

2003 NURSE STAFFING AUDIT REPORT

Oregon Health Services, Office of Public Health Systems, Health Care Licensure and Certification
 Fulfills requirements listed at Oregon Administrative Rules for Hospitals 333-500-0056
 November 26, 2003

	Facility Name	Legacy Mount Hood Medical Center	Providence Portland Medical Center	St. Charles Medical Center	Tillamook County General Hospital	Good Shepherd Medical Center
	Location	2800 SE Stark Street Gresham, OR	4805 NE Glisan Street Portland, OR	2500 Neff Road Bend, OR	1000 Third Street Tillamook, OR	610 NW 11 th Avenue Hermiston, OR
	Number of Beds	115	483	181	49	49
	Date of Audit	11/25/02	12/17/02	7/14/03	7/28/03	8/19/03
333-510-0045(1)	Written Staffing Plan developed	Yes	Yes	Yes	Yes	Yes
	Staffing Plan implemented	Yes	Yes	Yes	Yes	Yes
	Process for clinical staff input into Staffing Plan	Yes	Yes	Yes	Yes	Yes
	Plan identified number, qualifications, categories of nursing staff for all units	Yes	Yes	Yes	Yes	Yes
	Staffing Plan was evaluated as part of hospital QA Program	Yes	Yes	Yes	Yes	Yes
	Hospital maintained documentation of these QA activities	Yes	Yes	Yes	Yes	Yes
333-510-0045(1)(a)	Staffing Plan based on care required by aggregate & individual patient needs	Yes	Yes	Yes	Yes	Yes
333-510-0045(1)(b)	Staffing Plan based on qualifications & competencies of nursing staff-skill mix appropriate/safe	Yes	Yes	Yes	Yes	Yes
333-510-0045(1)(c)	Staffing Plan consistent with scopes of practice of RN, LPN, CNA	Yes	Yes	Yes	Yes	Yes

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333-510-0045(1)(d)	Hospital maintained list of qualified on call nursing staff & nursing services to provide qualified replacement of staff	Yes	Yes	Yes	Yes	Yes
	On call list available to individuals responsible for obtaining replacements	Yes	Yes	Yes	Yes	Yes
333-510-0045(2)	Staffing Plan established minimum number of nursing staff on each shift	Yes	Yes	Yes	Yes	Yes
	In no case shall fewer than one RN & one other nursing care staff member be on duty when a patient is present	No incidents identified	No incidents identified	No incidents identified	* ED Night Schedule	No incidents identified
333-510-0045(3)	Variance to 333-510-0045(2)	No	No	No	Variance approved	No
333-510-0045(4)	Reasonable effort to replace staff when needed	Yes	Yes	Yes	Yes	Yes
333-510-0045(5)(a)	May not require nurse to work more than 2 hours beyond regularly scheduled shift	No incidents identified				
333-510-0045(5)(b)	May not require nurse to work more than 16 hours in a 24-hour period of time	No incidents identified				
333-510-0045(6)	Hospital has policy statement for exceptions listed at 333-510-0045(6), (7), and (8)	Yes	Yes	Yes	Yes	Yes
333-510-0045(9)	Required notice summarizing provisions posted	Yes	Yes	Yes	Yes	Yes
	Deficiencies Cited	None	None	None	One-ED night schedule	None