

REPORT TO THE LEGISLATURE

Staffing Levels Compared to Allotments

ESSB 6032, Section 204, (2)(n)

July 1, 2019

Behavioral Health Administration
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EXECUTIVE SUMMARY

Pursuant to ESSB 6032, Section 204, subsection (2)(n):

Beginning on January 1, 2019, the department must submit calendar quarterly reports to the office of financial management and the appropriate committees of the legislature which includes monitoring of monthly spending and staffing levels compared to allotments and to the recommended state hospital staffing model. These reports must include an update from the hospital staffing committees.

Staffing Model FTEs compared to January through March 2019 Average Actual FTEs.

Along with this document please find the Behavioral Health Administration Monthly Financial Report along with the Western State Hospital (WSH) and Eastern State Hospital (ESH) Joint Nurse Staffing Committee Plans.

STAFFING MODEL SPENDING LEVELS

The following tables provide the WSH and ESH recommended staffing plan compared to the first quarter of calendar year 2019 FTE actuals along with a comparison of the state hospitals' budgeted staffing by ward to actuals for the first quarter of calendar year 2019.

- ✓ Table 1 provides the resulting WSH and ESH Staffing Model developed after review of all positions and functions at Oregon State Hospital, WSH and ESH with a comparison to actual staffing expenditures from January through March 2019 and the variance by staffing plan functional category.

Staffing Model FTEs compared to January through March 2019 Average Actual FTEs						
Functional Category	Western State Hospital			Eastern State Hospital		
	Staffing Model - FTEs	January thru March 2019 Actuals	Variance	Staffing Model - FTEs	January thru March 2019 Actuals	Variance
Administration	36	22.7	13.3	22	10.1	11.9
Physical Medicine	82	104.7	(22.8)	42	36.5	5.9
Psychiatry	59	28.6	30.8	22	14.4	7.6
Psychology	97	56.8	40.0	36	10.1	25.7
Social Work	74	77.6	(3.4)	30	33.6	(3.6)
Rehabilitation	133	72.3	60.5	56	47.4	8.7
Non-Direct Care	146	136.8	9.2	42	55.2	(13.2)
Direct Care	1,342	1,414.7	(72.5)	523	422.2	100.4
Treatment Malls	80	91.4	(11.4)	32	14.0	18.0
Ward Managers	-	24.9	(24.9)	-	-	-
Treatment Team Coordinators	30	-	30.0	11	-	11.0
Legal Services	10	52.7	(42.7)	9	19.0	(10.0)
Quality Management	67	82.7	(15.7)	35	26.0	9.0
Business Office	10	10.8	(0.8)	6	6.0	-
Facilities	6	10.0	(4.0)	1	1.0	-
Housekeeping	120	92.9	27.1	45	39.2	5.8
Food Services	141	119.7	21.3	49	54.6	(5.6)
Warehouse & Laundry	12	-	12.0	2	2.0	-
Security	152	181.2	(29.2)	46	41.5	4.5
Staff Training & Development	33	24.5	8.5	16	6.0	10.0
Total	2,630	2,605.0	25.4	1,025	838.8	186.1

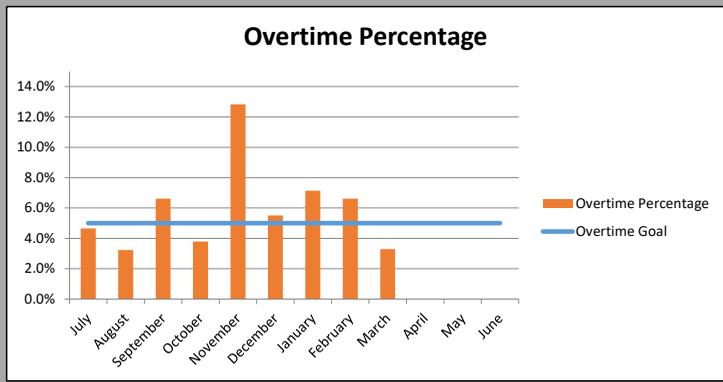
- ✓ Table 2 provides state fiscal year 2019 information by ward at WSH and ESH comparing budgeted staffing allotments by ward with average actuals from January through March 2019 and the difference.

January through March 2019 Average Budgeted vs. Actual FTEs by WARD							
Western State Hospital				Eastern State Hospital			
Ward	Budgeted	Actuals	Difference	Ward	Budgeted	Actuals	Difference
Civil				Civil			
C2	46.5	45.3	1.2	1N1	58.0	47.0	11.0
C3	47.3	44.8	2.5	2N1	45.0	33.7	11.3
C4	49.6	47.9	1.7	3N1	42.0	30.2	11.8
C5	41.4	39.0	2.4	B Ward	40.5	31.1	9.4
C6	43.5	40.0	3.5	D Ward	39.0	29.2	9.8
C7	41.4	44.8	(3.4)	E Ward	37.0	27.3	9.7
C8	45.8	47.9	(2.1)	HMH	35.0	31.0	4.0
S3	45.7	41.2	4.5	Forensic			
S7	42.3	56.8	(14.5)	1S1	55.5	44.7	10.8
S8	44.1	47.8	(3.7)	2N3	37.5	35.5	2.0
S9	44.2	42.4	1.8	2S1	43.5	40.0	3.5
E2	46.1	40.6	5.5	3S1	44.5	41.7	2.8
E4	47.7	51.4	(3.7)	Float Pool	0.0	30.8	(30.8)
E5	45.1	54.9	(9.8)	TOTAL	477.5	422.2	55.3
E6	46.8	-	46.8				
E7	39.5	52.7	(13.2)				
E8	45.1	63.2	(18.1)				
HMH W1N	31.5	40.0	(8.5)				
HMH W1S	40.8	53.9	(13.1)				
Forensic							
E1	39.7	39.2	0.5				
F1	47.9	49.3	(1.4)				
F2	50.4	52.5	(2.1)				
F3	41.8	43.8	(2.0)				
F4	44.6	42.2	2.4				
F5	51.9	47.6	4.3				
F6	47.2	47.1	0.1				
F7	40.3	37.1	3.2				
F8	41.4	38.3	3.1				
S10	42.8	40.7	2.1				
S5	42.5	36.5	6.0				
Float Pool	22.9	86.0	(63.1)				
TOTAL	1,347.8	1,414.7	(66.9)				

OFM - State Hospital Status Report
Reporting Unit: Eastern State Hospital

All Departments	July	August	September	October	November	December	January	February	March	April	May	June	FYTD 2019	TOTAL - FY 2019
Allotted	\$ 7,309,050	\$ 7,309,050	\$ 7,310,050	\$ 7,309,950	\$ 7,308,850	\$ 7,311,050	\$ 7,386,450	\$ 7,387,250	\$ 7,387,450	\$ 7,386,150	\$ 7,386,650	\$ 7,403,050	\$ 66,019,150	\$ 88,195,000
Salaries	\$ 4,763,500	\$ 4,763,500	\$ 4,763,500	\$ 4,763,500	\$ 4,763,500	\$ 4,763,500	\$ 4,840,800	\$ 4,840,800	\$ 4,840,800	\$ 4,840,800	\$ 4,841,300	\$ 4,839,500	\$ 47,944,200	\$ 57,625,000
Benefits	\$ 1,799,100	\$ 1,799,100	\$ 1,799,000	\$ 1,799,100	\$ 1,799,000	\$ 1,799,100	\$ 1,799,200	\$ 1,799,100	\$ 1,799,100	\$ 1,799,100	\$ 1,799,000	\$ 1,808,999	\$ 17,990,900	\$ 21,598,899
Contracts	\$ 5,800	\$ 5,800	\$ 5,800	\$ 5,800	\$ 5,800	\$ 5,800	\$ 5,800	\$ 5,800	\$ 5,800	\$ 5,800	\$ 5,800	\$ 5,200	\$ 58,000	\$ 69,000
Goods and Services	\$ 589,000	\$ 589,000	\$ 589,000	\$ 589,100	\$ 589,000	\$ 589,000	\$ 589,000	\$ 589,100	\$ 589,000	\$ 589,000	\$ 589,000	\$ 590,111	\$ 5,890,200	\$ 7,069,311
Travel	\$ 2,700	\$ 2,700	\$ 3,400	\$ 2,700	\$ 2,700	\$ 3,400	\$ 2,700	\$ 2,700	\$ 3,400	\$ 2,700	\$ 2,700	\$ 3,748	\$ 29,100	\$ 35,548
All Other	\$ 148,950	\$ 148,950	\$ 149,350	\$ 149,750	\$ 148,850	\$ 150,250	\$ 148,950	\$ 149,750	\$ 149,350	\$ 148,750	\$ 148,850	\$ 155,492	\$ 1,492,900	\$ 1,797,242
Expenditures	\$ 7,635,707	\$ 7,722,328	\$ 7,771,612	\$ 7,776,893	\$ 7,886,344	\$ 7,155,798	\$ 8,471,635	\$ 8,590,470	\$ 8,311,551	\$ 8,281,237	\$ -	\$ -	\$ 79,603,576	
Salaries	\$ 4,723,851	\$ 4,684,997	\$ 4,733,913	\$ 4,537,466	\$ 4,966,467	\$ 4,689,524	\$ 4,885,155	\$ 5,205,521	\$ 4,738,640	\$ 4,768,310			\$ 47,933,843	
Benefits	\$ 2,063,524	\$ 2,052,629	\$ 2,059,303	\$ 1,984,074	\$ 2,100,895	\$ 2,022,487	\$ 2,112,131	\$ 2,150,626	\$ 2,072,648	\$ 2,073,136			\$ 20,691,453	
Contracts	\$ 50,960	\$ 56,050	\$ 41,600	\$ 120,795	\$ 35,800	\$ (15,394)	\$ 195,548	\$ 121,664	\$ 131,477	\$ 65,965			\$ 804,466	
Goods and Services	\$ 496,234	\$ 521,738	\$ 577,106	\$ 489,952	\$ 468,916	\$ 473,425	\$ 564,018	\$ 444,056	\$ 835,785	\$ 584,266			\$ 5,455,496	
Travel	\$ 3,416	\$ 9,935	\$ 13,564	\$ 8,579	\$ 7,978	\$ 4,851	\$ 6,747	\$ 6,727	\$ 9,028	\$ 13,538			\$ 84,363	
All Other	\$ 297,722	\$ 396,980	\$ 346,126	\$ 636,028	\$ 306,289	\$ (19,097)	\$ 708,036	\$ 661,875	\$ 523,974	\$ 776,022			\$ 4,633,955	
Variance	\$ (326,657)	\$ (413,278)	\$ (461,562)	\$ (466,943)	\$ (577,494)	\$ 155,252	\$ (895,437)	\$ (1,203,220)	\$ (924,101)	\$ (895,087)			\$ (13,584,426)	
Salaries	\$ 39,649	\$ 78,503	\$ 29,587	\$ 226,035	\$ (202,967)	\$ 73,976	\$ (44,355)	\$ (364,721)	\$ 102,160	\$ 72,490			\$ 10,357	
Benefits	\$ (264,424)	\$ (253,529)	\$ (260,303)	\$ (184,974)	\$ (301,895)	\$ (223,387)	\$ (312,931)	\$ (351,526)	\$ (273,548)	\$ (274,036)			\$ (2,700,553)	
Contracts	\$ (45,160)	\$ (50,250)	\$ (35,800)	\$ (114,995)	\$ (30,000)	\$ 21,194	\$ -	\$ (115,864)	\$ (125,677)	\$ (60,165)			\$ (746,466)	
Goods and Services	\$ 92,766	\$ 67,262	\$ 11,894	\$ 99,148	\$ 120,084	\$ 115,575	\$ 24,982	\$ 145,044	\$ (246,785)	\$ 4,734			\$ 434,704	
Travel	\$ (716)	\$ (7,235)	\$ (10,164)	\$ (5,879)	\$ (5,278)	\$ (1,451)	\$ (4,047)	\$ (4,027)	\$ (5,628)	\$ (10,838)			\$ (55,263)	
All Other	\$ (148,772)	\$ (248,030)	\$ (196,776)	\$ (486,278)	\$ (157,439)	\$ 169,347	\$ (559,086)	\$ (512,125)	\$ (374,624)	\$ (627,272)			\$ (3,141,055)	

