



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Fixed Staffing Matrix

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit/ Clinic Name:		Surgical Services				
Unit/ Clinic Type:		Ambulatory				
Unit/ Clinic Address:		311 S L St., Tacoma, WA, 98405				
Effective as of:		1/1/25				
Day of the week						
Day of the week	Day of the week	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
	Monday	8	1	0	0	2
	Tuesday	8	1	0	0	2
	Wednesday	8	1	0	0	2
	Thursday	8	1	0	0	2
	Friday	8	1	0	0	2



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

MB Surgical Services Clinic Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Child Life	X			
Surgery Scheduler	X			
Social Worker	X			
Office Coordinator	X			
Medical Receptionist	X			
Pediatric General Surgeon	X	X	X	X
Advanced Registered Nurse Practitioner	X	X	X	X

Unit Information

**Factors Considered in the Development of the Unit Staffing Plan
(Check all that apply):**

Activity such as patient admissions, discharges, and transfers

Description: The Pediatric Surgery Clinic provides evaluation and treatment of pediatric health problems, which may require surgical intervention and/or follow up. If a surgical procedure is scheduled and performed, the follow up care of this procedure is undertaken in the clinic. The specialty of Pediatric Surgery is defined on the following websites.

- <https://www.absurgery.org/default.jsp?aboutpediatricsurgerydefined>
- <https://www.healthychildren.org/English/family-life/health-management/pediatric-specialists/Pages/What-is-a-Pediatric-Surgeon.aspx>
- <https://www.ama-assn.org/specialty/pediatric-surgery-specialty-description>

Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description: Patients 0 - ≤ 17 years of age are served. Occasionally a young adult may be scheduled if that patient is followed in the Mary Bridge Specialty Clinics for a childhood diagnosis requiring specialists who are available here or for certain diagnoses if care was established prior to 18 years of age.

May include:

- Preoperative assessment, which may include history and physical, further lab work and diagnostic tests.
- Immediate and long term postoperative follow up, Nursing Assessment, Care Planning and Interventions, Patient and Family Education
- Preoperative Teaching, Discharge Teaching, Coordination of complex patient care, Patients 0 - ≤ 17 years of age are served.
- Occasionally a young adult may be scheduled if that patient is followed in the Mary Bridge Specialty Clinics for a childhood diagnosis requiring specialists who are available here or for certain diagnoses if care was established prior to 18 years of age.

PAG: Menstrual disorders (irregular, heavy, absent menses)

- Dysmenorrhea (menstrual cramps)
- Polycystic ovarian syndrome (PCOS)
- Ovarian cysts or adnexal masses
- Congenital anomalies of the female genital tract (vulva, hymen, vagina, cervix, uterus)
- Disorders of sexual development
- Endometriosis
- Chronic pelvic pain

Description:

Staff Mix: Copy Link: Pediatric Surgeon, Advanced Registered Nurse Practitioner, Registered Nurse, Medical Assistant / Surgery Scheduler, Office Coordinator, Staffing levels will be evaluated on a regular basis. Numbers of patients seen, acuity, procedures performed and numbers of providers using clinic will be included when determining staffing needs.

Wound/Ostomy Staffing: 2 Pediatric Advanced Registered Nurse Practitioners who are certified in wound/ostomy care; 1 Medical Assistant, 1 Registered Nurse (shared with surgery clinic).

