

MultiCare Auburn Medical Center Attestation Form

December 31, 2021

I, the undersigned with responsibility for MultiCare Auburn Medical Center, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for 2020 and includes all units covered under our hospital license under RCW 70.41. This plan was developed with consideration given to the following elements:

- Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
- Level of intensity of all patients and nature of the care to be delivered on each shift;
- Skill mix;
- Level of experience and specialty certification or training of nursing personnel providing care;
- The need for specialized or intensive equipment;
- 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;
- Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
- Availability of other personnel supporting nursing services on the unit; and
- 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.

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MTIMD SISAM	Juckaris
Signature	
Mark Smith, President and COO	Lucy Norris, Chief Nurse Executive
MultiCare Auburn Medical Center	MultiCare Auburn Medical Center
Mark Smith	Lucy Norris
Printed Name	Printed Name
12/31/21	12/31/21
Date	Date

AMC ED STAFFING PLAN 2022

	7a	8a	9a	10 a	11a	12p	1p	2p	3р	4p	5р	6р	7p	8р	9р	10p	11p	12 a	1 a	2a	3a	4a	5a	6a
Avg Pts in bed by hour	18	20	23	26	29	31	34	34	33	33	32	32	33	32	32	30	27	25	22	20	19	18	17	16
(2021 Q4)																								
Census (Arrivals by hour)																								
Charge RN	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Triage RN	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
EPS	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	1	1	1	1	1	1	1	1
Fast Track Rooms 1-4	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1	1	1	1	1	1		
ED Rooms 5,6,7, H1			1	1	1	1	1	1	1	1	1	1	1	1	1									
ED Rooms 8,9,10,28	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
ED Rooms 11,12,14,27	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
ED Rooms 15,24,25,26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
ED Rooms 16,17,18,19	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Hallway Rooms 1-4							1	1	1	1	1	1	1	1	1	1	1							
Resource RN Breaks, RMEs,			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
NISOs, Flex, RN Transport			1	1		1	1	1		1	1	T	1	1	1	1	1	1	1 1	1		1		
Inpatient RNs (depending	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
on IP holds-replaces ED RN)																								
	_	_	_	4.0	4.4	4.5	_	_	_		_	_	_	•	_	4.0		4.0	_	_	_	_	_	_
	7a	8a	9a	10 a	11a	12p	1 p	2p	3p	4p	5р	6р	7p	8р	9p	10p	11p	12 a	1a	2a	3a	4a	5a	6a
EST	2	l 1	. 1	. 1	. 1	. 1	1	. 1	. 1	1	1	1	. 1	. 1	. 1	. 1	. 1	1	. 1	L 1	. 1	. 1	. 1	. 1
EST	2	l 1	. 1	. 1	. 1	. 1	1	. 1	. 1	1	1	1	. 1	. 1	. 1	. 1	. 1	1	. 1	L 1	. 1	. 1	. 1	. 1
EST	-	l 1	. 1	. 1	. 1	. 1	1	. 1	. 1	1	1	1	. 1	. 1	. 1	. 1	. 1	1	. 1	l 1	. 1	. 1	. 1	. 1
EST					1	. 1	1	. 1	. 1	1	1	1	. 1	. 1	. 1	. 1								
СО	2	l 1	. 1	. 1	. 1	. 1	1	. 1	. 1	1	1	1	. 1	. 1	. 1	. 1	. 1	1	. 1	L 1	. 1	. 1	. 1	. 1
СО	2	l 1	. 1	. 1	. 1	. 1	1	. 1	. 1	1	1	1	. 1	. 1	. 1	. 1	. 1	1	. 1	L 1	. 1	. 1	. 1	. 1
CO	2	l 1	. 1	. 1	. 1	. 1	1	. 1	. 1	1	1	1	. 1	. 1	. 1	. 1	. 1	1	. 1	L 1	. 1	. 1	. 1	. 1
HUC		l 1	. 1	. 1	. 1	. 1	1	. 1	. 1	1	1	1	. 1	. 1	. 1	. 1	. 1	1	. 1	L 1	. 1	. 1	. 1	. 1

^{**}Employees are expected and encouraged to take rest and meal breaks pursuant to MultiCare policy, state and federal law, and Changes to the staffing plan may be required in the event of unscheduled absences.