Expenditure Details - Dash Board



	Nurses	Psychiatrists	Admin/Other	Total Locums
July	\$ 15,170	\$ 194,680	\$ 50,725	\$ 260,575
August	\$ 17,777	\$ 281,364	\$ 49,600	\$ 348,741
September	\$ 8,520	\$ 248,545	\$ -	\$ 257,065
October	\$ 18,752	\$ 480,431	\$ 132,400	\$ 631,583
November	\$ 9,531	\$ 161,778	\$ 49,600	\$ 220,909
December	\$ 5,360	\$ (72,542)	\$ -	\$ (67,182)
January	\$ 15,544	\$ 616,573	\$ 116,150	\$ 748,267
February	\$ 16,348	\$ 215,648	\$ 29,243	\$ 261,239
March	\$ 33,014	\$ 306,792	\$ 173,255	\$ 513,062
April	\$ 30,041	\$ 350,943	\$ 59,941	\$ 440,925
May				
June				
Total YTD Locum Expenditures				\$ 3,615,182

Psychiatrist and Physician Staffing Vacancy information	
<i>Current Filled positions</i>	
Psychiatrist	11
Physicians	6
Physician Assistant Certified	5
<i>Current Vacancies</i>	
Psychiatrist	4
Physicians	0
Physician Assistant Certified	0

Notes: Efforts continue to fill psychiatric positions. Nationwide shortage apparent.

Explanation of unusual expenditures :

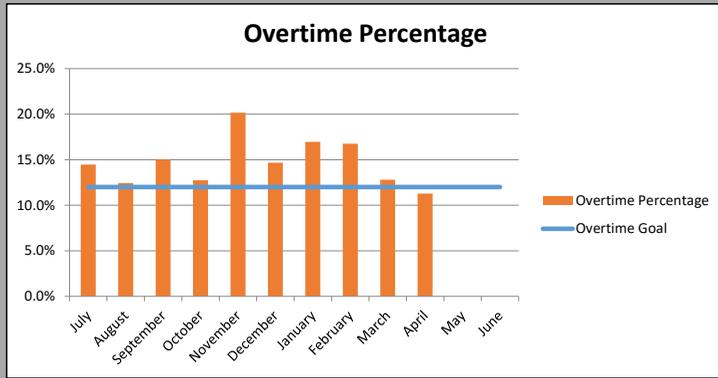
	Current Month	Total YTD
Medical Staff - Shift Incentive/Additional Compensation		
Physicians' Extra-Duty	\$122,381	\$1,112,859

Sources: Data Source: AFRS
 Staffing Source: OneStaff
 Data Gathered: 5/15/2019
 Prepared: 5/15/2019 Prepared By: J. O'Bannan

OFM - State Hospital Status Report
Reporting Unit: Western State Hospital

All Departments	July	August	September	October	November	December	January	February	March	April	May	June	FYTD 2019	TOTAL - FY 2019
Allotted	\$ 20,705,700	\$ 20,622,700	\$ 20,594,700	\$ 20,472,500	\$ 20,482,800	\$ 20,532,800	\$ 20,673,300	\$ 20,673,400	\$ 20,731,100	\$ 20,674,200	\$ 20,661,900	\$ 20,687,800	\$ 185,489,000	\$ 247,512,900
Salaries	\$ 13,394,800	\$ 13,394,800	\$ 13,394,800	\$ 13,394,800	\$ 13,394,900	\$ 13,394,900	\$ 13,595,300	\$ 13,595,300	\$ 13,595,300	\$ 13,595,300	\$ 13,594,300	\$ 13,576,392	\$ 134,750,200	\$ 161,920,892
Benefits	\$ 4,958,300	\$ 4,959,300	\$ 4,959,300	\$ 4,959,200	\$ 4,959,400	\$ 4,959,400	\$ 4,959,400	\$ 4,959,400	\$ 4,959,400	\$ 4,959,200	\$ 4,959,200	\$ 4,957,078	\$ 49,592,400	\$ 59,508,678
Contracts	\$ 19,300	\$ 19,300	\$ 19,300	\$ 19,300	\$ 19,300	\$ 19,300	\$ 19,300	\$ 19,300	\$ 19,300	\$ 19,300	\$ 19,300	\$ 18,700	\$ 193,000	\$ 231,000
Goods and Services	\$ 1,806,500	\$ 1,805,500	\$ 1,805,600	\$ 1,805,500	\$ 1,805,500	\$ 1,805,600	\$ 1,805,500	\$ 1,805,600	\$ 1,805,600	\$ 1,805,600	\$ 1,805,500	\$ 1,814,055	\$ 18,056,500	\$ 21,676,055
Travel	\$ 14,900	\$ 14,900	\$ 15,800	\$ 14,900	\$ 14,900	\$ 15,800	\$ 14,900	\$ 14,900	\$ 15,800	\$ 14,900	\$ 15,000	\$ 16,367	\$ 151,700	\$ 183,067
All Other	\$ 511,900	\$ 428,900	\$ 399,900	\$ 278,800	\$ 288,800	\$ 337,800	\$ 278,900	\$ 278,900	\$ 335,800	\$ 279,700	\$ 268,600	\$ 305,208	\$ 3,419,400	\$ 3,993,208
Expenditures	\$ 23,532,610	\$ 23,766,044	\$ 23,893,544	\$ 23,989,908	\$ 25,330,349	\$ 24,222,780	\$ 24,513,264	\$ 24,387,652	\$ 24,826,430	\$ 23,690,384	\$ -	\$ -	\$ 242,152,965	
Salaries	\$ 14,499,583	\$ 14,210,296	\$ 14,542,946	\$ 14,341,623	\$ 15,463,182	\$ 14,719,410	\$ 15,121,671	\$ 14,886,287	\$ 14,605,258	\$ 14,274,998			\$ 146,665,253	
Benefits	\$ 6,077,051	\$ 6,038,580	\$ 6,140,562	\$ 6,013,454	\$ 6,415,259	\$ 6,254,467	\$ 6,322,740	\$ 6,164,595	\$ 6,121,669	\$ 6,066,154			\$ 61,614,530	
Contracts	\$ 364,625	\$ 446,207	\$ 203,603	\$ 365,860	\$ 441,421	\$ 363,028	\$ 348,347	\$ 485,724	\$ 372,169	\$ 398,047			\$ 3,789,030	
Goods and Services	\$ 1,561,604	\$ 1,795,445	\$ 1,903,991	\$ 1,833,103	\$ 1,680,640	\$ 1,735,838	\$ 1,547,775	\$ 1,470,045	\$ 2,074,971	\$ 1,335,536			\$ 16,938,948	
Travel	\$ 4,683	\$ 963	\$ 6,481	\$ 11,068	\$ 16,374	\$ 13,120	\$ 8,926	\$ 4,798	\$ 7,053	\$ 15,725			\$ 89,191	
All Other	\$ 1,025,065	\$ 1,274,553	\$ 1,095,962	\$ 1,424,801	\$ 1,313,473	\$ 1,136,916	\$ 1,163,805	\$ 1,376,203	\$ 1,645,311	\$ 1,599,924			\$ 13,056,013	
Variance	\$ (2,826,910)	\$ (3,143,344)	\$ (3,298,844)	\$ (3,517,408)	\$ (4,847,549)	\$ (3,689,980)	\$ (3,839,964)	\$ (3,714,252)	\$ (4,095,330)	\$ (3,016,184)			\$ (56,663,965)	
Salaries	\$ (1,104,783)	\$ (815,496)	\$ (1,148,146)	\$ (946,823)	\$ (2,068,282)	\$ (1,324,510)	\$ (1,526,371)	\$ (1,290,987)	\$ (1,009,958)	\$ (679,698)			\$ (11,915,053)	
Benefits	\$ (1,118,751)	\$ (1,079,280)	\$ (1,181,262)	\$ (1,054,254)	\$ (1,455,859)	\$ (1,295,067)	\$ (1,363,340)	\$ (1,205,195)	\$ (1,162,369)	\$ (1,106,754)			\$ (12,022,130)	
Contracts	\$ (345,325)	\$ (426,907)	\$ (184,303)	\$ (346,560)	\$ (422,121)	\$ (343,728)	\$ (329,047)	\$ (466,424)	\$ (352,869)	\$ (378,747)			\$ (3,596,030)	
Goods and Services	\$ 244,896	\$ 10,055	\$ (98,391)	\$ (27,603)	\$ 124,860	\$ 69,762	\$ 257,725	\$ 335,555	\$ (269,371)	\$ 470,064			\$ 1,117,552	
Travel	\$ 10,217	\$ 13,937	\$ 9,319	\$ 3,832	\$ (1,474)	\$ 2,680	\$ 5,974	\$ 10,102	\$ 8,747	\$ (825)			\$ 62,509	
All Other	\$ (513,165)	\$ (845,653)	\$ (696,062)	\$ (1,146,001)	\$ (1,024,673)	\$ (799,116)	\$ (884,905)	\$ (1,097,303)	\$ (1,309,511)	\$ (1,320,224)			\$ (9,636,613)	

Expenditure Details - Dash Board



Explanation of unusual expenditures :

	Nurses	Psychiatrists	Total Locums
July	\$ 29,484	\$ 240,392	\$ 269,876
August	\$ 24,620	\$ 193,270	\$ 217,890
September	\$ 39,855	\$ 398,057	\$ 437,912
October	\$ 67,408	\$ 305,924	\$ 373,332
November	\$ 60,598	\$ 590,567	\$ 651,165
December	-	\$ 373,622	\$ 373,622
January	\$ 49,028	\$ 442,977	\$ 492,005
February	\$ 45,495	\$ 439,928	\$ 485,423
March	\$ 57,850	\$ 367,899	\$ 425,749
April	\$ 57,850	\$ 585,266	\$ 643,116
*Number last month included OT/PT and has been corrected			
**Psychiatrists includes Physicians			
Total YTD Locum Expenditures			\$ 4,370,090

	Current Month	Total YTD
Medical Staff - Shift Incentive/Additional Compensation		
Physicians' Extra-Duty	\$203,954	\$1,921,704
*Used Wage Type		

Psychiatrist and Physician Staffing Vacancy information	
Current Filled positions	
Psychiatrist	24
Physicians	21
Physician Assistant Certified	-
Current Vacancies	
Psychiatrist	21
Physicians	7
Physician Assistant Certified	-
Notes: Efforts continue to fill psychiatric positions. Nationwide shortage apparent.	

