UW Medicine
Harborview Medical Center
325 Ninth Ave
Seattle WA 98104

Topic:
Nurse Staffing Plan FY2024

Enclosed:
- Letter from CEO accepting Nurse Staffing Plan
- Nurse Staffing Committee Charter
- Nurse Staffing Plan
- Individual Area Staffing Plans

LETTER FROM

CHIEF EXECUTIVE OFFICER

Date: September 25, 2023

To: Harborview Medical Center Nurse Staffing Committee
- Melanie Arciaga, RN2 5EH, Co-Chair
- Marne Faber, Assistant Administrator PCS, Co-Chair
- Amina Osman, RN2 6MB
- Erin Welsh, RN2 6EH
- Katy Brehe, RN2 9MB
- Natalie Levi, RN2 OR
- Sam Conley, RN2 3WH
- Sara de Rosier, RN2
- Zeynab Jama, Assistant Nurse Manager BPICU
- Anne Van, Nurse Manager Acute Care Float Pool
- Celine England, Director OR
- Christine Dostal, Nurse Manager Primary Care
- Erin Carrier, Nurse Manager MCICU
- Hazel Boniog, Nurse Manager 6MB
- Jay Sandel, Assistant Administrator, SEICS
- Joseph de Veyra, Assistant Administrator PCS
- Kathy Mertens, Assistant Administrator AACS
- Kellie Hurley, Associate Administrator PCS
- Kim Tomlinson, Nurse Manger 7EH
- Melvin Tam, Assistant Administrator PCS
- Valerie Andal, Nurse Manager ED

From: Sommer Kleweno Walley, Chief Executive Officer

CC: Mark Taylor, Senior Associate Administrator
Keri Nasenbeny, Senior Associate Administrator
Kassie Hollman, Associate Administrator
Dana Hermann, Associate Administrator
Banks Evans, Assistant Vice President Labor Relations
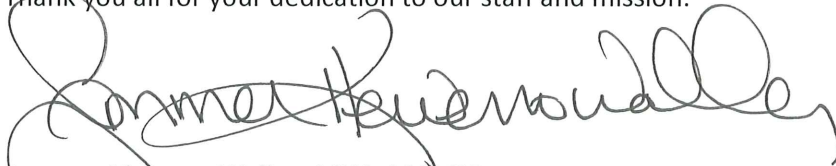
RE: Nurse Staffing Plan FY2024

I have received and reviewed the committee recommendations for the FY2024 Nurse Staffing Plan. Thank you for your continued commitment to the creation of a comprehensive staffing plan that enhances the care we provide to Harborview's mission population. The annual evaluation of staffing for all areas provides a framework for our continued success providing in excellent patient care.

I am in support of the recommended Harborview Nurse Staffing plan for FY2024 enjoyed attending the Nurse Staffing Committee meeting on October 4, 2023. It was incredible to witness first hand the great collaborative work you are doing. These are detailed as follows:

1. We recommend the continued recruitment and retention of excellent Harborview staff within the framework of equity, diversity, and inclusion. We will strive to become less reliant on the use of agencies to safely staff Harborview.
2. Evaluate circumstantial fluctuations in patient care needs (i.e., ECMO, 1:1 patient monitors, COVID impacts, room closures, unforeseen events, and changes in care models) that cause units to be uniquely impacted, and create proactive staffing plans.
3. The Committee will explore opportunities that allow RN staff to share suggestions/concerns (via surveys or other) so that the Committee can assess and provide recommendations.
4. The literature demonstrates the importance of uninterrupted rest breaks for the safety of the patients and staff. The Harborview Nurse Staffing Committee remains committed to preserving break relief resources as described in the 2021-2023 SEIU 1199 NW contract and adherence to HB 1155, titled Health Care Employees--Meal and Rest Breaks, And Mandatory Overtime.

This past year, we have made great strides in addressing our workforce challenges. I greatly appreciate the contributions made by the Nurse Staffing Committee in this work.   I am grateful to our care teams for rising above the challenges and continuing to provide high-quality care.

Thank you all for your dedication to our staff and mission.

Sommer Kleweno Walley, MHA, MA, SLP
Chief Executive Officer
Harborview Medical Center

July 30, 2023

Sommer Kleweno-Walley
Chief Executive Officer
Harborview Medical Center
325 9th Avenue
Seattle, WA 98104

Dear Sommer,

Harborview Medical Center's Nurse Staffing Committee (NSC) is submitting our annual review of the Nurse Staffing Plan for Fiscal Year 2024 (FY24) for your approval. The FY24 Nurse Staffing Plan is attached. It describes our care delivery team model, staffing guidelines, staffing assignments, acuity model, and budgeting for staffing. Staffing matrices continue to be used as a guide in resource allocation and staffing decisions. Please note the section entitled "Recommendations for FY24" at the end of the document.

