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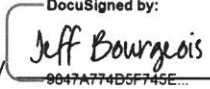
The following is the comprehensive nurse staffing plan for Lourdes Health, submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420 for the year 2023.

### CEO Attestation Template

I, the undersigned with responsibility for Lourdes Health, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for Lourdes Health (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:

- √ 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 patient care 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.

As approved by  \_\_\_\_\_ Date 1/27/2023

8047A774D5F745E...  
Jeff Bourgeois, Interim CEO

I, the undersigned with responsibility for Lourdes Hospital, LLC, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for 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 patient care 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.

This staffing plan was adopted by the hospital on: 1/23/2023

As approved by Kena Chase, CNO

## **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:

- ICU/Medical
- ED
- Acute Rehab
- Joint and Spine
- SDS
- OR
- PACU

## **Nurse Staffing Plan Critical Elements**

The following represents critical elements about the nurse staffing plan: ED and OR have charge nurses.

## **Nurse Staffing Plan Matrices**

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

# **Lourdes Hospital, LLC**

## **COMPREHENSIVE STAFFING PLAN**

**For**

**NURSING SERVICES**

**December 7, 2023**

Nursing care at Lourdes Hospital, LLC is comprised of Lourdes Medical Center (LMC), Lourdes Counseling Center (LCC), and Physician Clinics is provided according to established staffing schedules. The staffing schedules are based on projected patient census, acuity demands and industry standards. Staffing schedules are kept and are updated daily by the House Supervisor or designee. Adjustments to the schedule are made based on fluctuations in census, activity, and/or acuity, utilizing additional staff as necessary. Additional staff is called in by either the Staffing Coordinator, Nurse Director/Manager, or House Supervisor by phoning low censused, or non-scheduled staff to come in for extra shifts. As a last resort, staffing agencies are called to provide staff.

Staffing assessments are performed at least each shift and as needed by the Director/Manager and/or House Supervisor at Lourdes Medical Center and by the Director/Manager. Staffing takes into consideration patient acuity, staff skill mix and competency of nursing staff members. Adherence to and/or appropriateness of the schedule is monitored on an ongoing basis to determine if the patient care needs are being met. Staffing needs are reviewed as part of the annual budgetary process.

#### **Low Census or House Request**

Nursing staff members may be placed on low census standby or house request, according to policy or union contract if scheduled staffing exceeds the need. "Low Census" requires the nurse to remain available for immediate recall to duty at the hospital during the nurse's regularly scheduled shift. "House Request" releases the nurse from further duty at any time during the nurse's regularly scheduled shift. The determination is made to either low census or house request a nurse by the nursing director/designee/house supervisor, based on patient acuity, staff skill mix and competency of nursing staff members.

#### **Nurse Staffing Patterns**

Basic nurse staffing patterns have been established by each nursing unit. These patterns are based on staffing data, patient days, nursing hours per patient day required to deliver safe nursing care, budget information, quality improvement data, acuity, ages of patients served, specialty certifications, staff competencies, and technologies used. Furthermore, the utilization of skill mix is made in accordance with laws governing nursing practice and the scope of the Nurse Practice Act for the State of Washington. The following skill mix and nurse staffing pattern are defined by each unit. Lourdes Counseling Center prepares their own staffing plan. The physician clinics have established staffing levels.

**LOURDES MEDICAL CENTER**  
**CORE STAFFING**

**Emergency Department**

The Emergency Department is staffed with a minimum of two RNs 24 hours per day, seven days a week. One RN is assigned as Charge/Triage Nurse. Additional staff are utilized based on census and acuity, including LPNs, HUCs, and CNAs.

**Med/Surg/Observation**

There must be at least one RN on each shift. Other skill mix utilized consists of LPNs, CNAs, and a Telemetry Tech/Health Unit Coordinator to assist with non-nursing tasks. Staffing is based on acuity, census, patient care needs and established matrix.

**Rehabilitation Unit**

One RN must be assigned for each shift. In addition, if there is a trauma patient, there must be a CRRN within the 24 hour day. A HUC/PPS Coordinator, LPNs and CNAs are also utilized to provide care for Rehab patients. Skill mix is determined by the acuity of the patient population.

**Orthopedic Unit**

One RN must be assigned to the unit. Additional staff are utilized based on patient needs including LPNs, HUCs and CNAs.