Sources: Data Source: AFRS

Data Gathered:

Prepared:

Prepared By:

**Behavioral Health Administration
Overtime Report for Eastern State Hospital and Western State Hospital
Fiscal Year 2019**

Eastern State Hospital

Salary Type	July	August	September	October	November	December	January	February	March	April	May	June	TOTAL
FTE - State Classified (AA)	806.3	800.1	795.3	785.9	788.5	800.7	796.68	793.8	805.7	805.3			7,978.3
	\$ 4,450,558	\$ 4,453,895	\$ 4,417,072	\$ 4,351,272	\$ 4,361,613	\$ 4,422,908	\$ 4,512,964	\$ 4,817,835	\$ 4,542,326	\$ 4,578,931			\$ 44,909,373
FTE - OT and Call-back (AU)	30.4	21.7	42.2	24.5	79.9	34.89	45.76	45.93	22.28	21.5			369.1
	\$ 206,839	\$ 143,799	\$ 292,244	\$ 164,745	\$ 559,827	\$ 243,246	\$ 322,268	\$ 318,457	\$ 149,274	\$ 142,198			\$ 2,542,897
Goal	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Overtime Percentage (\$)	4.6%	3.2%	6.6%	3.8%	12.8%	5.5%	7.1%	6.6%	3.3%	3.1%	0.0%	0.0%	5.7%

Western State Hospital

Salary Type	July	August	September	October	November	December	January	February	March	April	May	June	TOTAL
FTE - State Classified (AA)	2,285.8	2,299.2	2,312.4	2,320.4	2,349.4	2,316.95	2,307.78	2,282.9	2,318.4	2,302.2			23,095.4
	\$ 12,505,123	\$ 12,569,750	\$ 12,668,332	\$ 12,703,731	\$ 12,759,007	\$ 12,772,477	\$ 12,797,697	\$ 12,687,092	\$ 12,879,879	\$ 12,756,124			\$ 127,099,212
FTE - OT and Call-back (AU)	290.7	250.5	301.1	258.8	398.6	290.37	337.46	326.2	254.9	217.1			2,925.8
	\$ 1,808,839	\$ 1,564,668	\$ 1,902,324	\$ 1,618,983	\$ 2,572,566	\$ 1,873,617	\$ 2,169,366	\$ 2,125,256	\$ 1,650,270	\$ 1,440,000			\$ 18,725,887
Goal	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
Overtime Percentage (\$)	14.5%	12.4%	15.0%	12.7%	20.2%	14.7%	17.0%	16.8%	12.8%	11.3%	0.0%	0.0%	14.7%

EASTERN STATE HOSPITAL STAFFING MODEL



**STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BEHAVIORAL HEALTH ADMINISTRATION
EASTERN STATE HOSPITAL**

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December 19, 2018

Jayme Skehan, RN, DNP, CNO
Co-Chair, JNSC
Eastern State Hospital

Dan Gosser, RN3
Co-Chair, JNSC
Eastern State Hospital

RE: Eastern State Hospital Joint Nursing Staffing Plan

Ms. Skehan and Mr. Gosser,

I have received your semi-annual review of the nurse staffing plan dated August 2018 which describes in detail the current status and requirements of the staffing plan for Eastern State Hospital (ESH).

I appreciate the hard work that you are both doing in conjunction with the Joint Nurse Staffing Committee (JNSC) at ESH to meet the requirements set by legislation and the collective bargaining agreement. I recognize the work done in developing this plan includes a thorough review of the current staffing needs with careful consideration of evidence-based nurse staffing which ensures high quality and safe patient care.

I am supportive of the nurse staffing plan you have submitted as I believe it takes into consideration all of the necessary elements to achieve the goals of quality care and staff safety. While I am in support of the plan as submitted, ESH can only add the requested positions as the funding becomes available from the state legislature. The funding has been requested through the decision package process seeking the funding necessary to be able to achieve the level of staffing requested. The timeline for the funding for staffing requested is summarized below.

Phase	Staff Request	Estimated Cost	FTEs	Timeframe
Phase 1	Direct Care RN Staff	\$5.7 million	40.3	SFY 2019-21
Phase 2	Direct Care MHT / PSA Staff	\$5.1 million	60.3	SFY 2019-21

Through the renewed collaboration between direct care staff, hospital administration and the engagement of key legislative staff, I am confident of the overall success of the staffing plan. I feel the plan meets the goals of the JNSC in conjunction with the fiscal oversight of our hospital. I appreciate your work in creating the nursing staffing plan.

Sincerely,


Mark Kettner, Chief Executive Officer
Eastern State Hospital

ESH
SEMI-ANNUAL
NURSING STAFFING PLAN
2018

Jayne Skehan, RN, MSN, DNP /Chief Nursing Officer

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Behavioral Health Administration
Eastern State Hospital

B32-23 • P.O. Box 800 / 850 W. Maple Street • Medical Lake, WA 99022-0800 • (509) 565-4000

August, 2018

To: Mark Kettner, CEO
Eastern State Hospital

From: Jayme Skehan RN DNP, CNO
Co-Chair, JNSC

Dan Gosser, RN3
Co-Chair, JNSC

Attachments:

- Joint Staffing Schedule
- ESH Acuity Tool
- 2008 Staffing Law
- 2017 Staffing Law
- Template of Posting on unit
- Number of Short Staffing Forms w/Graph 2016,2017,2018
- Nursing Sensitive Quality Indicators
 - Falls
 - Retention
 - 1:1
 - Seclusion and Restraint Hours

Dear Mr., Kettner

This report serves as a semi-annual review of the nursing plan, which is presented for submission as part of the mandate from the new Nurse Staffing Legislation (HB 1714). The ESH Joint Nurse Staffing Committee (JNSC) required by RCW 70.41.420 (Nurse Staffing Committee) Article 40.4, CBA State of Washington & SEIU 1199 NW proposes the following plan to comply with the new staffing law and nursing legislation (HB 1714), and to ensure compliance on how to prepare for implementation. This proposal provides the effective dates and an outlining of the formal details of the new law signed in July 2017. The effective date is January 1, 2019, with report to the legislature December 31, 2020. Compliance with the existing Law enacted in 2008

remains in place. The framework for this is found in RCW 70.42.410 below. The 2008 staffing law #4 directs this Semi-Annual Review Report.

2008 Staffing Law

As a result of the law, the current hospital staffing committees were created in 2008. This law states that:

- **Nurse staffing committee composition & responsibilities**
 1. **Half of the staffing committee members shall be registered nurses currently providing direct patient care.**
 2. **Nurses on the staffing committee shall be scheduled during paid work time, and cannot be retaliated against in connection with the staffing committee.**
 3. **Development and oversight of a nurse staffing plan for each unit and shift of the hospital based on patient care needs, appropriate skill mix of registered nurses and other nursing personnel, layout of the unit, and national standards and recommendations on nurse staffing.**
 4. **Semi-annual review of the staffing plan against patient need and known evidence-based staffing information, including nursing sensitive quality indicators collected by the hospital.**
 5. **Review/assessment/response to staffing variations or concerns.**
- **Primary hospital responsibilities**
 - **If the committee's plan is not adopted by the hospital, then the CEO shall provide a written explanation.**
 - **In a public area on each patient care unit, post the nurse staffing plan and the nurse staffing schedule for that shift on that unit.**
 - **Make staffing plan and current staffing levels available to patients and visitors upon request.**
- **Non-retaliation**
 - **Hospitals may not retaliate or intimidate an employee for performing any duties or responsibilities in connection with the nurse staffing committee; or**
 - **Hospitals may not retaliate or intimidate an employee, patient, or other individual who notifies the nurse staffing committee or the hospital administration of his or her concerns on nurse staffing.**

ESHB 1714: Nurse Staffing

April 20, 2017: Final passage by the legislature.

This bill increases transparency of staffing plan and hospital accountability by amending the current staffing law to:

- **Require hospitals to accept the staffing committee's staffing plan or to prepare an alternative annual staffing plan that will be adopted by the hospital.**
- **Requires hospitals to submit the adopted staffing plan and subsequent changes to the staffing plan to the Washington State Department of Health beginning January 1, 2019.**

- Requires the hospital to implement the staffing plan and assign nursing personnel to each patient care unit in accordance with the plan beginning January 1, 2019.
- Allow a nurse to report to, and file a complaint with, the staffing committee any time the nurse personnel assignment is not in accordance with the adopted staffing plan.
- Allows nurses who may disagree with the shift-to-shift adjustments in staffing levels to submit a complaint to the staffing committee.
- Require staffing committees to develop a process to examine and respond to submitted complaints and to determine if a complaint is resolved or dismissed based on unsubstantiated data.
- Require the Washington State Department of Health to investigate complaints with documented evidence for failure to:
 - Form or establish a staffing committee;
 - Conduct a semi-annual review of a nurse staffing plan;
 - Submit a nurse staffing plan on an annual basis and any updates;
 - Follow the nursing staff personnel assignments as adopted by the hospital based on the complaints compiled by the staffing committee that include aggregate data that show a continuing pattern of unresolved violations for a minimum 60-day continuous period. Exceptions include unforeseeable emergent circumstances and documented reasonable efforts by hospital to obtain staffing to meet required assignments.
- Require hospitals to submit a corrective action plan within 45 days if the Washington State Department of Health (DOH) finds a violation – and, if the hospital fails to submit a corrective action plan or does not follow the corrective action plan, DOH may impose a civil penalty of \$100 per day until the hospital submits a corrective action plan, begins to follow a corrective action plan, or takes other action agreed to by DOH.
- Require the Washington State Department of Health to maintain public inspection records of any civil penalties, administrative actions, or license suspensions or revocations imposed on hospitals.
- Requires the Washington State Department of Health to submit a report to the legislature by December 31, 2020, on the number of complaints submitted, investigated, associated costs to DOH, and any recommended changes to statute. Requires a stakeholder group including WSNA to review the report before it is submitted to the legislature.