The individual unit staffing matrices are located within the NSC website. The NSC agrees that it is necessary to complete an annual evaluation of all areas for specific staffing needs and to determine the appropriate staffing plans and matrix.

To enhance the NSC's efforts, data available in the National Database for Nursing Quality Indicators, Culture of Safety, Staff Engagement Surveys, Patient Satisfaction Surveys, and the quality metrics will be reviewed to ensure that our recommendations for staffing are based on all available data. The NSC will continue to make recommendations and revise the Nurse Staffing Plan taking into consideration data from, but not limited to, the hospital's nursing sensitive quality indicators, patient safety, and fiscal responsibility.

We will continue to evaluate and assess the break relief and alternative models implemented throughout FY24.

The NSC invites you to join us to discuss this plan at our meeting on September 6, 2023, between 8:00 am and 11:00 am.

Thank you for your attention to our annual report. We look forward to your response.

Regards,

Nurse Staffing Committee Members

CC: Keri Nasenbeny, Chief Nursing Officer, Associate Administrator, Patient Care Services
Mark Taylor, Sr. Associate Administrator, Surgical, Emergency, and Integrated Care Services
Catherine Hollman, Associate Administrator, Ambulatory and Allied Care Services.

NURSE STAFFING

COMMITTEE CHARTER

HARBORVIEW MEDICAL CENTER

Nurse Staffing Committee
CHARTER FY2024

Committee Name	HMC Nurse Staffing Committee
Committee Membership and Leadership **Ad hoc**	Staff Nurse Co-Chair Management Representative Co-Chair Voting members would ideally include the following: • Critical Care • Acute Care (2) • Psychiatry • OR (Procedural) • Float Pool • Emergency Department (ED) • Clinics Non-Voting Contributors: Census and Staffing, staff nurses as needed, SEIU representative, and Labor Relations. Non-nursing hospital leaders and staff are invited to collaborate in the committee as appropriate. These invitees may include but are not limited to ancillary staff, finance staff, facilities management staff, schedulers, and transporters. Executive Sponsor: Chief Nursing Officer The Nurse Staffing Committee will consist of 16 members: 8 Registered Nurses currently providing direct patient care and 8 hospital administrator staff per most current contract. Each area where nursing care is provided will have the opportunity to provide advice to the Nurse Staffing Committee. These areas will be called to meetings when their attendance is required. Committee meetings are open to any interested Registered Nurse employed at HMC may attend but only committee members will have a vote. The Nurse Staffing Committee will be co-chaired by one staff RN, as selected by the staff representatives, and one management representative, as selected by the management representatives. Co-chairs will be selected every two years by the Nurse Staffing Committee. The Management Representative Co-Chair will rotate every other year on odd numbered years. Staff Nurse Co-Chair will rotate every other year on even numbered years.
Overall Purpose/Strategic Objective	The purpose of this committee is to protect patients, support greater retention of registered nurses, and promote evidence-based nurse staffing by establishing a

Overall Purpose/Strategic Objective (cont)	mechanism whereby direct care nurses and hospital management can participate in a joint process regarding decisions about nurse staffing. The staffing committee has ready access to organizational data pertinent to the analysis of nurse staffing including but not limited to: - Patient census and census variance trends - Patient LOS - Nurse Sensitive Outcome indicator data - Quality metrics and adverse event data where staffing may have been a factor, - Patient satisfaction data - Staff satisfaction data - Nursing overtime and on-call utilization - Breaks taken; breaks missed - Nursing agency utilization "Assignment by objection" or other staffing complaint/concern data - Patient utilization trends in those areas where on-call is used - Recruitment, retention, and turnover data - Education, vacation, and sick time - Meets matrix data The committee has the option to conduct routine surveys to assess the satisfaction of bedside nursing staff and the effectiveness of staffing of the unit.
Goals	- Review Staffing Concerns and provide recommendations - Educate nurses and managers about the NSC - Ensure that we have sufficient data to create the staffing plan and validate staffing concerns. - To develop an easily accessible website with a focus on education and outreach. - Development and oversight of annual patient care unit & shift staffing plan based on patient care needs. - Conduct Semi-annual review. - Collaborate with leadership and managers to ensure recruitment and retention of excellent nursing staff. - Develop a system to collect meets matrix data.
Tasks/Functions	- Develop/produce and oversee the establishment of an annual patient care unit and shift-based nurse staffing plan, and staffing plan modifications based on the needs of patients and use this plan as a primary component of the staffing budget with fiscal responsibility. - Provide semi-annual review of the staffing plan against patient needs and known evidence-based staffing information, including nurse sensitive quality indicators collected by the hospital.

