

Nurse Staffing Plan

Facility: Pioneer Memorial Hospital

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PIONEER MEMORIAL HOSPITAL UNIT

POLICY: NURSE STAFFING PLAN

DEPARTMENT: HOSPITAL NURSING

Date of changes: May 28, 2024

Plan Adopted: May 28, 2024

Purpose

The purpose of the Pioneer Memorial Hospital Unit Nurse Staffing Plan is to provide hospital nursing staff and leadership a framework that outlines the skill mix and level of competency necessary to ensure the hospital is staffed to meet the health care needs of the patients we serve.

Definitions

RN – Registered Nurse

LPN – Licensed Practical Nurse

CNA – Certified Nursing Assistant

CMA – Certified Medication Aide

ED/PC Tech – Emergency Department Patient Care Technician

Nurse Staffing Member – Any member of the nursing department that is covered by the nurse staffing plan

Description of Services

Pioneer Memorial Hospital (PMH) is a Critical Access Hospital (CAH) located in Heppner, Oregon. PMH is licensed for 21 beds and 3 Emergency Department (ED) Beds. Pioneer Memorial Hospital is part of the Morrow County Health District and serves the residents of Morrow County, Oregon.

Description of Unit

The Pioneer Memorial Hospital Unit is made up of all 21 licensed beds as well as the 3 ED beds that are all located on the same floor within the hospital. The three ER beds are located on the north hall in the hospital.

Staff on the Pioneer Memorial Hospital Unit provides care for all patients admitted in the following patient classes:

- Inpatient
- Outpatient
- Observation
- Respite
- Skilled Swing Bed
- Non-Skilled Swing Bed
- Emergency Department

Hours of Operation

Pioneer Memorial Hospital Unit is open 24 hours a day, 7 days a week, 365 days a year.

Shifts

Pioneer Memorial Hospital Unit has two shifts during a 24 hour period. Day shift is scheduled from 0700 to 1930 (includes 30 minutes for shift report) and night shift is scheduled from 1900 to 0730 (includes 30 minute for shift report).

Pioneer Memorial Hospital Unit – Staffing Positions

- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Certified Medication Aide (CMA)
- Certified Nursing Assistant (CNA)
- Emergency Department Patient Care Technician (ED/PC Tech)

Qualifications by Position

Registered Nurse

- Valid Oregon Nursing License
- BLS
- ACLS (within 6 months of hire)
- PALS (within 6 months of hire)
- TNCC (within 6 months of hire)

Licensed Practical Nurse

- Valid Oregon Nursing License
- BLS, ACLS and PALS

Certified Medication Aide

- Valid Certificate of Nursing Assistant from the State of Oregon
 - A minimum of Level 1; Level 2 recommended
- Certified Medication Aide Certification from the State of Oregon
- BLS

Certified Nursing Assistant

- Valid Certificate of Nursing Assistant from the State of Oregon
 - A minimum of Level 1; Level 2 recommended
- BLS

Emergency Department Patient Care Technician

- Valid EMT or Paramedic License from the State of Oregon
- BLS
- ACLS and PALS (Preferred, but not required)

Competency Requirements

Competencies and staff education are based off historic patient diagnoses to ensure staff are adequately trained to provide care to all patients admitted to the unit. Diagnoses and competency requirements are reviewed annually by the nurse staffing committee.

Refer to Attachment #1: Competency Requirement per Position

1. Nurse Staff Members must have completed competencies and have DNS approval prior to being assigned to work or function on their own in the department.
2. Nurse Staff Members must complete ongoing educational activities, including quarterly Relias training and annual competencies as determined by Morrow County Health District, District Management, and/or the Nurse Staffing Committee.
3. Documentation for competency completion is maintained by the Director of Nursing.