This act expires on June 1, 2023.

Beginning January 1 2019, each hospital shall implement the staffing plan and assign nursing personnel to each ward in accordance with the plan.

- a. A registered nurse may report to the staffing committee any variations where the nurse personnel assignment on a ward is not in accordance with the adopted staffing plan and may make a complaint to the committee based on the variations.

- b. Shift-to-shift adjustments in staffing levels required by the plan may be made by the appropriate hospital personnel overseeing patient care operations. If a registered nurse on a ward objects to a shift-to-shift adjustment, the registered nurse may submit the complaint to the staffing committee.
- c. The staffing committee shall develop a process to examine and respond to data submitted under a. and b. of this subsection, including the ability to determine if a specific complaint is resolved or dismissing a complaint based on unsubstantiated data.
- d. Posting of the Staffing Plan and Staffing Levels. Each hospital shall post, in a public area on each ward, the nurse staffing plan and the nurse-staffing schedule for that shift on that ward, as well as the relevant clinical staffing for that shift. The staffing plan and current staffing levels must also be made available to patients and visitors upon request.

The following information serves to explain how we plan for implementation.

Implementation Process at ESH:

- **Require hospitals to accept the staffing committee's staffing plan or to prepare an alternative:**
 - *Annual staffing plan has been adopted by the hospital.*
- **Requires hospitals to submit the adopted staffing plan and subsequent changes to the staffing plan to the Washington State Department of Health beginning January 1, 2019.**
 - *January 1, 2019*
- **Requires the hospital to implement the staffing plan and assign nursing personnel to each patient care unit in accordance with the plan beginning January 1, 2019.**
 - *The assignment of Nursing Personnel to each patient unit is in place.*
- **Allow a nurse to report to, and file a complaint with, the staffing committee any time the nurse personnel assignment is not in accordance with the adopted staffing plan.**
 - *ESH has Short staffing Sheets and they are reviewed in real time by the RN3 and the DON, in addition to, monthly review at the JNSC.*
- **Allows nurses who may disagree with the shift-to-shift adjustments in staffing levels to submit a complaint to the staffing committee.**
 - *System in place and addressed at the JNSC.*
- **Require staffing committees to develop a process to examine and respond to submitted complaints and to determine if a complaint is resolved or dismissed based on unsubstantiated data.**
 - *System in place and addressed at the JNSC.*
- **Require the Washington State Department of Health to investigate complaints with documented evidence for failure to:**
 - **Form or establish a staffing committee;**

- Conduct a semi-annual review of a nurse staffing plan;
- Submit a nurse staffing plan on an annual basis and any updates;
- Follow the nursing staff personnel assignments as adopted by the hospital based on the complaints compiled by the staffing committee that include aggregate data that show a continuing pattern of unresolved violations for a minimum 60-day continuous period. Exceptions include unforeseeable emergent circumstances and documented reasonable efforts by hospital to obtain staffing to meet required assignments.
- Require hospitals to submit a corrective action plan within 45 days if the Washington State Department of Health (DOH) finds a violation – and, if the hospital fails to submit a corrective action plan or does not follow the corrective action plan, DOH may impose a civil penalty of \$100 per day until the hospital submits a corrective action plan, begins to follow a corrective action plan, or takes other action agreed to by DOH.
- Require the Washington State Department of Health to maintain public inspection records of any civil penalties, administrative actions, or license suspensions or revocations imposed on hospitals.
- Requires the Washington State Department of Health to submit a report to the legislature by December 31, 2020, on the number of complaints submitted, investigated, associated costs to DOH, and any recommended changes to statute. Requires a stakeholder group including WSNA to review the report before it is submitted to the legislature.

This act expires on June 1, 2023.

Beginning January 1 2019, each hospital shall implement the staffing plan and assign nursing personnel to each ward in accordance with the plan.

- e. **A registered nurse may report to the staffing committee any variations where the nurse personnel assignment on a ward is not in accordance with the adopted staffing plan and may make a complaint to the committee based on the variations.**
- f.
 - a. *System in place where as we are committed to resolving concerns and complaints timely and nearest to where the work occurs.*
- g. **Shift-to-shift adjustments in staffing levels required by the plan may be made by the appropriate hospital personnel overseeing patient care operations. If a registered nurse on a ward objects to a shift-to-shift adjustment, the registered nurse may submit the complaint to the staffing committee.**
 - a. *System in place-CNO is staffed with 24 hour coverage to address changes in staffing hourly as well as shift changes.*
- h. **The staffing committee shall develop a process to examine and respond to data submitted under a. and b. of this subsection, including the ability to determine if a**

specific complaint is resolved or dismissing a complaint based on unsubstantiated data.

a. *System in place.*

- i. **Posting of the Staffing Plan and Staffing Levels.** Each hospital shall post, in a public area on each ward, the nurse staffing plan and the nurse-staffing schedule for that shift on that ward, as well as the relevant clinical staffing for that shift. The staffing plan and current staffing levels must also be made available to patients and visitors upon request.

* ESH's JNSC is in the process of developing a routine place for the posting of each shift's staffing plan which includes all team members on that posting who are present and contributing to patient care on the unit.

In addition, for additional clarification we invited Ian Corbridge from Washington State Hospital Association in order to learn best practices for implementation of the new law, on July 26, 2018.

A work group led by the CNO and RN3s are reviewing the directives and providing feedback and recommendations on the best way to implement the remaining changes.

The goal of this workgroup is to: define and agree upon the Language from the bill-*Each hospital shall post, in a public area on each patient care unit, the nurse staffing plan and the nurse staffing schedule for that shift on that unit, as well as the relevant clinical staffing for that shift. The staffing plan and current staffing levels must also be made available to patients and visitors upon request.*

- Provide feedback and suggestions from RN's hospital wide on the current compliance with this requirement, concerns about posting the information on the units and ideas about the best way to achieve consistent compliance.
- To gain consensus about and or differentiate and define what is meant by the terms:
 - Nurse staffing plan
 - Nurse staffing schedule
 - Relevant clinical staffing

It would be worthwhile to note that here has been discussion of two addition Forensic Wards to be opened in 2020, which this staffing plan does not reflect. These 2 wards would be a major impact to staffing and a recruitment/job fair is scheduled in October to help facilitate the hiring of staff.

Currently:

- The staff are scheduled a set number of days off

- Distribution of staff and resources based on acuity and census – shift by shift analysis of each ward acuity and census and resource are allocated by floating staff as needed
- Most of all the nursing shifts consist of 8 hours shift
- We utilize a float pool-and assign this staff to where the greatest need is
- On-calls are scheduled to cover vacation and planned absences
- We utilize agency when needed and currently have three agency staff
- We utilize Overtime when needed
- We mandate in-crisis with less than .01% yearly
- Staff time is captured in one staff and leave tracker
- We follow Sick Call policy and Call In policy
- Skill mix of staff is considered and adjusted to meet the needs of the unit
- We monitor and respond to short staffing reports in collaboration with our labor partners JNSC
- Request for days off outside the annual vacation bid process are addressed with priority and every effort is taken to approve requests.

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE HOUSE BILL 1714

Chapter 249, Laws of 2017

65th Legislature
2017 Regular Session

HOSPITALS--NURSE STAFFING PLANS

EFFECTIVE DATE: 7/23/2017

Passed by the House April 20, 2017
Yeas 95 Nays 1

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate April 19, 2017
Yeas 44 Nays 5

CYRUS HABIB

President of the Senate

Approved May 8, 2017 11:19 AM

JAY INSLEE

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 1714** as passed by House of Representatives and the Senate on the dates hereon set forth.

BERNARD DEAN

Chief Clerk

FILED

May 8, 2017

Secretary of State
State of Washington

ENGROSSED SUBSTITUTE HOUSE BILL 1714

AS AMENDED BY THE SENATE

Passed Legislature - 2017 Regular Session

State of Washington

65th Legislature

2017 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Cody, Doglio, Ryu, Pollet, Peterson, McBride, Wylie, Stonier, Goodman, Sawyer, Bergquist, Gregerson, Sullivan, Lytton, Tharinger, Chapman, Lovick, Senn, Hansen, Sells, Frame, Fitzgibbon, Riccelli, Macri, Jinkins, Dolan, Stanford, Orwall, Ortiz-Self, Farrell, Slatter, Tarleton, Clibborn, Fey, Kilduff, Reeves, Pettigrew, Appleton, Robinson, Blake, Ormsby, Pellicciotti, Kloba, Hudgins, and Santos)

READ FIRST TIME 02/17/17.

1 AN ACT Relating to nursing staffing practices at hospitals;
2 amending RCW 70.41.420; adding a new section to chapter 70.41 RCW;
3 creating new sections; prescribing penalties; and providing an
4 expiration date.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 NEW SECTION. **Sec. 1.** The legislature finds that:

7 (1) Research demonstrates that registered nurses play a critical
8 role in improving patient safety and quality of care;

9 (2) Appropriate staffing of hospital personnel including
10 registered nurses available for patient care assists in reducing
11 errors, complications, and adverse patient care events and can
12 improve staff safety and satisfaction and reduce incidences of
13 workplace injuries;

14 (3) Health care professional, technical, and support staff
15 comprise vital components of the patient care team, bringing their
16 particular skills and services to ensuring quality patient care;

17 (4) Assuring sufficient staffing of hospital personnel, including
18 registered nurses, is an urgent public policy priority in order to
19 protect patients and support greater retention of registered nurses
20 and safer working conditions; and

1 (5) Steps should be taken to promote evidence-based nurse
2 staffing and increase transparency of health care data and decision
3 making based on the data.

