Charge RN and/or Leadership Team, they may work out an arrangement to trade their assignment or assign an additional teammate to support and/or precept them as needed. • If the arrangement is unsatisfactory and there remains a concern for patient safety and/or caregiver ability, the issue should be escalated using the chain of command for resolution. |
| Unit Staffing Guidelines (including minimum staffing) | <ul style="list-style-type: none"> • Minimum core staffing will be based on unit census in Day Surgery, Endoscopy, Outpatient Infusion, and PACU. Minimum staffing for the department is one RN between the hours of 0600-1630, Monday |

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| | <p>through Friday, except for holidays. This RN will handle simple procedures not requiring additional staff such as simple outpatient infusions. There will be an on call OR/PACU crew to cover surgical add on cases.</p> <ul style="list-style-type: none"> • Additional staffing for scheduled procedures can include up to three RNs in Day Surgery, three RNs and Endoscopy Technologist in Endoscopy, and two RNs in PACU. • In each OR a minimum of one Surgical Technologist and one Circulating RN are required. • While most surgical cases require an Anesthesia Provider, in the event of a moderate sedation procedure, there must be another RN assigned as the Monitoring RN (monitors patient vital signs during procedure). • A Health Unit Coordinator (HUC) will be scheduled 0800-1630 Monday through Friday. <p>Low Census Low Census will be rotated fairly and equitably based upon unit census as outlined by the Unit Based Council (UBC) in coordination with the UFCW21 contract.</p> <p>Standby/On Call Coverage for OR/PACU:</p> <p>Weekday Standby-</p> <ul style="list-style-type: none"> • For OR :Monday – Friday, 1500-0630 = 1 ST & 1 RN on call • Weekday standby teams will be utilized as needed to provide care of surgical patients • For PACU: Monday-Friday, 1730-0630 <p>Weekend Standby-</p> <ul style="list-style-type: none"> • Saturday 0630-Monday 0630 comprise the weekend call 48 hour period • Circulators, Recovery RN's, and scrub techs rotate approximately every 4 weeks to cover the weekend standby hours. Each team of STs and RNs determines their sign-up rotation for their assigned weekend. <p>Holiday Standby-</p> <ul style="list-style-type: none"> • Holidays are staffed by on call teams. Staff self-select their preferred winter & summer holiday standby shift, on a first-come-first-served basis. <p>Standby teams are called in by the Administrative Supervisor. Staff are expected to respond to their standby call immediately and arrive in the department within 30 minutes of the call. Guidelines about weekday and weekend sign up processes are determined by the Call Team and are posted in the department.</p> |
| <p>Process for evaluating and initiating limitations on admissions</p> | <ul style="list-style-type: none"> • The OR does not go on divert • 24/7/365 capability to provide surgical care • In the event of an urgent/emergent case, any scheduled elective cases are evaluated and potentially delayed to accommodate the risk of loss of life or limb emergency. This is handled by surgeon to surgeon conversation and often involves the anesthesia provider's input and consideration. |

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| | <ul style="list-style-type: none"> • Elective same day add-on cases are accommodated with consideration of: surgeon availability and request time, patient location, patient acuity, staffing demand and capacity. • Elective (non-emergent) same day add-on cases may stack up into the evening hours and will be handled on a first-come-first-served basis and will be completed as staffing resources are available, pending breaks and end of shift considerations. Delays may occur when demand exceeds capacity. Every effort will be made to procure additional staff resources to meet the demand. |
| Work Environment | <p>Shared Governance: Unit Based Councils meet monthly with multidisciplinary participation.</p> <p>Guidelines and expectations for meals/breaks:</p> <ul style="list-style-type: none"> • 8 and 10 hours shifts = 30 min meal break and 2x15 min breaks • Breaks can be combined when necessary to accommodate: continuity of care, closed rooms, patient acuity and case complexity. • Direct patient care caregivers will be assigned their meal and breaks and be relieved by another qualified member of the surgical staff, the charge RN, or by members of the Nursing Leadership Team. • Indirect patient care caregivers (support roles) rotate their breaks and lunches and hand-off to each other for coverage. • Staff may leave the department during their break time, however if they are called during their break and are not able to take the allotted 30 minute meal break uninterrupted, they should attempt again as time allows and if still unable to achieve uninterrupted meal break, they should deduct their meal break at the time clock when swiping out. Every effort will be made to get uninterrupted break time and options include calling a house supervisor and/or an on-call provider if coverage is necessary. |
| Planned and Unplanned Absences | <p>A completed vacation request form is required for planned time off. Vacation guidelines, as outlined by the UBC in coordination with UFCW21 contract, are followed. Time off requests, whether planned or unplanned are covered by supplemental staff.</p> |