Unit Activity and Time Requirements (based on July 2023 – April 2024)

1. Average daily census for this unit is 10.75 patients
 - a. Inpatient – Average Daily Census 0.45 patients
 - b. Outpatient – Average Daily Census 0.5 patients
 - c. Skilled Swing Bed – Average Daily Census 1.59 patients
 - d. Observation – Average Daily Census 0.03 patients
 - e. Respite– Average Daily Census 0.02 patients
 - f. Non-Skilled Swing Bed– Average Daily Census 5.31 patients
 - g. ER Patients– Average Daily Census 2.85 patients
2. The unit averages 8 admissions and discharges per month
 - a. Inpatient – 3.2 admissions/discharges per month
 - b. Skilled Swing Bed – 2.9 admissions/discharges per month
 - c. Observation – 0.9 admissions/discharges per month
 - d. Respite – 0.5 admissions/discharges per month
 - e. Non-Skilled Swing Bed – 0.5 admissions/discharges per month
 - The average admission requires 30 minutes to 1 hour of time.
 - The average uncomplicated discharge requires 30 minutes to 1 hour of time.
 - The average complicated discharge requires 1 hour to 2 hours of time

- A complicated discharge may include extensive education and teaching on new complex medications, education and teaching on wound care, discharge to assisted living facility that is new to the patient or complex transportation needs.
3. The unit averages 10 transfers per month
 - a. Transfers out of the unit usually go to a different facility where a higher level of care can be obtained for the patient.
 - b. The average transfer requires 1 hour of time.
 4. The Inpatient Services Director collects the data for the rate of admissions, discharges and transfers. This data is shared with the Nurse Staffing Committee quarterly.
 5. Data in the written nurse staffing plan is based on the prior year's stats and will be updated annually.

Nurse Staffing Variances

Under ORS 441.763(6), a hospital may vary from requirements related to staffing ratios for direct care registered nurses if:

- The hospital is a Type A or B Hospital (PMH is a Type A Hospital)
- The requirement being varied is in ORS 441.765;
- The Co-Chairs of the nurse staffing committee must submit a signed statement to OHA that the nurse staffing committee voted to approve the variance.
- The Nurse Staffing Committee voted to approve the Nurse Staffing Variance on March 6th, 2024.
- The variance must be voted on every 2 years by the nurse staffing committee

Hospital Staffing Waivers

At any time Morrow County Health District/Pioneer Memorial Hospital my request a waiver for one or more of the staffing plan requirements if it is necessary to ensure that the hospital is staffed to meet the health care needs of its patients.

Waiver requests must

- Be submitted in writing;
- State the reason the hospital is seeking the waiver;
- Explain how the waiver is necessary for the hospital to meet patient health care needs; and
- Include verification that the hospital nurse staffing committee has been notified of the request for waiver.

Charge Nurse

The hospital nurse staffing committee voted on March 6th, 2024 to approve that the designated charge nurse on shift will be required to take patient assignments. The

designated charge nurse on shift is responsible for the following duties per the written nurse staffing plan:

- Completion of the Nurse Staffing Tool as outlined in the written nurse staffing plan
- Assist in finding additional staff when needed
- Low census staff when appropriate
- Ensure staff are getting breaks and appropriate coverage is provided or obtained
- Report any deviations from the staffing plan to the Nurse Staffing Committee (nursingstaffingcommittee@mocohd.org)
- Keep the Director of Nursing informed regarding all staffing issues that occurred on shift and what was done to mitigate issue.
- Regular RN duties
- Any other duties as assigned

Top Diagnoses

- Typical medical diagnoses of patients admitted to the Pioneer Memorial Hospital Unit are: pneumonia, urinary tract infection, acute upper respiratory infection, cellulitis, abdominal pain, chest pain, chronic obstructive pulmonary disease with (acute) exacerbation and heart failure, post-surgical swing-bed.
- Our unit determined that the above diagnoses relevantly represent our patient population as captured by finding the top ICD-10 codes being billed.

Patient Acuity and Nursing Care Intensity

- “Patient acuity” means the measure of a patient’s severity of illness or medical conditions.
- “Nursing care intensity” is defined a patient-specific, not diagnosis-specific measurement of nursing care resources needed during a patients hospitalization.