4 **Sec. 2.** RCW 70.41.420 and 2008 c 47 s 3 are each amended to read
5 as follows:

6 (1) By September 1, 2008, each hospital shall establish a nurse
7 staffing committee, either by creating a new committee or assigning
8 the functions of a nurse staffing committee to an existing committee.
9 At least one-half of the members of the nurse staffing committee
10 shall be registered nurses currently providing direct patient care
11 and up to one-half of the members shall be determined by the hospital
12 administration. The selection of the registered nurses providing
13 direct patient care shall be according to the collective bargaining
14 agreement if there is one in effect at the hospital. If there is no
15 applicable collective bargaining agreement, the members of the nurse
16 staffing committee who are registered nurses providing direct patient
17 care shall be selected by their peers.

18 (2) Participation in the nurse staffing committee by a hospital
19 employee shall be on scheduled work time and compensated at the
20 appropriate rate of pay. Nurse staffing committee members shall be
21 relieved of all other work duties during meetings of the committee.

22 (3) Primary responsibilities of the nurse staffing committee
23 shall include:

24 (a) Development and oversight of an annual patient care unit and
25 shift-based nurse staffing plan, based on the needs of patients, to
26 be used as the primary component of the staffing budget. Factors to
27 be considered in the development of the plan should include, but are
28 not limited to:

29 (i) Census, including total numbers of patients on the unit on
30 each shift and activity such as patient discharges, admissions, and
31 transfers;

32 (ii) Level of intensity of all patients and nature of the care to
33 be delivered on each shift;

34 (iii) Skill mix;

35 (iv) Level of experience and specialty certification or training
36 of nursing personnel providing care;

37 (v) The need for specialized or intensive equipment;

38 (vi) The architecture and geography of the patient care unit,
39 including but not limited to placement of patient rooms, treatment

1 areas, nursing stations, medication preparation areas, and equipment;

2 ((and))

3 (vii) Staffing guidelines adopted or published by national
4 nursing professional associations, specialty nursing organizations,
5 and other health professional organizations;

6 (viii) Availability of other personnel supporting nursing
7 services on the unit; and

8 (ix) Strategies to enable registered nurses to take meal and rest
9 breaks as required by law or the terms of an applicable collective
10 bargaining agreement, if any, between the hospital and a
11 representative of the nursing staff;

12 (b) Semiannual review of the staffing plan against patient need
13 and known evidence-based staffing information, including the nursing
14 sensitive quality indicators collected by the hospital;

15 (c) Review, assessment, and response to staffing variations or
16 concerns presented to the committee.

17 (4) In addition to the factors listed in subsection (3)(a) of
18 this section, hospital finances and resources ((may)) must be taken
19 into account in the development of the nurse staffing plan.

20 (5) The staffing plan must not diminish other standards contained
21 in state or federal law and rules, or the terms of an applicable
22 collective bargaining agreement, if any, between the hospital and a
23 representative of the nursing staff.

24 (6) The committee will produce the hospital's annual nurse
25 staffing plan. If this staffing plan is not adopted by the hospital,
26 the chief executive officer shall provide a written explanation of
27 the reasons why the plan was not adopted to the committee. The chief
28 executive officer must then either: (a) Identify those elements of
29 the proposed plan being changed prior to adoption of the plan by the
30 hospital or (b) prepare an alternate annual staffing plan that must
31 be adopted by the hospital. Beginning January 1, 2019, each hospital
32 shall submit its staffing plan to the department and thereafter on an
33 annual basis and at any time in between that the plan is updated.

34 (7) Beginning January 1, 2019, each hospital shall implement the
35 staffing plan and assign nursing personnel to each patient care unit
36 in accordance with the plan.

37 (a) A registered nurse may report to the staffing committee any
38 variations where the nurse personnel assignment in a patient care
39 unit is not in accordance with the adopted staffing plan and may make
40 a complaint to the committee based on the variations.

1 (b) Shift-to-shift adjustments in staffing levels required by the
2 plan may be made by the appropriate hospital personnel overseeing
3 patient care operations. If a registered nurse on a patient care unit
4 objects to a shift-to-shift adjustment, the registered nurse may
5 submit the complaint to the staffing committee.

6 (c) Staffing committees shall develop a process to examine and
7 respond to data submitted under (a) and (b) of this subsection,
8 including the ability to determine if a specific complaint is
9 resolved or dismissing a complaint based on unsubstantiated data.

10 (8) Each hospital shall post, in a public area on each patient
11 care unit, the nurse staffing plan and the nurse staffing schedule
12 for that shift on that unit, as well as the relevant clinical
13 staffing for that shift. The staffing plan and current staffing
14 levels must also be made available to patients and visitors upon
15 request.

16 ~~((+8))~~ (9) A hospital may not retaliate against or engage in any
17 form of intimidation of:

18 (a) An employee for performing any duties or responsibilities in
19 connection with the nurse staffing committee; or

20 (b) An employee, patient, or other individual who notifies the
21 nurse staffing committee or the hospital administration of his or her
22 concerns on nurse staffing.

23 ~~((+9))~~ (10) This section is not intended to create unreasonable
24 burdens on critical access hospitals under 42 U.S.C. Sec. 1395i-4.
25 Critical access hospitals may develop flexible approaches to
26 accomplish the requirements of this section that may include but are
27 not limited to having nurse staffing committees work by telephone or
28 ~~((electronic mail))~~ email.

29 NEW SECTION. Sec. 3. A new section is added to chapter 70.41
30 RCW to read as follows:

31 (1)(a) The department shall investigate a complaint submitted
32 under this section for violation of RCW 70.41.420 following receipt
33 of a complaint with documented evidence of failure to:

34 (i) Form or establish a staffing committee;

35 (ii) Conduct a semiannual review of a nurse staffing plan;

36 (iii) Submit a nurse staffing plan on an annual basis and any
37 updates; or

1 (iv)(A) Follow the nursing personnel assignments in a patient
2 care unit in violation of RCW 70.41.420(7)(a) or shift-to-shift
3 adjustments in staffing levels in violation of RCW 70.41.420(7)(b).

4 (B) The department may only investigate a complaint under this
5 subsection (1)(a)(iv) after making an assessment that the submitted
6 evidence indicates a continuing pattern of unresolved violations of
7 RCW 70.41.420(7)(a) or (b), that were submitted to the nurse
8 staffing committee excluding complaints determined by the nurse
9 staffing committee to be resolved or dismissed. The submitted
10 evidence must include the aggregate data contained in the complaints
11 submitted to the hospital's nurse staffing committee that indicate a
12 continuing pattern of unresolved violations for a minimum sixty-day
13 continuous period leading up to receipt of the complaint by the
14 department.

15 (C) The department may not investigate a complaint under this
16 subsection (1)(a)(iv) in the event of unforeseeable emergency
17 circumstances or if the hospital, after consultation with the nurse
18 staffing committee, documents it has made reasonable efforts to
19 obtain staffing to meet required assignments but has been unable to
20 do so.

21 (b) After an investigation conducted under (a) of this
22 subsection, if the department determines that there has been a
23 violation, the department shall require the hospital to submit a
24 corrective plan of action within forty-five days of the presentation
25 of findings from the department to the hospital.

26 (2) In the event that a hospital fails to submit or submits but
27 fails to follow such a corrective plan of action in response to a
28 violation or violations found by the department based on a complaint
29 filed pursuant to subsection (1) of this section, the department may
30 impose, for all violations asserted against a hospital at any time, a
31 civil penalty of one hundred dollars per day until the hospital
32 submits or begins to follow a corrective plan of action or takes
33 other action agreed to by the department.

34 (3) The department shall maintain for public inspection records
35 of any civil penalties, administrative actions, or license
36 suspensions or revocations imposed on hospitals under this section.

37 (4) For purposes of this section, "unforeseeable emergency
38 circumstance" means:

39 (a) Any unforeseen national, state, or municipal emergency;

40 (b) When a hospital disaster plan is activated;

1 (c) Any unforeseen disaster or other catastrophic event that
2 substantially affects or increases the need for health care services;
3 or

4 (d) When a hospital is diverting patients to another hospital or
5 hospitals for treatment or the hospital is receiving patients who are
6 from another hospital or hospitals.

7 (5) Nothing in this section shall be construed to preclude the
8 ability to otherwise submit a complaint to the department for failure
9 to follow RCW 70.41.420.

10 (6) The department shall submit a report to the legislature on
11 December 31, 2020. This report shall include the number of complaints
12 submitted to the department under this section, the disposition of
13 these complaints, the number of investigations conducted, the
14 associated costs for complaint investigations, and recommendations
15 for any needed statutory changes. The department shall also project,
16 based on experience, the impact, if any, on hospital licensing fees
17 over the next four years. Prior to the submission of the report, the
18 secretary shall convene a stakeholder group consisting of the
19 Washington state hospital association, the Washington state nurses
20 association, service employees international union healthcare 1199NW,
21 and united food and commercial workers 21. The stakeholder group
22 shall review the report prior to its submission to review findings
23 and jointly develop any legislative recommendations to be included in
24 the report.

25 (7) No fees shall be increased to implement this act prior to
26 July 1, 2021.

27 NEW SECTION. **Sec. 4.** This act expires June 1, 2023.

28 NEW SECTION. **Sec. 5.** This act may be known and cited as the
29 Washington state patient safety act.

Passed by the House April 20, 2017.

Passed by the Senate April 19, 2017.

Approved by the Governor May 8, 2017.

Filed in Office of Secretary of State May 8, 2017.

--- END ---

Nurse Staffing Plan Minimum Criteria

Nurse Staffing Coalition

June 1, 2018

Introduction

This document was created in May of 2018 as a collaborative effort between WSHA, SEIU Healthcare 1199NW, UFCW 21, and WSNA. These organizations came together in early 2018 to develop sample tools that are intended to help hospitals implement House Bill (HB) 1714, which was passed in the previous legislative session. HB 1714 was intended to update and create some accountability around the nurse staffing committee process. You can find the final bill, which shows the changes/additions compared to the previous law, [here](#).

All hospitals and hospital units licensed under RCW 70.41 must have a Nurse Staffing Committee (including, but not limited to, inpatient units, perioperative areas, emergency rooms, procedural/ interventional units, and hospital-based ambulatory areas). This committee is responsible for developing a nurse staffing plan and reviewing the plans semi-annually. Hospital CEOs may make changes to the plan recommended by the nurse staffing committee. Hospitals are required to follow these plans and submit plans annually to the Washington State Department of Health. Any updates to the plans must also be submitted to the Department of Health.

The partners listed above recommend that any staffing plan submitted to the Department of Health include the following elements.