Craniofacial Staffing: Patient care indicators, organizational outcomes and the quality of work life of the staff determine the foundation of an adequate

Craniofacial Staffing: Patient care indicators, organizational outcomes and the quality of work life of the staff determine the formulation of an adequate staffing plan. Normal Staffing: Minimal Staffing: 1 Physician 1 Physician 1 Registered Nurse 1 Registered Nurse
MFRB Staffing: Required Staffing per State Contract: Surgeon, Speech-Language Pathologist (SLP), Orthodontist
Care Coordinator

Description:

Description: : In accordance with regulatory requirements, all staff will participate in orientation and ongoing educational programs. Demonstration of competency in job performance is defined by job descriptions, position specific skills evaluations, and competency assessments to determine actual or real-life knowledge and skill in the work setting. Competency based practice integrates knowledge, skill, and behaviors to maintain a consistent standard of practice. The Position Specific Skills Checklist is kept in the employee's personnel folder. Annual Mandatory Education (AME) and required recertification is tracked in the Workday learning system.
Bachelor's degree in Nursing, or obtained within three (3) years from the initial date of hire; RN with 25+ years of service may be considered in lieu of education agreement
Advanced degree in Nursing (MSN, PhD, DNP, ARNP) preferred
Washington State Registered Nurse license (RN)
Current Health Care Provider level CPR certification required
ACLS or NALS or PALS or TNCC or NRP certification, as required by facility or department
Certification in specialty area preferred
Minimum one (1) year of experience in acute care setting preferred

Need for specialized or intensive equipment:

Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:
Procedure room is near an exit, Staff workrooms need to be near patient exam rooms

Other

Description: Continued Services from above services.
Wound continued: Ostromies
Provide consultation and family education prior to surgery which includes stoma marking
Offer all postoperative care requirements for ostomy care needs to include obtaining DME supplies.
Important Aspects of Care:
Offer age appropriate care with a focus on dressing selection that will minimize the frequency of dressing changes as well as discomfort. Access to pediatric sedation should a more invasive wound care dressing or debridement is required. Also have access to our pediatric general surgeons as well as pediatric plastic surgery, pediatric orthopedic surgery, and pediatric neurosurgery should any surgical interventions be required.
Admission, Transfer, and Discharge Criteria:
Referrals to the clinic is received from self-referrals, community providers, providers within Mary Bridge Children's Hospital and Health Center, and MultiCare Health System at large, the Emergency Department, or as a follow-up to an inpatient admission.
Patients are discharged from service to their primary care provider when the specialty provider deems no further specialty treatment is necessary.
Craniofacial: Multidisciplinary team involvement is utilized as required and includes a Registered Nurse and a Physician. Other specialists are available on a consultative basis. Participation in the Southwest Washington Maxillofacial Review Board monthly meetings facilitates communication between disciplines involved in the care of cleft lip and palate.
Referrals to the clinic are received from self-referrals, community providers, providers within Mary Bridge Children's Hospital and Health Network, and MultiCare Health System at large, the Emergency Department, or as a follow-up to an inpatient admission.
If a patient requires immediate admission to the hospital, this will be arranged through the inpatient nursing supervisor. The patient and family will be escorted to Mary Bridge Hospital. If the condition of the patient requires stabilization, the patient will be escorted to the Emergency Department for further evaluation and disposition. Patients are discharged from service to their primary care provider when the specialty provider deems no further specialty treatment is necessary.
MFRB:
The Southwest Washington Maxillofacial Review Board (MFRB) utilizes an interdisciplinary team approach to coordinate family-centered, community-based care. As identified by the American Cleft Palate-Craniofacial Association, the principle role of the interdisciplinary team is to provide integrated case management, to assure quality and continuity of patient care and longitudinal follow-up.
The MFRB develops a comprehensive, individualized treatment plan for children with cleft lip/palate or other craniofacial anomalies.
The MFRB is partially grant funded by the Washington State Department of Health.. The most important aspect of care is the comprehensive assessment and treatment plan available to families. As recommended by the Cleft Lip and Palate Critical Elements of Care, patients with cleft lip/palate or other craniofacial anomalies are best cared for by an interdisciplinary team of specialists with experience in the field. An interdisciplinary cleft lip/palate team is needed because outcomes are in surgical, hearing, dental, psychosocial and cognitive domains.
Patient Population Served: Patients 0-21 years of age are served. We also serve the mother when she is pregnant, and the fetus has been identified as having a cleft lip and/or palate or other craniofacial anomaly.