Direct Patient Care vs Non-Direct Patient Care

Direct patient care is care provided face to face with the patient. Examples would be:

- Assessments
- Administering medications or other treatments
- Bathing and toileting a patient
- Assisting with ADL’s

Non-Direct Patient Care are those task that are not provided face to face with the patient. Examples would be:

- Charting
- Reviewing test results and records
- Discussing plan of care with other care team members
- Stocking
- Making beds and tidying rooms

Nurse Staffing Tool

Utilizing the hospital Type A variance Pioneer Memorial Hospital Unit will implement and use a Nurse Staffing Tool to ensure safe staffing is obtained within the unit. The Nurse Staffing Tool is a system designed to guide decisions about nurse staffing requirements.

The nurse staffing tool looks at the following:

- Patient type (Inpatient, Swing Bed, etc.)
- Diagnoses
- Direct Care vs Non-Direct Care needs of the patients
- Patient Intensity (reflects the workload on the nurse)
- Patient Acuity (reflects the patient's sickness level)

A completed nurse staffing tool will calculate a number based on patient type, direct care vs non direct care needs, intensity and acuity that will determine the number of staff needed to care for the patients within the unit.

The nurse staffing tool is an excel document that is to be completed by the charge nurse on duty:

- a minimum of three times per shift
AND/OR
- when there is a change in census
AND/OR
- when there is a change in patient acuity or intensity

It is the responsibility of the Charge Nurse on shift to ensure the Nurse Staffing Tool is completed as outlined above and is saved in the following location under the current month.

The Nurse Staffing Tool is located here:

- N:drive>Nursing>Nurse Staffing Tool

Staffing Matrix

Pioneer Memorial Hospital unit will have a minimum of one Registered Nurse and one support staff on duty in the unit when a patient is present. The Support Staff mix can be made up of any of the following RN, LPN, CNA, CMA, ED/PC Tech and will support the needs of the patients on the unit.

The following staffing matrix will be used based on the calculations of the nurse staffing tool.

Total minimum staff needed based on the calculation from the nurse staffing tool

Staffing Tool Acuity/Intensity Calculation	Minimum # of RN's Needed	Minimum # of Additional Staff Needed (Can be any of the following: RN, LPN, CNA, CMA, ED/PC Tech)
0.00 to 1.5	1	1
1.5 to 3.0	1	2
3.0 to 5.0	1	3
5.0 to 6.0	1	4

A CNA may not be assigned more patients than:

- Day shift – 1 CNA to 7 patients
- Night shift – 1 CNA to 11 patients

Every patient on the unit does not require a CNA be assigned to them. An RN or LPN may oversee the care of the assigned patient without the support of a CNA.

Low Census

Pioneer Memorial Hospital Unit may low census staff if the Nurse Staffing Tool indicates the need.

On Call Schedule

Pioneer Memorial Hospital Unit may implement an on-call schedule at any time.

Permitted Deviation from Nurse Staffing Plan

The unit may deviate from this staffing plan within a period of 12 consecutive hours, no more than 6 times in a rolling 30 day period. The charge nurse must report all deviations to the nurse staffing committee using the “Nurse Staffing Plan Deviation Form” no later than 10 days after each deviation. This form should be e-mailed to the nursingstaffingcommittee@mocohd.org by the charge nurse on duty.

Before the end of the shift where the deviation occurred, the Charge Nurse or Designee on shift must notify the DNS and the Inpatient Services Director of the deviation.

Replacement for Unfilled Shifts

PMH maintains a list of staff and staffing agencies to call for replacement staff for vacancies, staffing changes, and/or unexpected shortages. This list is posted on the Hospital N:/Drive under “Nursing” in a folder titled “Nurse Staffing Committee”.

When PMH learns of the need for replacements, the hospital makes every reasonable effort to secure voluntary replacements before requiring overtime. When a staffing need arises it

is the responsibility of the Charge Nurse on shift to assess the patient needs, determine what type of staff is needed, and complete the following steps to ensure additional staffing is found to the best of their ability.