1. Matrix by unit and shift

Each plan should include a matrix of core required staff by unit and shift dependent on the number of patients for which care is being provided. Matrices may vary by type of unit or type of shift (e.g., medical/surgical floor and operating room matrices will look substantially different, a 12-hour shift matrix will differ from an 8-hour shift matrix).

Any matrix should include the following information:

- a) Designated shift or start times; and
- b) Number of RNs per shift/start time by census or cases.

If applicable, matrices may include the following additional information:

- a) Number of charge nurses;
- b) Number and type of support staff;

- c) Adjustments to staffing numbers based on patient needs (e.g., certain stages of labor require multiple nurses, complex surgeries may require additional nurses and staff, etc.); and/or
 - d) Available staff on-call.
- 2. Additional materials or language that describe plans to provide the staffing necessary for:**
- a. Breaks;
 - b. Planned leave; and
 - c. Unplanned leave.
- 3. An attestation signed and dated by the hospital CEO that the plan was developed with consideration given to the elements required in RCW 70.41.420:**
- a. Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
 - b. Level of intensity of all patients and nature of the care to be delivered on each shift;
 - c. Skill mix;
 - d. Level of experience and specialty certification or training of nursing personnel providing care;
 - e. The need for specialized or intensive equipment;
 - f. 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;
 - g. Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
 - h. Availability of other personnel supporting nursing services on the unit; and
 - i. 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.

Nurse Staffing Plan Minimum Criteria

Nurse Staffing Coalition

June 1, 2018

Introduction

This document was created in May of 2018 as a collaborative effort between WSHA, SEIU Healthcare 1199NW, UFCW 21, and WSNA. These organizations came together in early 2018 to develop sample tools that are intended to help hospitals implement House Bill (HB) 1714, which was passed in the previous legislative session. HB 1714 was intended to update and create some accountability around the nurse staffing committee process. You can find the final bill, which shows the changes/additions compared to the previous law, [here](#).

All hospitals and hospital units licensed under RCW 70.41 must have a Nurse Staffing Committee (including, but not limited to, inpatient units, perioperative areas, emergency rooms, procedural/ interventional units, and hospital-based ambulatory areas). This committee is responsible for developing a nurse staffing plan and reviewing the plans semi-annually. Hospital CEOs may make changes to the plan recommended by the nurse staffing committee. Hospitals are required to follow these plans and submit plans annually to the Washington State Department of Health. Any updates to the plans must also be submitted to the Department of Health.

The partners listed above recommend that any staffing plan submitted to the Department of Health include the following elements.

1. Matrix by unit and shift

Each plan should include a matrix of core required staff by unit and shift dependent on the number of patients for which care is being provided. Matrices may vary by type of unit or type of shift (e.g., medical/surgical floor and operating room matrices will look substantially different, a 12-hour shift matrix will differ from an 8-hour shift matrix).

Any matrix should include the following information:

- a) Designated shift or start times; and
- b) Number of RNs per shift/start time by census or cases.

If applicable, matrices may include the following additional information:

- a) Number of charge nurses;
- b) Number and type of support staff;

- c) Adjustments to staffing numbers based on patient needs (e.g., certain stages of labor require multiple nurses, complex surgeries may require additional nurses and staff, etc.); and/or
 - d) Available staff on-call.
2. **Additional materials or language that describe plans to provide the staffing necessary for:**
- a. Breaks;
 - b. Planned leave; and
 - c. Unplanned leave.
3. **An attestation signed and dated by the hospital CEO that the plan was developed with consideration given to the elements required in RCW 70.41.420:**
- a. Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
 - b. Level of intensity of all patients and nature of the care to be delivered on each shift;
 - c. Skill mix;
 - d. Level of experience and specialty certification or training of nursing personnel providing care;
 - e. The need for specialized or intensive equipment;
 - f. 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;
 - g. Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
 - h. Availability of other personnel supporting nursing services on the unit; and
 - i. 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.

Nurse Staffing Committee (NSC) Checklist

NSC composition and participation

- At least 50% are staff nurses (RNs providing direct patient care).
- Staff nurses on the NSC are selected by the union if RNs represented by union.
- Participation on NSC shall be scheduled work time, relieved of all other work duties, and paid.
- No retaliation or intimidation of employees serving on NSC or reporting concerns to NSC.

NSC primary responsibilities

- Development & oversight of annual patient care unit & shift staffing plan based on patient care needs.
- Semiannual review of staffing plan against patient need & evidenced-based info (nursing sensitive indicators).
- Review, assess, and respond to staffing variations/concerns/complaints reported to the NSC.
- Track complaints reported to the NSC.
- Track resolution of each complaint by NSC (resolved, dismissed, unresolved).

Key elements in development of staffing plan

- Census, including total number of patients on unit/shift including discharges, admissions, and transfers.
- Level of intensity of all patients and nature of care delivered on each shift.
- Skill mix.
- Level of experience and specialty certification or training.
- Need for specialized or intensive equipment.
- Layout of patient care unit including placement of patient rooms, treatment areas, nursing stations, medication prep areas, and equipment.
- Staffing guidelines adopted by national nursing profession and specialty nursing organizations.
- Availability of other personnel supporting nursing services.
- Strategies to enable nurses to take meal and rest breaks.

Staffing plan posting, disclosure, implementation and complaint

Posting

- Posting of nurse staffing plan and actual staffing levels (nurses and relevant clinical staff) for that shift in public area on each patient care unit.

Plan approval and implementation

- CEO provide written explanation if staffing plan from NSC is not adopted, and prepare alternate staffing plan.
- Hospital must implement staffing plan (either original NSC plan or alternative by CEO) and assign nursing personnel to each unit according to plan beginning January 1, 2019.

Reporting disclosure

- Hospital must submit staffing plan (either original NSC plan or alternative by CEO) to Department of Health beginning January 1, 2019.
- Hospital must submit staffing plan annually and at any time in between when plan is updated.

Report to NSC for violations

- Variations where the staffing level is not in accordance with the adopted staffing plan
- Disagreement with shift-to-shift staffing adjustments made by management



April 2, 2018

ACUITY SYSTEM WORKSHEET

Level 1 Minimum Staffing for Safety (Mandatory Functions)	Level 2 Contingency Staffing (Less Than Preferred)	Level 3 Optimal/Preferred Staffing (Full Numbers/at goal)
<ul style="list-style-type: none"> • Ward checks • Patient monitoring • Environmental checks • Medications and treatments • Meals • Emergent medical appointments • CPO-control panel • Required documentation • Patient assistance – ADL's • Staff breaks • Fire watch • Hospice/comfort care • Court • 1:1's • Emergency response • Code greys • Admissions/Discharges • Isolation precautions/illness Outbreak 	<p>All level 1 functions plus:</p> <ul style="list-style-type: none"> • Meals off ward • Non-emergent medical appointments • RN summaries • Yard groups • Transfers • Treatment Plans • Treatment Mall • Off ward groups 	<p>All level 1 and 2 functions plus:</p> <ul style="list-style-type: none"> • Gym and fitness groups • Special events/activities • In-services/staff training

Assess:

- Level of intensity of all patients and nature of care
- Level of staff experience
- Need for specialized equipment-increases nursing care
- Environmental Layout of each ward

5/24/2018

WESTERN STATE HOSPITAL STAFFING MODEL



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BEHAVIORAL HEALTH ADMINISTRATION

• Western State Hospital • 9601 Steilacoom Blvd SW • Lakewood, WA 98498-7213 •

February 12, 2019

TO: Department of Health

FROM: David Holt, Chief Executive Officer
Western State Hospital

SUBJECT: Nurse Staffing Plan

Consistent with RCW 70.41.420 and Article 40 of the SEIU Collective Bargaining Agreement, I am submitting to the Department of Health, both the recommended March, 2018 Joint Nurse Staffing Committee (JNSC), Staffing Model and the staffing plan/proposal which I approved and sent to the Department of Social and Health Services (DSHS) to be included as part of the legislative/budget process. I want to share with you, in writing, the reasons the staffing plan/proposal varies from the 2018 staffing model the committee submitted to Dr. Marylouise Jones, CEO at that time. I am working with both SEIU and the Federation to rebalance the base number of staff for each ward. This will be done using census, level of intensity, nature of care needs, skill mix, experience, architecture and reviewing national standards. We will adjust these current numbers based on the approved legislative budget. I am aware the joint nurse staffing committee also used the above criteria in their creation of the 2018 staffing model.

As a hospital run by state agency, Western State Hospital cannot adopt a staffing model that is not reflected in nor supported by the legislative budget. The legislative budget process adopted by Department of Social and Health Services (DSHS) requires that funding requests be submitted several months in advance of the Legislature setting its biennial budget. A biennial budget largely constrains spending for two years. The budget request approval process balances the interests of the Hospital against the competing interests of every state agency. In recent years, WSH has benefitted from intense Legislative scrutiny about our operations and staffing effectiveness, with key legislators consulting with external health care industry experts who have provided recommendations for hospital staffing. The expertise of the JNSC and industry experts together are guiding our staffing plans.

The JNSC recommended a significantly higher FTE level than current staffing and higher than external experts recommended. My request to DSHS in September 2018 for the 2019-2021 biennium included substantially more FTEs than currently allocated. I utilized the JNSC staffing plan as my main component along with assessments from OTB Solutions and Greg Roberts (former CEO of Oregon State Hospital) to

March 1, 2018

guide my September 2018 budget request. The Joint Nurse Staffing Committee recommended a Daily Staffing x 1.8 multiplier of 1796.40 for direct care staff. I presented to DSHS a Daily Staffing x 1.8 multiplier of 1347 to put into the model sent to the legislature. This is a difference of 449.4 FTE's. We have not used a 1.8 multiplier in the past and I believe that 1347 (which used a 1.8 multiplier) will provide us with the staffing necessary for safety and quality patient care.

I recognize and highly value the expertise of JNSC nurses who know our patients, employees, methods, facilities and mission, and the amazing analysis that went into your staffing plan recommendations.

Sincerely,



Dave Holt, Chief Executive Officer
Western State Hospital

March 1, 2018

March 1, 2018

2018

Joint Nurse Staffing Committee Staffing Model

Joint Nurse Staffing Committee Members:

Dara Bernal, RN2

Mattie Brickle, CNS

James Cook, RN3

Mike Dyer, RN4

Craig Gibelyou, LPN4

Debbie Hawkins, RN3

Paula Manalo, RN3

Kimmi Munson-Walsh, NAD

Karen Pitman, CNO

James Pettigrew, RN3

Sharon Rabon, PSN

Kelly Rupert, Labor Relations

Willie Saw, RN3

Kelli Sparks, RN2

Janat Ssemakula, RN3

David Turner, DCNO

Ellen Watson, PSN

March 1, 2018

The WSH Joint Nurse Staffing Committee has worked diligently for the past few months in developing a staffing model that not only considers the safety and well-being of the patients and staff but also considers the need for therapeutic environments and effective treatment for our challenging population.