		AM	C Staffing	g Matrix-	ICU RNs -	**Assum	es all p	<mark>atients a</mark>	re ICU p	atients -	see notes	for PCU/I	Med Surg	Patients			
	Patients	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	Charge RN	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Days	RNs	1	1	1	1	2	3	3	4	5	5	6	6	7	7	8	8
	Charge RN	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Eve	RNs	1	1	1	1	2	3	3	4	4	5	5	6	6	7	7	8
	Charge RN	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
NIGTS	RNs	1	1	1	1	2	2	3	4	4	5	5	6	6	7	7	8

						AMO	Staffir	g Matrix	<mark>-ICU Su</mark>	<mark>pport St</mark>	aff						
	Patients	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	HUC	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1
DAYS	CNA	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1
	HUC	0	0	0	0	0	0	0	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
EVE	CNA	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1
	HUC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NIGHTS	CNA	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1

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Changes to the staffing plan may be required in the event of unscheduled absences.

^{*}Matrices are developed as a guide for shift-by-shift unit-based staffing decisions and are adjusted up or down based on patient factors, skill-mix of staff, and circumstances that affect availability.

						AMC P	CU4 Sta	ffing Ma	trix 4 O	lympic						
	Census	9	10	^ acuity 10	11	12	13	^ acuity 13	14	15	16	17	^ acuity 17	18	19	^ acuity 19
	Charge	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared
	Resource	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared
Davs	RNs	3	3	3	3	3	3	4	4	4	4	4	5	5	5	5
Days	CNAs	0	0	1	1	2	2	2	2	2	2	2	2	2	2	3
	MT	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	HUC	0	optional 1	0	0	0	1	1	1	1	1	1	1	1	1	1
	Charge	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared
	Resource	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared
FVF	RNs	3	3	3	3	3	3	4	4	4	4	4	5	5	5	5
LVL	CNAs	0	0	1	1	2	2	2	2	2	2	2	2	2	2	3
	MT	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	HUC	0	optional 1	0	0	0	1	1	1	1	1	1	1	1	1	1
	Charge	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared
	RNs	3	3	3	3	3	3	4	4	4	4	4	5	5	5	5
NOC	CNAs	0	0	1	1	2	2	2	2	2	2	2	2	2	2	3
	MT	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	HUC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

					AMCI	PCU3 St	affing M	latrix				
	Census	<u><</u> 6	7	8	v acuity 9	or 9	10	11	12	13	14	
	Charge	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	
	Resource	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	
Davis	RNs	2	2	2	2	3	3	3	3	4	4	
Days	CNAs	0	1	1	1	0	1	1	1	1	1	
	MT	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	
	HUC	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	
	Charge	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	
	Resource	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	
FVF	RNs	2	2	2	2	3	3	3	3	4	4	
LVL	CNAs	0	1	1	1	0	1	1	1	1	1	
	MT	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	
	HUC	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	
	Charge	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	
	RNs	2	2	2	2	3	3	3	3	4	4	
NOC	CNAs	0	1	1	1	0	1	1	1	1	1	
	MT	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	
	HUC	shared	shared	shared	shared	shared	shared	shared	shared	shared	shared	

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								A	MC I	MedS	ourg S	taffii	ng Ma	atrix										
Patie	ent Census	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
	CN	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
D	Resource RN	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1
A	RN	2	2	2	2	3	3	3	3	4	4	4	4	4	5	5	5	5	5	6	6	6	6	6
S	C NA	1	1	1	2	2	2	2	2	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4
3	HUC	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
N	CN	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	Resource RN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
G	RN	2	2	2	2	3	3	3	3	3	4	4	4	4	5	5	5	5	5	6	6	6	6	6
н	C NA	1	1	1	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	4	4	4	4	4
Т																								
S	HUC	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1

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Family Birth Center/OBED/ICN Staffing Matrix

AMC Staf	fing Matrix-Fan	nily Birth Cei	nter					
	Week Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Charge RN	1	1	1	1	1	1	1
Days	RN	6	6	6	7	7	7	7
	Charge RN	1	1	1	1	1	1	1
Nights	RN	6	6	6	6	7	7	6

AMC Staffi	ng Matrix-Inte	rmediate (Care Nurse	ery				
	Week Day	Sunday	Monday	•	Tuesday	Wednesday	Thursday	Friday
Days	RN	2	2	2	2	2	2	

Days	RN	2	2	2	2	2	2	2
Nights	RN	2	2	2	2	2	2	2

Saturday

AMC Staffi	ng Matrix-Sup	port Staff						
	Week Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	HUC	1	1	1	1	1	1	1
	Surg Tech	1	1	1	1	1	1	1
Days	Nurse Tech							
	HUC	1	1	1	1	1	1	1
	Surg Tech	1	1	1	1	1	1	1
Nights	Nurse Tech							