Steps to take to find additional staff when needed:

The charge nurse or designee is responsible to make every attempt possible to fill any staffing needs while on shift. The charge nurse or designee will work on finding staffing coverage as soon as the need arises. The charge nurse will work through the following steps until staff is found.

Step 1: Send out a message utilizing the scheduling system and active 911

Step 2: Charge nurse or designee will start calling and texting staff as well as reach out to the staffing agencies on the call list documenting all attempts.

Step 3: If staff has not been found utilizing step 1 and 2, the charge nurse will contact the Director of Nursing or designee for assistance with finding coverage

Meal and Rest Breaks

The Hospital will provide nursing staff members one paid rest period during each four (4) hour period of their shift. Employees scheduled to work more than five (5) hours per day shall be entitled to a paid thirty (30) minute meal period.

All nursing staff are entitled to uninterrupted breaks. Before taking a break the nurse staffing member will check with the charge nurse to get approval for a break. Only one nursing staff member may be on break at a time. Staff may not take breaks during predictable times of high patient intensity (medication passes, patient meal times, patient bath times, etc.).

Direct patient care (face-to-face care provided to the patient) that is due during a break can only be handed off to staff that can complete the same level of care as the staff providing break coverage.

If additional staff is needed to cover breaks the charge nurse should find additional staff to cover breaks or must notify the DNS or designee before scheduled breaks so additional staff can be found.

Options for meal and rest break coverage for RN's:

- Another nurse staff member who can provide the same level of care that is due during the break
- Director of Nursing
- Staff who are onsite working on projects and not scheduled to work the floor during that shift
- Call in additional staff to cover breaks

If a meal or rest break was unable to be given due to unforeseeable circumstances, staff will be responsible for completing the “No Meal or Rest Break Form” and submitting it to the Nurse Staffing Committee (nursingstaffingcommittee@moco hd.org) via e-mail within 24 hours of the end of your shift. It is the employee’s own responsibility to complete this form and turn it in. If a form is not turned in it is under the assumption all breaks were taken.

Evaluating and Initiating Limitations on Admissions and Patient Diversions

- A. If the acuity/intensity calculation from the Nurse Staffing Tool exceeds the number of staff available for patient care, the Charge Nurse on shift will contact the Director of Nursing Services (or designee) or the Chief Executive Officer, or the Chief of Staff and suggest that the hospital be placed on diversionary status until acuity/intensity calculation drops or additional staff can be obtained.
- B. The Director of Nursing Services or their designee will assess the nurse staffing tool to determine staffing needs based on acuity/intensity.
- C. The Director of Nursing Services or their designee will discuss the current surge/acuity situation (possible/eminent diversion of patients) with the CEO and Chief of Staff or current on-call emergency department physician. These individuals collectively will make the determination when diversion is necessary. At this point, evaluation of potential patients who are well enough for discharge should be made. (Generally speaking, there are usually patients on the floor who have been in the facility for a period of time and could be discharged to accommodate higher acuity admissions thus preventing the diversion of patients out of the county.)
- D. The Director of Nursing Services or their designee will place calls to area hospital emergency departments and/or hospital house supervisors to determine if there are beds available for diversion patients. They will also help coordinate the transportation of those patients through communication with available emergency medical services for patient transportation.
- E. The current transfer policy should be followed, to include physician-to-physician communication and transfer of records.
- F. When PMH comes off of diversionary status, the charge nurse on duty will contact area hospital emergency departments to notify them that PMH is off divert.

Diversion Due to Equipment or Supply Availability

- A. In some instances, equipment failure or lack of necessary supplies may necessitate diversion for some or all patients. For example, when the CT machine is down due to a power outage or service, strokes must be diverted.
- B. In the event that any staff person becomes aware of a lack of necessary equipment or supplies, this must be immediately communicated to the Director of Nursing Services or Chief Executive Officer.

- C. The DNS and CEO will discuss the situation and make a determination about the populations, if any, to be diverted.