**Post Anesthesia Care Unit (PACU)**

At least two RNs must be staffed in PACU at all times of operation. One RN must be Phase I competent.

**Operating Room**

One RN is assigned as Charge Nurse. The circulator must be an RN. The scrub may be an RN, or surgical technician.

**Ambulatory/GI Lab Services**

One RN must be in the unit during hours of operation and a second qualified staff (RN or LPN). One RN is assigned as charge nurse. Other skill mixes utilized include LPNs, CNAs, and HUCs.

**Intensive Care Unit/Intermediate Care Unit /Progressive Care Unit (IMCU/PCU)**

One RN shall be assigned to ICU when Intensive Care Status patients are present. The house supervisor may serve as a back critical care RN if there is not a second critical care RN on the unit per WAC 246-320-261. If there are no patients in the ICU, the nurse may be assigned a



med surg or intermediate care/progressive care (IMCU/PCU) patients. Special circumstances may support augmentation with additional ancillary staff.

**Pre Admission**

At least one RN and one Medical Assistant are assigned during days of operation, M-F.

**Float RNs**

When available, there are float RN positions to serve on applicable units.

**House Supervisor**

There is one RN House Supervisor with critical care training either ICU or ED 24 hours a day.

Available staffing matrixes guidelines are attached.

This portion of the staffing plan for nursing services is agreed upon by the following individuals:

  
\_\_\_\_\_

Nurse Staffing Committee Representative

1-23-23  
Date

  
\_\_\_\_\_

Kena Chase, MSN, RN, CNO

1/23/2023  
Date

  
\_\_\_\_\_

Jeff Bourgeois, Interim CEO

1/24/2023  
Date

Implemented September 1991.

Revision Dates: 7/10, 7/11, 1/13, 1/14, 11/15, 7/16, 2/18, 11/19, 1/21, 2/22, 12/22

# ED STAFFING MATRIX

## RN

7A - 7:30P X 2

9A - 9:30P X 1

12 - 12:30A X 1

3P - 3:30 P X 1

7P - 7:30A X 2

## HUC

7A - 7:30P X 1

7P - 7:30A X 1

## NAC

PRN

**Staffing may change according to patient acuity and volumes**

**Staffing Committee approved January, 2023**

### Combined ICU/IMCU-PCU/Med/Surg Matrix 2023

	Days					Nights				
Census-acute/1:5	RN's	Census-ICU/1:2	ICU RN	HUC/Tele	NAC's	RN/LPN's	Census ICU/1:2	ICU RN	HUC/Tele	NAC's
1	2	1	1	1		2	1	1	1	
2	2	2	1	1		2	2	1	1	
3	2	3	2	1		2	3	2	1	
4	2	4	2	1		2	4	2	1	
5	2	5	2	1		2	5	2	1	
6	3	6	3	1		3	6	3	1	
7	2	IMCU/PCU Census/1:4		1	1	2	IMCU/PCU Census/1:4		1	
8	2	1	1	1	1	2	1	1	1	
9	2	2	1	1	1	2	2	1	1	
10	2	3	1	1	1	2	3	1	1	1
11	3	4	1	1	2	3	4	1	1	2
12	3	5	2	1	2	3	5	2	1	2
13	3	6	2	1	2	3	6	2	1	2
14	3			1	2	3			1	2
15	3			1	2	3			1	2
16	4			1	2	4			1	2
17	4			1	2	4			1	2
18	4			1	2	4			1	2
19	4			1	2	4			1	2
20	4			1	2	4			1	2
21	5			1	2	5			1	2
22	5			1	2	5			1	2

Based on 5:1 M/S ratio.....Please take patient acuity and staff safety into your decisions.

If only one ICU patient then ICU nurse can take two other patients if ICU patient not vented. Adjust nurses to accommodate this.

When ICU patients are present at least 2 licensed nurses skilled in critical care are present in the hospital, and one must have ACLS. (WAC 246-320-261).

If no ICU patients, staffing should be adjusted to the ratio appropriate for patient care whether ICU/IMCU/PCU/ or Med Surg.

