

# 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.