Notification of Diversion

- A. In the event that PMH is on diversionary status for any reason, the EMS Director or designee should be immediately notified.
- B. It shall be the responsibility of the EMS Director or their designee to immediately notify EMS personnel in the most expeditious manner possible (likely via Active 9-1-1) when PMH goes onto diversionary status and when PMH comes off of diversionary status.
- C. The EMS Director shall also be responsible for notifying dispatch when PMH goes onto diversionary status and when PMH comes off of diversionary status.
- D. In all instances, the CEO will be notified when the hospital goes on diversion and when the hospital comes off diversion.

Potential Diversion Sites for Pioneer Memorial Hospital Patients

Saint Anthony Hospital - Pendleton, Oregon

- House Supervisor 541-276-5121

Good Shepherd Hospital - Hermiston, Oregon

- House Supervisor 541-667-3400

Kadlec Medical Center - Richland, Washington

- Transfer Center 1-888-523-5231

Trios Health - Kennewick, Washington

- Transfer Center 1-509-378-6666
- House Supervisor 1-509-221-7000

Nurse Staffing Plan Complaints and Investigations

All staffing complaints should be routed to the Pioneer Memorial Hospital Unit staffing committee. Complaints can be submitted to the following:

- The Nurse Staffing Committee via e-mail nursingstaffingcommittee@mocohd.org
- To any member of management who will send to the staffing committee
- To the compliance officer
- To Light House (Anonymous Compliance Hotline)

Once a complaint is received by the Nurse Staffing Committee an investigation will be completed to determine if the following was followed and if the complaint is valid:

- Scheduled staff in accordance with the staffing plan
- Sought volunteers from all available qualified employees to work extra time
- Contracted qualified employees who made themselves available to work extra time
- Solicited per diem staff to work

- Contacted contracted temporary agencies

Staffing Plan Approval

The written staffing plan for Pioneer Memorial Hospital Unit will be adopted by a majority vote of the nurse staffing committee. After the staffing committee has adopted the plan the committee will take the plan to the Hospital CEO for approval. Once approval has been granted from the CEO the plan will be implemented and submitted to OHA.

Staffing Plan Review

The Pioneer Memorial Hospital Unit staffing plan shall be reviewed at least annually by the staffing committee. The staffing plan may be reviewed at any other time as specified by either staffing committee co-chair.

The annual review shall include a review of the following:

- Patient Outcomes
- Complaints regarding staffing and/or delay of care from nursing
- The number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period
- Aggregate hours of mandatory overtime
- Aggregate hours of voluntary overtime
- Percentage of shifts for the hospital unit for which staffing differed from what is required by the staffing plan the staffing plan
- Number of missed meal and rest breaks
- Any other matter determined by the staffing committee

Upon reviewing the staffing plan, the Pioneer Memorial Hospital Unit nurse staffing committee may modify the staffing plan.

If changes are made to the staffing plan the plan needs to go through all approval processes again and submit the new staffing plan to OHA.

References:

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2. Emergency Nurses Association. (n.d.). Retrieved from <https://www.ena.org/>
3. American Nurses Association. (n.d.). Workforce. Retrieved from <https://www.nursingworld.org/practice-policy/workforce/>
4. American Nurses Association. (2019) (3 ed.). Principles for nurse staffing. Retrieved from https://cdn2.hubspot.net/hubfs/4850206/PNS3E_ePDF.pdf

5. ONA's Center for Evidence-Based Practice and Research (CEBPR). Accessed May 2023. Retrieved from <https://www.oregonrn.org/page/CEBPR>
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8. Oregon Health Authority. (n.d.). Nurse Staffing. Retrieved from <https://www.oregon.gov/oha/ph/providerpartnerresources/healthcareprovidersfacilities/healthcarehealthcareregulationqualityimprovement/pages/nursestaffing.aspx>
9. Oregon Administrative Rules Chapter 33, Division 503
10. Oregon Hospital Staffing Bill (HB 2697)