The committee decided that the RN3s would not be included in this model due to the difference in job duties from an RN2. IC2s were included but the committee recommends that they are not counted as regular floor staff but as an additional resource for a therapeutic environment. Their work is invaluable and they remain an important part of nursing care.

The committee sent out a survey to all RN2s requesting their input about the numbers they would like to see on their wards to complete their job duties in a safe environment for patients and staff. Their responses were taken into consideration during the development of this staffing model.

A float pool for each center was created to decrease the use of voluntary and mandatory overtime. This would help keep staff on their assigned wards, allowing them to ensure their job duties are completed in a timely manner and allows for continuity of care for patients to aid in recovery. The committee felt this was a missing piece from the current staffing plan.

The physical layout, ward type, ward location, patient population and ward acuities were considered when discussing the staffing model. The committee looked at each ward, each shift. The staffing in this model reflects the number of employees the committee would like to see present on each ward, each shift. The numbers do not reflect the 1.8 factor to cover vacations, leave or training.

The Joint Nurse Staffing committee is also recommending that the census of S3 be lowered to 28 due to the physical layout of the ward. Decreasing the census would help alleviate some of the current issues of aggression.

	Recommended Daily Number of Floor Staff*
RNs	268
LPNs/PSNs	178
MHTs/PSAs	498
IC2s	54
Total	998

*These numbers do not incorporate specialized staffing which may be needed for 1:1, 2:1 or 3:1

	Recommended Daily Number of Floor Staff x 1.8
RNs	482.4
LPNs/PSNs	320.4
MHTs/PSAs	896.4
IC2s	97.2
Total	1796.4

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Sub-Acute/Older Adults Capacity: 30

Ward C2/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward C2/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward C2/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	2	2	2	2	2	2	2
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing IC2s							

C2

	Recommended Daily Number of Floor Staff
RNs	8
LPNs	5
MHTs	15
IC2s	2
Total	30

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Admissions

Capacity: 30

Ward C3/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward C3/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward C3/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	2	2	2	2	2	2	2
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT	4	4	4	4	4	4	4
Recommended # Nursing ICs							

C3

	Recommended Daily Number of Floor Staff
RNs	8
LPNs	5
MHTs	14
IC2s	2
Total	29

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Admission

Capacity: 30

Ward C5/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward C5/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward C5/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	2	2	2	2	2	2	2
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT	4	4	4	4	4	4	4
Recommended # Nursing ICs							

C5

	Recommended Daily Number of Floor Staff
RNs	8
LPNs	5
MHTs	14
IC2s	2
Total	29

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Admission

Capacity: 30

Ward C6/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward C6/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward C6/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	2	2	2	2	2	2	2
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT	4	4	4	4	4	4	4
Recommended # Nursing ICs							

C6

	Recommended Daily Number of Floor Staff
RNs	8
LPNs	5
MHTs	14
IC2s	2
Total	29

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Sub-Acute

Capacity: 30

Ward C7/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward C7/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward C7/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	2	2	2	2	2	2	2
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing ICs							

C7

	Recommended Daily Number of Floor Staff
RNs	8
LPNs	5
MHTs	15
IC2s	2
Total	30

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Admission

Capacity: 30

Ward C8/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward C8/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward C8/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	2	2	2	2	2	2	2
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT	4	4	4	4	4	4	4
Recommended # Nursing ICs							

C8

	Recommended Daily Number of Floor Staff
RNs	8
LPNs	5
MHTs	14
IC2s	2
Total	29

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Central Float Pool

Ward Floats/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT	3	3	3	3	3	3	3
Recommended # Nursing ICs							

Ward Floats/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	3	3	3	3	3	3	3
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT	3	3	3	3	3	3	3
Recommended # Nursing ICs							

Ward Floats/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	2	2	2	2	2	2	2
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT	2	2	2	2	2	2	2
Recommended # Nursing ICs							

Central Float Pool

	Recommended Daily Number of Floats
RNs	8
LPNs	3
MHTs	8
IC2s	0
Total	19

	SUN	MON	TUE	WED	THUR	FRI	SAT
Treatment Mall RN2/Central	0	1	1	1	1	1	0

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Co-Ed Rehab

Capacity: 27

Ward E2/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	6	6	6	6	6	6	6
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward E2/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	6	6	6	6	6	6	6
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward E2/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	2	2	2	2	2	2	2
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing ICs							

E2

	Recommended Daily Number of Floor Staff
RNs	8
LPNs	5
MHTs	17
IC2s	2
Total	32

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Co-Ed Rehab Capacity: 30

Ward E3/C4/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	6	6	6	6	6	6	6
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward E3/C4/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	6	6	6	6	6	6	6
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward E3/C4/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	2	2	2	2	2	2	2
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing ICs							

E3/C4

	Recommended Daily Number of Floor Staff
RNs	8
LPNs	5
MHTs	17
IC2s	2
Total	32

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Acute Rehab/Male Capacity: 27

Ward E4/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	6	6	6	6	6	6	6
Recommended # Nursing IC2s	2	2	2	2	2	2	2

Ward E4/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	6	6	6	6	6	6	6
Recommended # Nursing IC2s	2	2	2	2	2	2	2

Ward E4/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	2	2	2	2	2	2	2
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing ICs							

E4

	Recommended Daily Number of Floor Staff
RNs	8
LPNs	5
MHTs	17
IC2s	4
Total	34

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Acute Admission Capacity: 29

Ward E5/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	7	7	7	7	7	7	7
Recommended # Nursing ICs	1	1	1	1	1	1	1

Ward E5/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	7	7	7	7	7	7	7
Recommended # Nursing ICs	1	1	1	1	1	1	1

Ward E5/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	2	2	2	2	2	2	2
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing ICs							

E5

	Recommended Daily Number of Floor Staff
RNs	8
LPNs	6
MHTs	19
IC2s	2
Total	35

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Co-Ed Rehab Capacity: 26

Ward E6/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	3	3	3	3	3	3	3
Recommended # LPN	3	3	3	3	3	3	3
Recommended # MHT	8	8	8	8	8	8	8
Recommended # Nursing ICs	1	1	1	1	1	1	1

Ward E6/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	3	3	3	3	3	3	3
Recommended # LPN	3	3	3	3	3	3	3
Recommended # MHT	8	8	8	8	8	8	8
Recommended # Nursing ICs	1	1	1	1	1	1	1

Ward E6/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	2	2	2	2	2	2	2
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	6	6	6	6	6	6	6
Recommended # Nursing ICs							

E6

	Recommended Daily Number of Floor Staff
RNs	8
LPNs	8
MHTs	22
IC2s	2
Total	40

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Male Rehab Capacity: 28

Ward E7/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	6	6	6	6	6	6	6
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward E7/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	6	6	6	6	6	6	6
Recommended # Nursing ICs	1	1	1	1	1	1	1

Ward E7/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	2	2	2	2	2	2	2
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing ICs							

E7

	Recommended Daily Number of Floor Staff
RNs	8
LPNs	5
MHTs	17
IC2s	2
Total	32

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Co-Ed Rehab Capacity: 28

Ward E8/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	6	6	6	6	6	6	6
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward E8/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	6	6	6	6	6	6	6
Recommended # Nursing ICs	1	1	1	1	1	1	1

Ward E8/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	2	2	2	2	2	2	2
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing IC2s							

E8

	Recommended Daily Number of Floor Staff
RNs	8
LPNs	5
MHTs	17
IC2s	2
Total	32

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

East Floats

Ward Floats/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	3	3	3	3	3	3	3
Recommended # Nursing ICs							

Ward Floats/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	3	3	3	3	3	3	3
Recommended # Nursing ICs							

Ward Floats/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	2	2	2	2	2	2	2
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT	2	2	2	2	2	2	2
Recommended # Nursing ICs							

East Floats

	Recommended Daily Number of Floats
RNs	8
LPNs	5
MHTs	8
IC2s	0
Total	21

	SUN	MON	TUE	WED	THUR	FRI	SAT
Treatment Mall RN2/East	0	1	1	1	1	1	0

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Extended Care Capacity: 29

Ward E1 (F5)/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # PSN	2	2	2	2	2	2	2
Recommended # PSA	6	6	6	6	6	6	6
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward E1(F5)/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	3	3	3	3	3	3	3
Recommended # PSN	2	2	2	2	2	2	2
Recommended # PSA	6	6	6	6	6	6	6
Recommended # Nursing ICs	1	1	1	1	1	1	1

Ward E1 (F5)/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	2	2	2	2	2	2	2
Recommended # PSN	1	1	1	1	1	1	1
Recommended # PSA	4	4	4	4	4	4	4
Recommended # Nursing ICs							

E1 (F5)

	Recommended Daily Number of Floor Staff
RNs	8
PSNs	5
PSAs	16
IC2s	2
Total	31

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Acute Care/Admissions Capacity: 29

Ward F1/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	3	4	4	4	4	4	3
Recommended # PSN	2	2	2	2	2	2	2
Recommended # PSA	8	8	8	8	8	8	8
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward F1/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # PSN	2	2	2	2	2	2	2
Recommended # PSA	8	8	8	8	8	8	8
Recommended # Nursing ICs	1	1	1	1	1	1	1

Ward F1/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	2	2	2	2	2	2	2
Recommended # PSN	1	1	1	1	1	1	1
Recommended # PSA	6	6	6	6	6	6	6
Recommended # Nursing ICs							

F1

	Recommended Daily Number of Floor Staff
RNs	9 (8 S/S)
PSNs	5
PSAs	22
IC2s	2
Total	38 (37 S/S)

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Acute Care/Admissions Capacity: 29

Ward F2/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	4	4	4	4	4	3
Recommended # PSN	2	2	2	2	2	2	2
Recommended # PSA	8	8	8	8	8	8	8
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward F2/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # PSN	2	2	2	2	2	2	2
Recommended # PSA	8	8	8	8	8	8	8
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward F2/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	2	2	2	2	2	2	2
Recommended # PSN	1	1	1	1	1	1	1
Recommended # PSA	6	6	6	6	6	6	6
Recommended # Nursing ICs							

F2

	Recommended Daily Number of Floor Staff
RNs	9 (8 S/S)
PSNs	5
PSAs	22
IC2s	2
Total	38 (37 S/S)