FBC Example Census 10 Typical day

8 RNs Assignment

1 CN

1 OB ED RN (2-4 pts. at a time - not in census until admitted)

3 3 Labor 1:1

2 6 M-B

1 C/S s, baby catch

- Antepartum or post partum readmit

NICU

2 RNs Assignment

1 2 or 3 stable Level II

1 1 unstable, new admission or critical

10 RNs

Ideally, you would want 1 RN always on call. More in times of high census/acuity

FBC SURGE PLAN

When acuity or census rises beyond what base staffing can care for FBC

- 1 Call in On Call RNs
- 2 If volume and churn require additional help, not necessarily RN, ask for CNA assistance from the house
- 3 Charge Nurse with laborist will facilitate any discharges possible safely
- 4 Any elective, non-medically necessary, C/S, Inductions and procedures will be delayed until adequate staffing and space available
- 5 Mom Baby staffing can go up to 1:4 couplets, try to include a couplet for discharge (Couplet is mom AND baby = 8 pts.)
- 6 Charge Nurse may take an assignment, consider OB ED freeing that RN for active labor pt.
- 7 Inform house supervisor, nurse manager of surge and plan
- 8 Nurse manager to inform chief of OB

NICU

- 1 Call in any On call Rns
- 2 Float in any mom baby RN with newborn competencies who can assist with feeder growers
- 3 Assign Nurse tech to NICU as extra
- 4 When approaching censu of 6, consult medical director and Nurse Manager to plan
 With Nursing leader and medical direction may consider transfer to Mary Bridge, TG as appropriate if necessary. May divert optional high risk
- 5 deliveries to TG

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									AMC A	DULT IN	PATIENT	PSYCHI	ATRY										
	Patients	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		
	RNs	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3		
	Resource RN	0	0	0	0	0	0	0	0	0	0	0	0	0	0.5	0.5	0.5	0.5	0.5	0.5	0.5		
	MHT	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2		
	CNAs	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	2	2	2	2	2		l
Days	HUC	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1		1
	RNs 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2																						
	Resource RN	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1		
	MHT	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	10	
	CNAs	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	2	2	2	2	2		
Eve	HUC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		L
	RNs	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2		
	Resource RN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	MHT	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2		
	CNAs	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Nocs	HUC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		ı

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	AMC Staffing Matrix-BHU Memory Wellness															
	Patients	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
	Charge RN	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	RNs	1	1	1	1	1	1	1	1	1	2	2	2	2	2	3
	LPNs	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	CNAs	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3
Days	HUC					1	1	1	1	1	1	1	1	1	1	1
	Charge RN	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	RNs	1	1	1	1	1	1	1	1	1	2	2	2	2	2	3
	LPNs	0	0	0.5	1	1	1	1	1	1	1	1	1	1	1	1
	CNAs	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3
Eve	HUC															
	Charge RN	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	RNs	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2
	LPNs	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1
	CNAs	1	1	2	2	2	2	2	2	2	2	3	3	3	3	3
Nocs	HUC		·													

				P	AMC BHU	J Emotio	nal Staff	ing Matr	·ix					
	Patients	1	2	3	4	5	6	7	8	9	10	11	12	13
Days	RNs	1	1	1	1	1	1	1	1	1	1	1	2	2
	LPNs	1	1	1	1	1	1	1	1	1	1	1	0	0
	CNAs								1	1	1	1	1	1
	RNs	1	1	1	1	1	1	1	1	1	1	1	2	2
	LPNs	1	1	1	1	1	1	1	1	1	1	1	0	0
Eve	CNAs									1	1	1	1	1
	RNs	1	1	1	1	1	1	1	1	1	1	1	1	1
	LPNs	1	1	1	1	1	1	1	1	1	1	1	1	1
Nocs	CNAs									1	1	1	1	1

^{*} Budgeted for an average daily census of 24

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M/T/W		700	800	900	1000	1100	1200	1300	1400	1500	1530	1600	1630	1700	1730	1800	1830
	RN																
		RN															
				RN													
					RN												
	201										<u> </u>						
Th	RN																
	RN	RN															
		RN															
		RN															
		IXIV				RN											
						1111									·		
Service Tech -																	
GI COORDIN					_									-			
3 days a week																	
50	DN																
FR	RN			DNI													
GI Staffing Mat	triv			RN													

GI Staffing Matrix

	Monday	Tuesday	Wednesday	Thursday	Fridav	In week call	WEEKEND CALL
RN	7a-530p	7a-530p	7a-530p	7a-530p	7a-530p		
RN	1- 8-630p	1- 8-630p	1- 8-630p 1-9-	1 7-330p 1	1- 9-530p	2 -530p-	2 - 7A-7A
KIN	1-9-530p	1-9-530p	530p	8-630p 2-		7a	Z - /A-/A
RN	1-10-630p	1 10a-	1 10a-630p	1 10a-	1 10a-		
KIN	1-10-630b	630p	1 10a-630p	630p	630p		
SERVICE TECH	10a-6:30p	10a-6:30p	10a-6:30p	10a-6:30p	10a-6:30p		
GI COORD.		8-430	8-430	8-430			

