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Next Review 03/2024

Owner Christine (aka Tina) Smith: RN / Chief Nursing Officer (CNO)
Policy Area Access to Care Policies

Staffing Guidelines, Acute Care*

PURPOSE:

- I. Guidelines for determining the number of staff members per shift per Nurse Staffing Committee matrix.

POLICY:

- I. The Charge Nurse on duty is responsible to make a staffing plan for the next shift using the "Acuity & Staffing Guidelines".
- II. The Charge Nurse will implement call-in or low-census based on the staffing guidelines.
- III. Minimally, the hospital must have a Charge Nurse and one other licensed nurse.
- IV. The ER Nurse **may** be included as base staffing when census is low.
- V. In the event of emergencies, such as codes, additional help can be gleaned from:
 - A. ER Nurse
 - B. ER Provider
 - C. Available In-House Physicians or Administrative Staff.
- VI. Patient acuity may necessitate changes in staffing.

ACTION REQUIRED If this policy is updated or changed, the revised version must be forwarded to the Department of Health and posted on our website.

Attachments

Approval Signatures

Step Description	Approver	Date
CEO	James Graham: Chief Executive Officer (CEO)	03/2023
Policy Committee	Shauna Field: Administrative Assistant	03/2023
Chief Nursing Officer	Christine (aka Tina) Smith: RN / Chief Nursing Officer (CNO)	03/2023

Cover Page – Updated Nurse Staffing Plan

The following is an updated nurse staffing plan for Three Rivers Hospital, submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420.

The following nurse staffing plan replaces the nurse staffing plan previously submitted to the Washington State Department of Health.

STAFFING PLAN FOR NURSING SERVICES

Applicable to: Three Rivers Hospital

Department: Nurse Staffing Committee Revisions will be based on RCW 70.41.420

Nurse Staffing Plan Purpose

This plan was developed for the management of scheduling and provision of daily staffing needs for the hospital, and to define a process that ensures the availability of qualified nursing staff to provide safe, reliable and effective care to our patients. This plan applies to all parts of the hospital licensed under RCW 70.41.

Nurse Staffing Plan Principles

- Access to high-quality nursing staff is critical to providing patients safe, reliable and effective care.
- The optimal staffing plan represents a partnership between nursing leadership and direct nursing care staff.
- Staffing is multifaceted and dynamic. The development of the plan must consider a wide range of variables.
- Data and measurable nurse sensitive indicators should help inform the staffing plan.

*These principles correspond to *The American Nursing Association Principles of Safe Staffing*.

Nurse Staffing Plan Policy

- The nurse staffing committee (committee) is responsible for the development and oversight of the nurse staffing plan to ensure the availability of qualified nursing staff to provide safe, reliable and effective care to our patients.
- The committee's work is guided by its charter.
- The committee meets on a regular basis as determined by the committee's charter.
- The committee's work is informed by information and data from individual patient care units. Appropriate staffing levels for a patient care unit reflect an analysis of:
 - Individual and aggregate patient needs;
 - Staffing guidelines developed for specific specialty areas;
 - The skills and training of the nursing staff;
 - Resources and supports for nurses;
 - Anticipated absences and need for nursing staff to take meal and rest breaks;
 - Hospital data and outcomes from relevant quality indicators; and
 - Hospital finances.

*The American Nurses Association does not recommend a specific staffing ratio, but rather to make care assignments based on acuity, patient needs and staff competencies.

- The analysis of the above information is aggregated into the hospital's nurse staffing plan. Each individual patient care unit may use the Nurse Staffing Committee Checklist to guide their work.
- Staff continuously monitor individual and aggregate patient care needs and make adjustments to staffing per agreed upon policy and collective bargaining agreement (if applicable).
- The committee will perform a semiannual review of the staffing plan. If changes are made to the staffing plan throughout the calendar year, an updated staffing plan will be submitted to DOH.
- The hospital is committed to ensuring staff are able to take meal and rest breaks as required by law, or collective bargaining agreement (if applicable). The committee considers breaks and strategies to ensure breaks when developing the plan. A global break policy may be used, or individual patient care units may have discretion in structuring breaks to meet specific needs while meeting the requirements of the law. Data regarding missed or interrupted breaks will be reviewed by the committee to help develop strategies to ensure nurses are able to take breaks.

Nurse Staffing Plan Scope

Acute care hospitals licensed under [RCW 70.41](#) are required by law to develop a nurse staffing plan. The plan must cover areas of the hospital that: 1) are under the hospital's license (RCW 70.41) and 2) where a nurse(s) provides patient care (i.e., "patient care unit").

The following areas of the hospital are covered by the nurse staffing plan:

- Acute Care
- Emergency Department
- Surgery Department

Nurse Staffing Plan Critical Elements

The following represents critical elements about the nurse staffing plan:

- Closing of Labor and Delivery services decreased the need for OB staff
- Decrease in Surgical Cases decreased the need for extra Med/Surg nurse
- New ER Admitting staff
- Multiple open positions causing increased use of travel staff, causing a burden on hospital finances

Nurse Staffing Plan Matrices

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

Exhibit A – Acute Care (Day Shift, 0700-1930)					
Projected Pt. Census	Charge Nurse	RN	CNA (as applicable)	Ward Clerk/ Receptionist	Additional Support Staff/Other (as applicable)
0-4	1	1	1	1	1 float (1100-2330)
5-6	1	1	1	1	1 float (1100-2330)
7-9	1	2	1	1	1 float (1100-2330)
10-14	1	3	2	1	1 float (1100-2330)

Exhibit B – Emergency Dept (Day Shift, 0700-1930)					
Projected Pt. Census	Charge Nurse	RN	ER Tech	Additional Support Staff/Admitter	
0-5	0	1	1	1	
6-8	1	1	1	1	
9-14	1	1	1	1	

Exhibit C – Surgery Dept/PACU (Day Shift, 0700-1530)					
Number of Surgeries	Circulator	PACU nurse	Scrub Tech	CRNA	
0-3	1.5	1.25	1.5	1	
4-6	1.5	1.25	2	2	
7 <	2	1.5	2	2	