## REHAB STAFFING MATRIX 2023

Level II Trauma Rehab Designation: **Requires 1 Shift/24 hrs CRRN staffing, when trauma admitted to unit.**

DAYS	RN**	RN	NAC	NIGHTS	RN**	RN	NAC
1-5	1	2 <sup>nd</sup> Staff Member RN or NAC		1-5	1	2 <sup>nd</sup> Staff Member RN or NAC	
6	1	1		6	1	1	
7	1	1	1	7	1	1	
8	1	1	1	8	1	1	1
9	1	1	1	9	1	1	1
10	1	1	1	10	1	1	1

**\*\*** Both nurses if possible for 5 or more patients must trained to be complete Rehab Functional/Cognitive Scoring documentation (Care Tool Scoring).

Rehab is to be staffed to skills and ability, ***BEFORE FTE*** and or Low Census hours.

**\*\*** Care Tool Scoring & documentation must be completed every 12 hours by licensed nursing that are trained. This is mandatory scoring with narrative entry of variances in abilities and or scores explained.

House Shift Supervisors 24/7

Rehab Interdisciplinary Team:

CRRN/Case Manager/DC Planner Monday-Friday, Social Work/Psych Counselor, PT, OT, ST, PTA, & COTA  
 Inpatient Rehab and Therapies Director, Medical Director/Physiatrist & Hospitalist

Joint and spine surgical suite staffing matrix 2023

DAYS	RN	RN/LPN	HUC/NAC	NIGHTS	RN	RN/LPN	NAC
<b>1-5</b>	1	2 <sup>nd</sup> Nursing Staff RN/LPN or NAC		<b>1-5</b>	1	2 <sup>nd</sup> Nursing Staff RN/LPN or NAC	
<b>6</b>	1	1		<b>6</b>	1	1	
<b>7</b>	1	1	1	<b>7</b>	1	1	1
<b>8</b>	1	1	1	<b>8</b>	1	1	1
<b>9</b>	1	1	1	<b>9</b>	1	1	1
<b>10</b>	1	1	1	<b>10</b>	1	1	1
<b>11</b>	1	2	1	<b>11</b>	1	2	1
<b>12</b>	1	2	1	<b>12</b>	1	2	1

House Shift Supervisors 24/7  
 Director Monday-Friday  
 Case Management Monday- Friday

**Surgical RN's**

RN	OR	0.8		7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)
Charge RN	OR	1		7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)
RN	OR	1		7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)
RN	OR	1		7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)
RN	OR	1		7:00 (10)	7:00 (10)	7:00 (10)	7:00 (10)		
RN	OR	1		7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	
RN	OR	1		7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	
RN	OR	1		7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	
RN	OR	1		7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	
RN	OR	1		7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	

**PreAdmit Clinic**

RN	Pre-Adm	1
RN	Pre-Adm	0.6
RN	Pre-Adm	0.4
MA	Pre-Adm	1
MA	Pre-Adm	PRN
MA	Pre-Adm	0.5

**Endoscopy Tech**

GI TECH	Endo	1
TECH	Endo	1

**Same Day Surgery**

Charge FSDS	1
LPN	1
RN	0.9
RN	1
RN	0.6
RN	0.6
RN	0.9
RN	0.9
HUC	1
RN	PRN
RN	PRN

**Surgical Tech**

ST	OR	1		7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)
ST	OR	1		7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)
ST	OR	1		7:00 (10)	7:00 (10)	7:00 (10)	7:00 (10)	
ST	OR	0.5		7:00 (8)	7:00 (8)		7:00 (8)	
ST	OR	1		7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	
ST	OR	1		7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	
ST	OR	1		7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	
ST	OR	1		7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	
ST	OR	1		7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	
ST	OR	1		7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	
ST	OR	1		7:00 (8)	7:00 (8)	7:00 (8)	7:00 (8)	
ST	OR	PRN						

**PACU**

RN	PACU	0.6		8:30	8:30	8:30		
RN	PACU	0.2					7:30	
RN	PACU	0.6				8:00		8:00
RN	PACU	0.9		7:30	7:30	7:30	7:30	7:30
RN	PACU	0.9		8:30	8:30	8:30	8:30	8:30
RN	PACU	PRN						
RN	PACU	PRN						

**Anxiliary Staff**

SSC	OR	1		8:00	8:00	8:00	8:00	8:00
AIDE	OR	1		6:00	6:00	6:00	6:00	6:00
ATECH	OR	1		6:30	6:30	6:30	6:30	6:30
AIDE	OR	1		6:45	6:45	6:45	6:45	6:45
CSR	OR	1						
AIDE	OR	1						