



**Garfield County
Hospital District
Caring for Generations**

Nurse Staffing Coalition
January 29th, 2020

I, the undersigned with responsibility for Garfield County Hospital District, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for the 2020 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.


Signature

Mat Slaybaugh Co-CEO
Printed Name/Title

2/13/2020
Date



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Nurse Staffing Committee Charter
Revised January 29, 2020

Committee Name	Garfield County Hospital District Nurse Staffing Committee
Committee Membership and Leadership	<p>Co-Chair (Staff Registered Nurse Representative): Open at this time Co-Chair (Management Representative): Annette Davis RN, Trauma Nurse Manager & Jayd Keener RN, DNS, Cathy Herres, RN Quality Assurance Committee Membership:</p> <ol style="list-style-type: none"> 1. Cyndi Gonzales, RN ED/Acute <i>Cyndi Gonzales</i> 2. Katie Wing, RN Swing Bed 3. Mary Herres, RN Swing Bed 4. Travis McFarlan, RN ED/Acute 5. Phyllis Wolf, RN Swing Bed <i>Phyllis Wolf</i> 6. Luke Palmer, RN ED/Acute <i>Luke Palmer</i> 7. Stephanie Hughes, LPN Swing Bed <i>Stephanie Hughes LPN</i> 8. Charles Pitcher, HR 9. Carolyn Moore, Admin. Assistant, Minutes Keeper <p>The Nurse Staffing Committee will consist of seven members: five Registered Nurses currently providing direct patient care (one half of the total committee membership) and three hospital administrative staff (up to one half of the total membership).</p> <p>Each area where nursing care is provided will have the opportunity to provide advice to the Nurse Staffing Committee. These areas will be called to meetings when their attendance is required. Committee meetings are open, and any interested Registered Nurse employed by Garfield County Hospital District may attend, but only committee members will have a vote.</p> <p>The Nurse Staffing Committee will be co-chaired by one staff Registered Nurse and one management representative. Co-chairs will be selected every two years by the Nurse Staffing Committee.</p> <p>Registered nurse participants will be selected by their peers if staff are not represented by a union.</p>
Overall Purpose/ Strategic Objective	<p>The purpose of this Committee is to: protect patients, support greater retention of Registered Nurses, and promote evidence-based nurse staffing by establishing a mechanism whereby direct care nurses and hospital management can participate in a joint process regarding decisions about nurse staffing.</p> <p>Daily staffing numbers will be determined based on the census and acuity of the facility</p>



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	<p>and will be reviewed whenever is needed related to influx of patient census and acuity. Registered Nurse's that work the swing bed area of the facility will take a meal break and rest break while working the 12 hour shift. Registered Nurse's that work the ED/Acute area will be able to take meal breaks and rest periods however these will be paid as they have certifications that are required to be in the building at all times related to the Critical Access Hospital regulations. See usual staffing ratio's.</p> <p>The staffing committee has ready access to organizational data pertinent to the analysis of nurse staffing which may include but is not limited to:</p> <ul style="list-style-type: none">• Patient census and census variance trends• Patient LOS• Quality metrics and adverse event data where staffing may have been a factor• Patient experience data• Staff engagement/experience data• Nursing overtime and on-call utilization• Breaks taken, breaks missed• Nursing agency utilization and expense• "Assignment by objection" or other staffing complaint/concern data• Patient utilization trends in those areas where on-call is used• Recruitment, retention, and turn-over data• Education, vacation, and sick time (including leaves of absence, scheduled or unscheduled) <p>The committee conducts routine surveys to assess the satisfaction of both nurse staffing committee members, and bedside nursing staff, with nurse staffing and with the effectiveness of the staffing committee.</p>
Tasks/ Functions	<ul style="list-style-type: none">• Develop / produce and oversee the establishment of an annual patient care unit and shift-based nurse staffing plan and staffing plan modifications based on the needs of patients and use this plan as the primary component of the staffing budget.• Provide semi-annual review of the staffing plan against patient need and known evidence-based staffing information, including nurse sensitive quality indicators collected by the hospital.<ul style="list-style-type: none">• Typical timeline for annual review and validation of staffing plans:<ul style="list-style-type: none">▪ January & July -- committee review every 6 months▪ October/November-- Staff input▪ December-- finalize communication to the CEO• Review, assess, and respond to staffing variations or concerns presented to the committee• Assure that patient care unit annual staffing plans, shift-based staffing, and total clinical staffing are posted on each unit in a public area.• Assure factors are considered and included, but not limited to, the following in the