Additional information

- Challenges
 - o Unpredictable number of add on cases 0-6
 - o High Acuity of patients
 - o IP cases, pre op completed, then case cx
 - o Staffing open position
 - o Call excessive at 30-50% of time

- o Covering bronchoscopies staff flex to cover bronchoscopies
- o 1 RN on LC call on Fridays
- o All off hours covered with 2 RN's on call
- o Service Tech floats to OR if not needed in GI
- o Gi Coordinator flexes days/hours depending on department need
- o SAU and PACU assist in department as needed

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600	630	700	800	900	1000	1100	1200	1300	1400	1430	1500	1530	1600	1630	1700	1730	1800	1830	1900	1930	2000	2100	2200	2300
RN CHARGE																								
RN																								
RN																								
	RN																							
	RN																							
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ANESTHESIA																								
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ANESTHESIA																								
TECH																								

OR Staffing Matrix

	Comments	Comments	Comments	Comments	Comments
Rooms	Add 1 RN, 1 4 tech If 2 flip rooms	3 busy	3 not busy	2	1
RNs	7 Including charge	6 Including charge	5 Including charge	4 Including charge	2 charge/ breaks
Techs	6 Add1 if GYN robot	5 Add1 if GYN robot	4 Add1 if GYN robot	3 Add1 if GYN robot	2 Add1 if GYN robot

Additional information:

Add additional tech for room with total joints

- Evening shift works 2:30-11P (1 TECH)
- Evening RN 9a-9:30p (1 positions open)
- Anesthesia tech M-F 6a -2:30 and 11a-7:30pm
- Call shifts 1 RN (3-11 and 11-7) and 1 tech 7p-7a M-F, RN and tech 7a-7a Sat-Sun

^{**}Employees are expected and encouraged to take rest and meal breaks pursuant to MultiCare policy, state and federal law, and any applicable collective bargaining agreement. Rest and meal break relief is determined by each department and has been considered in development and approval of this Staffing Plan.

Changes to the staffing plan may be required in the event of unscheduled absences.

700	800	900	1000	1100	1200	1300	1400	1500	1530	1600	1630	1700	1730	1800	1830	1900	1930	2000	2100	2200	2230
RN																					
	RN												."								
		RN																			
			RN																		
				RN																•	

PACU Staffing Matrix (Monday-Friday)

7a	8a	9a	930a	11a	
1 10hr	1 8hr	12hr	1 8hr	1 8hr	

Additional Information -

Call 1 3p-11p, 2 11p-7a, M-F and 2 7a-7a Sat/Sun

^{**}Employees are expected and encouraged to take rest and meal breaks pursuant to MultiCare policy, state and federal law, and any applicable collective bargaining agreement. Rest and Changes to the staffing plan may be required in the event of unscheduled absences.

800	830	900	1000	1100	1200	1300	1400	1500	1600	1630	1700
RN											
•	RN										
	RN										
	•										_
HUC/CNA											

PRE-ANETHESIA STAFFING MATRIX – FIXED DEPARTMENT 8-430 - 1 RN AND 1 HUC/C NA 830-5P - 2 RNS

Changes to the staffing plan may be required in the event of unscheduled absences.

^{**}Employees are expected and encouraged to take rest and meal breaks pursuant to MultiCare policy, state and federal law, and any applicable collective bargaining agreement. Rest and meal break relief is determined by each department and has been considered in development and approval of this Staffing Plan.

530	600	700	800	900	1000	1100	1200	1300	1400	1430	1500	1600	1700	1730	1800	1900	1930	2000	2100	2130
RN																				
RN																-"				
RN											_									
	RN																	_		
	,	,				LPN														
								RN												

SAU (OPS/SS) Staffing Matrix

5:30am	6:00am	11:00am	1:00pm
1 12-hour RN	1 8-hour RN	1 LPN &/or 10- hour RN	1 8-hour RN (3 days a week)
2 8-hour RN			

Additional Information:

Additional RN on busy days at 5:30am

Low Census used when case load is light

Also admits/recovers IR patients

Assists with GI, when needed

Late RN floats to PACU after cases to decrease call backs for PACU

Current issue lack of available on call staff, insufficient coverage for vacation and sick calls, on call position posted

1 or 2 nurses until 9:30

LPN until 7:30pm

^{**}Employees are expected and encouraged to take rest and meal breaks pursuant to MultiCare policy, state and federal law, and any applicable collective bargaining agreement. Rest and meal break relief is determined by each department and has been considered in development and approval of this Staffing Plan.

Changes to the staffing plan may be required in the event of unscheduled absences.