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Acute Care/Admissions Capacity: 29

Ward F3/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	4	4	4	4	4	3
Recommended # PSN	2	2	2	2	2	2	2
Recommended # PSA	8	8	8	8	8	8	8
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward F3/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # PSN	2	2	2	2	2	2	2
Recommended # PSA	8	8	8	8	8	8	8
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward F3/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	2	2	2	2	2	2	2
Recommended # PSN	1	1	1	1	1	1	1
Recommended # PSA	6	6	6	6	6	6	6
Recommended # Nursing ICs							

F3

	Recommended Daily Number of Floor Staff
RNs	9 (8 S/S)
PSNs	5
PSAs	22
IC2s	2
Total	38 (37 S/S)

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Extended Care Capacity: 31

Ward F4/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # PSN	2	2	2	2	2	2	2
Recommended # PSA	5	5	5	5	5	5	5
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward F4/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	3	3	3	3	3	3	3
Recommended # PSN	2	2	2	2	2	2	2
Recommended # PSA	5	5	5	5	5	5	5
Recommended # Nursing ICs	1	1	1	1	1	1	1

Ward F4/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	2	2	2	2	2	2	2
Recommended # PSN	1	1	1	1	1	1	1
Recommended # PSA	4	4	4	4	4	4	4
Recommended # Nursing ICs							

F4

	Recommended Daily Number of Floor Staff
RNs	8
PSNs	5
PSAs	14
IC2s	2
Total	29

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Admissions

Capacity: 31

Ward F5 /Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	4	4	4	4	4	3
Recommended # PSN	2	2	2	2	2	2	2
Recommended # PSA	8	8	8	8	8	8	8
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward F5 /Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	3	3	3	3	3	3	3
Recommended # PSN	2	2	2	2	2	2	2
Recommended # PSA	8	8	8	8	8	8	8
Recommended # Nursing ICs	1	1	1	1	1	1	1

Ward F5 /Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	2	2	2	2	2	2	2
Recommended # PSN	2	2	2	2	2	2	2
Recommended # PSA	6	6	6	6	6	6	6
Recommended # Nursing IC2s							

F5

	Recommended Daily Number of Floor Staff
RNs	9 (8 S/S)
PSNs	5
PSAs	22
IC2s	2
Total	38 (37 S/S)

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Acute Care/Admissions Capacity: 29

Ward F6/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	4	4	4	4	4	3
Recommended # PSN	2	2	2	2	2	2	2
Recommended # PSA	8	8	8	8	8	8	8
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward F6/Eves	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # PSN	2	2	2	2	2	2	2
Recommended # PSA	8	8	8	8	8	8	8
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward F6/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	2	2	2	2	2	2	2
Recommended # PSN	1	1	1	1	1	1	1
Recommended # PSA	6	6	6	6	6	6	6
Recommended # Nursing ICs							

F6

	Recommended Daily Number of Floor Staff
RNs	9 (8 S/S)
PSNs	5
PSAs	22
IC2s	2
Total	38 (37 S/S)

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Extended Care Capacity: 31

Ward F7/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # PSN	2	2	2	2	2	2	2
Recommended # PSA	5	5	5	5	5	5	5
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward F7/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # PSN	2	2	2	2	2	2	2
Recommended # PSA	5	5	5	5	5	5	5
Recommended # Nursing ICs	1	1	1	1	1	1	1

Ward F7/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	2	2	2	2	2	2	2
Recommended # PSN	1	1	1	1	1	1	1
Recommended # PSA	4	4	4	4	4	4	4
Recommended # Nursing ICs							

F7

	Recommended Daily Number of Floor Staff
RNs	8
PSNs	5
PSAs	14
IC2s	2
Total	29

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Extended Care Capacity: 31

Ward F8/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	3	3	3	3	3	3	3
Recommended # PSN	2	2	2	2	2	2	2
Recommended # PSA	5	5	5	5	5	5	5
Recommended # Nursing ICs	1	1	1	1	1	1	1

Ward F8/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	3	3	3	3	3	3	3
Recommended # PSN	2	2	2	2	2	2	2
Recommended # PSA	5	5	5	5	5	5	5
Recommended # Nursing ICs	1	1	1	1	1	1	1

Ward F8/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	2	2	2	2	2	2	2
Recommended # PSN	1	1	1	1	1	1	1
Recommended # PSA	4	4	4	4	4	4	4
Recommended # Nursing ICs							

F8

	Recommended Daily Number of Floor Staff
RNs	8
PSNs	5
PSAs	14
IC2s	2
Total	29

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Extended Care Capacity: 15

Ward S4/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	1	1	1	1	1	1	1
Recommended # PSN	1	1	1	1	1	1	1
Recommended # PSA	3	3	3	3	3	3	3
Recommended # Nursing IC2s							

Ward S4/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	1	1	1	1	1	1	1
Recommended # PSN	1	1	1	1	1	1	1
Recommended # PSA	3	3	3	3	3	3	3
Recommended # Nursing ICs							

Ward S4/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	1	1	1	1	1	1	1
Recommended # PSN	1	1	1	1	1	1	1
Recommended # PSA	2	2	2	2	2	2	2
Recommended # Nursing ICs							

S4

	Recommended Daily Number of Floor Staff
RNs	3
PSNs	3
PSAs	8
IC2s	0
Total	14

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Extended Care Capacity: 30

Ward_S10 /Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	2	2	2	2	2	2	2
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT	4	4	4	4	4	4	4
Recommended # Nursing IC2s							

Ward_S10/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	2	2	2	2	2	2	2
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT	4	4	4	4	4	4	4
Recommended # Nursing IC2s							

Ward_S10/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	1	1	1	1	1	1	1
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT	3	3	3	3	3	3	3
Recommended # Nursing IC2s							

S10 (E1)

	Recommended Daily Number of Floor Staff
RNs	5
PSNs	3
PSAs	11
IC2s	0
Total	19

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

CFS Floats

Ward Floats/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	4	4	4	4	4	4	4
Recommended # PSN	2	2	2	2	2	2	2
Recommended # PSA	5	5	5	5	5	5	5
Recommended # Nursing ICs							

Ward Floats/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	4	4	4	4	4	4	4
Recommended # PSN	2	2	2	2	2	2	2
Recommended # PSA	5	5	5	5	5	5	5
Recommended # Nursing ICs							

Ward Floats/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	3	3	3	3	3	3	3
Recommended # PSN	2	2	2	2	2	2	2
Recommended # PSA	4	4	4	4	4	4	4
Recommended # Nursing ICs							

CFS Floats

	Recommended Daily Number of Floats
RNs	11
PSNs	6
PSAs	14
IC2s	0
Total	31

	SUN	MON	TUE	WED	THUR	FRI	SAT
TRC RN2/CFS	0	1	1	1	1	1	0

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Acute Care

Capacity: 30/28

Ward S3/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward S3/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward S3/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	2	2	2	2	2	2	2
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing ICs							

S3

	Recommended Daily Number of Floor Staff
RNs	8
LPNs	5
MHTs	15
IC2s	2
Total	30

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Extended Care Capacity: 32

Ward S7/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	6	6	6	6	6	6	6
Recommended # Nursing ICs	1	1	1	1	1	1	1

Ward S7/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	6	6	6	6	6	6	6
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward S7/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	2	2	2	2	2	2	2
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT	4	4	4	4	4	4	4
Recommended # Nursing ICs							

S7

	Recommended Daily Number of Floor Staff
RNs	8
LPNs	5
MHTs	16
IC2s	2
Total	31

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Extended Care Capacity: 30

Ward_S8/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward_S8/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	5	5	5	5	5	5	5
Recommended # Nursing ICs	1	1	1	1	1	1	1

Ward_S8/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	2	2	2	2	2	2	2
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT	4	4	4	4	4	4	4
Recommended # Nursing ICs							

S8

	Recommended Daily Number of Floor Staff
RNs	8
LPNs	5
MHTs	14
IC2s	2
Total	29

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: Extended Care Capacity: 30

Ward S9/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	6	6	6	6	6	6	6
Recommended # Nursing IC2s	1	1	1	1	1	1	1

Ward S9/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	3	3	3	3	3	3	3
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	6	6	6	6	6	6	6
Recommended # Nursing ICs	1	1	1	1	1	1	1

Ward S9/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	2	2	2	2	2	2	2
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT	4	4	4	4	4	4	4
Recommended # Nursing ICs							

S9

	Recommended Daily Number of Floor Staff
RNs	8
LPNs	5
MHTs	16
IC2s	2
Total	31

March 1, 2018

South/HMH Floats

Ward Floats/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	3	3	3	3	3	3	3
Recommended # LPN	3	3	3	3	3	3	3
Recommended # MHT	3	3	3	3	3	3	3
Recommended # Nursing ICs							

Ward Floats/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	3	3	3	3	3	3	3
Recommended # LPN	3	3	3	3	3	3	3
Recommended # MHT	3	3	3	3	3	3	3
Recommended # Nursing ICs							

Ward Floats/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	2	2	2	2	2	2	2
Recommended # LPN	2	2	2	2	2	2	2
Recommended # MHT	2	2	2	2	2	2	2
Recommended # Nursing ICs							

South/HMH Floats

	Recommended Daily Number of Floats
RNs	8
LPNs	8
MHTs	8
IC2s	0
Total	24

	SUN	MON	TUE	WED	THUR	FRI	SAT
Treatment Mall RN2/South	0	1	1	1	1	1	0

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: HMM Capacity: 18

Ward WIN/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	1.5	1.5	1.5	1.5	1.5	1.5	1.5
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT							

Ward WIN/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN2	1.5	1.5	1.5	1.5	1.5	1.5	1.5
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT							

Ward WIN/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	1	1	1	1	1	1	1
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT							

WIN

	Recommended Daily Number of Floor Staff
RNs	4
LPNs	3
Total	7

Joint Nurse Staffing Committee Staffing Model

March 1, 2018

Ward Type: HMH Capacity: 18

Ward WIS/Days	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	1.5	1.5	1.5	1.5	1.5	1.5	1.5
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT							

Ward WIS/Swings	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	1.5	1.5	1.5	1.5	1.5	1.5	1.5
Recommended # LPN	1	1	1	1	1	1	1
Current # MHT							
Recommended # MHT							

Ward WIS/Nights	SUN	MON	TUE	WED	THUR	FRI	SAT
Recommended # RN	1	1	1	1	1	1	1
Recommended # LPN	1	1	1	1	1	1	1
Recommended # MHT							

WIS

	Recommended Daily Number of Floor Staff
RNs	4
LPNs	3
Total	7