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	<p>development of staffing plans:</p> <ul style="list-style-type: none">○ 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 collective bargaining agreement. <ul style="list-style-type: none">● Evaluate staffing effectiveness against predetermined nurse sensitive metrics collected by Washington hospitals.● Hospital finances and resources as well as defined budget cycle must be considered in the development of the staffing plan.● Develop and implement a process to examine and respond to complaints submitted by a nurse that indicates:<ul style="list-style-type: none">○ That the nurse personnel assignment in a patient care unit is not in accordance with the adopted staffing plan; or○ An objection to the shift-to-shift adjustments in staffing levels required by the plan made by the appropriate hospital personnel overseeing patient care operations.● Track complaints coming in and the resolution of the complaints.● Make a determination that a complaint is resolved or dismissed based on unsubstantiated data.● Orientation to the staffing committee law is a part of routine hospital orientation.
	<ul style="list-style-type: none">●
Meeting Management	<p>Meeting schedule:</p> <p>The Nurse Staffing Committee will meet on a quarterly basis. Notices of meeting dates and times will be distributed at least 15 days in advance in order to better accommodate unit scheduling. Participation by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. Members shall be relieved of all other work duties during meetings. Staff Registered Nurse members of the Nurse Staffing Committee will be paid, and preferably will be scheduled to attend meetings as part of their normal full time equivalent hours for the majority of the meetings. It is understood that meeting schedules may require a Registered Nurse member attend on his/her</p>



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	<p>scheduled day off. In this case, the Registered Nurse may be given equivalent hours off during another scheduled shift.</p> <p>Record-keeping/minutes:</p> <ul style="list-style-type: none">• Meeting agendas will be distributed to all committee members at least one week in advance of each meeting.• The minutes of each meeting will be distributed to all committee members with each meeting agenda, with approval of the minutes as a standing agenda item for each meeting.• A master copy of all agendas and meeting minutes from the Nurse Staffing Committee minutes will be maintained and available for review on request. <p>Attendance requirements and participation expectations:</p> <ul style="list-style-type: none">• All members are expected to attend at least 80 percent of the meetings held each year. Failure to meet attendance expectations may result in removal from the committee.• If a member needs to be excused, requests for an excused absence are communicated to the Director of Nursing or Designee. Failure to request an excused absence will result in attendance recorded as “absent” in the meeting minutes.• Replacement will be in accordance with aforementioned selection processes.• It is the expectation of the Nurse Staffing Committee that all members will participate actively, including reading required materials in advance of the meeting as assigned, coming prepared to meetings, and engaging in respectful dialogue as professional committee members. <p>Decision-making process:</p> <ul style="list-style-type: none">• Consensus will normally be used as the decision-making model.• Should a particular issue need to be voted upon by the committee, the action must be approved by a majority vote of the full committee (not just the majority of the members present at a particular meeting).
<p>New Staff Committee Requirements</p>	<ul style="list-style-type: none">• Staffing committee members will go through education prior to joining the committee and the regulation will be explained to them• If possible, staff are encouraged to attend at least 1 meeting and review charter prior to committing.

FY 2020 Usual Staffing Ratios/Plan 12 Hour Shifts

Care Site/Unit/Cost Center
Types of Patients Served

Emergency Room
Emergency (minor to critical)

Director

Annette Davis, Trauma Coordinator,
Nurse Manager
Jayd Keener, RN Director of Nursing

of Beds

2

Average Visits

700 Average visits annually

D A Y S	Director	2 - M-F 8AM-5PM with a lunch
	PCT/LPN	0
	RN	1 – scheduled 6AM – 6PM
	Nursing Assistant Certified	1 - scheduled 6AM – 6PM
	Admissions Desk	1 – M-F 7AM – 5PM with a lunch
	On Call Nurse – available within 40 minutes	1 – scheduled 6AM – 6PM
	Note	Case Manager on Mon-Thurs

N I G H T S	Director	0
	RN	1 – scheduled 6PM – 6AM
	PCT	0
	Admissions Desk	0
	Nursing Assistant Certified	1 - scheduled 6PM – 6AM
	On Call Nurse – available within 40 minutes	1 – scheduled 6PM – 6AM

**FY 2020 Usual Staffing Ratios/Plan
12 Hour Shifts**

Care Site/Unit/Cost Center
Types of Patients Served

Acute/Swing
Acute/Observation/Swing Bed

Director

Jayd Keener, RN DNS
Annette Davis, Trauma Coordinator,
Nurse Manager

of Beds

25

Average Swing Bed Census

17

Average Acute/Observation Status is

26/year

D A Y S	Director	2 - M-F 8AM-5PM with a lunch
	Activities Coordinator	1 - M-F 8AM-5PM with a lunch
	PCT/LPN	0
	RN	1 – scheduled 6AM – 6PM
	Nursing Assistant Certified	2 - scheduled 6AM – 6PM
	HUC	1 – M-F 8AM – 5PM with a lunch
	On Call Nurse – available within 40 minutes	1 – scheduled 6AM – 6PM
	Note	Case Manager on Mon-Thurs

N I G H T S	Director	0
	RN	1 – scheduled 6PM – 6AM
	PCT	0
	Admissions Desk	0
	Nursing Assistant Certified	2 - scheduled 6PM – 6AM
	On Call Nurse – available within 40 minutes	1 – scheduled 6PM – 6AM