Tasks/Functions (cont)	Typical timeline for Semi-Annual review and validation of staffing plans:
	
	   o January - Annual meeting
	   o May - finalize communication and submission of Annual Reviewed FY24 Nurse Staffing Plan & Recommendations along with updated NSC Charter to the CEO for approval.
	   o November - Semi-Annual meeting review
	
	• Review, assess and respond to staffing variations or concerns presented to the committee.
	• Assure that all patient care units annual staffing plans, shift-based staffing and total clinical staffing are posted on each unit in a public area in accordance with the law.
	• Assure factors are considered and including, but not limited to, the following in the development of staffing plans:
	
	   ✓ 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 on nursing personnel providing care.
	   ✓ The need for specialized or intensive equipment.
	   ✓ The architecture and geography of the patient care units, 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.
	   ✓ Strategies to enable registered nurses and other staff members to take meal and rest breaks as required by law or collective bargaining agreement.
	
	• Evaluate staffing effectiveness against predetermined nurse sensitive metrics collected by Washington hospitals.
	• Hospital finances and resources as well as defined budget cycle must be considered in the development of the staffing plan.
	• Develop and implement a process to examine and respond to complaints submitted by a nurse that indicates:
	   o That the nurse personnel assignment in a patient care unit is not in accordance with the adopted staffing plan; or
	   o An objection to the shift-to-shift adjustments in staffing levels required by the plan made by the appropriate hospital personnel overseeing patient care operations.
	   o In accordance with 2017 Nurse Staffing Law (Patient Safety Act HB1714)

Tasks/Functions (cont)	• Track complaints coming in and the resolution of the complaints. • Determine that a complaint is resolved, unresolved, or dismissed based on unsubstantiated data. • Prepare annual report of committee activities as needed to distribute to staff and management. • Orientation to the staffing committee law is a part of routine clinical staff orientation.
Meeting Management **Meeting Management (cont)**	**Meeting Schedule:** The Nurse Staffing Committee will meet monthly. The meetings will happen on the first Wednesday of each month. There may be times of hiatus. Participation by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. Members shall be relieved of all other work duties during meetings. Staff RN members of the Nurse Staffing Committee will be paid, and preferably will be scheduled to attend meetings as part of their normal full-time equivalent hours for the majority of the meetings. It is understood that meeting schedules may require that an RN member attend on his/her scheduled day off. In this case, the RN may be given equivalent hours off during another scheduled shift. **Record-keeping/minutes:** • Meeting agendas will be distributed to all committee members at least one week in advance of each meeting. • The minutes of each meeting will be distributed to all committee members with each meeting agenda, with approval of the minutes as a standing agenda item for each meeting. • A master copy of all agendas and minutes for the Nurse Staffing Committee will be maintained and available for review on request. **Attendance requirements and participation expectations:** • All members are expected to attend at least 80% of the meetings held each year. Committee members' attendance will be reviewed at the semiannual review • If a member needs to be excused, they are to communicate with one of the co-chairs. • It is the expectation of the Nurse Staffing Committee that all members will participate actively, including reading requirement materials in advance of the meeting as assigned, coming prepared to meetings, and engaging in respectful dialogue as professional committee members. • In order to form a quorum, 5 members each from staff and management (10 members total) will be present to ensure there is equal representation. **Decision-making process:** • Consensus will normally be used as the decision-making model. • At the beginning of each meeting the voting members will be identified. This is to ensure that there is an equal number of voters in the staff representative group and the management group for each meeting.

	• Should a particular issue need to be voted upon by the committee, the action must be approved by a majority vote of the chosen voting members.
New Staff Committee Requirements	• Staffing committee members will go through a formal committee education/orientation prior to committing to the committee. • Appointed Staff are encouraged to attend 2 meetings and review the charter prior to committing to the committee.
References	• Northwest Organization of Nurse Executives. Defining Characteristics of "Best Practice" for Nurse Staffing Committees • RCW 70.41.410: Nurse staffing committee — Definitions. • RCW 70.41.420: Nurse staffing committee. • UW/SEIU 1199 Contract APPENDIX XIII - Compliance with RCW 70.41.410-420. Washington State Nurse Staffing Committee Law • ESHB 1714: Hospitals-Nurse Staffing Plans • SHB 1155: Uninterrupted Rest/Meal Breaks & Limitations on the use of additional on-call work • RCW 49.12.480 Meal and rest breaks for health care facility employees.

NURSE STAFFING PLAN

Harborview Medical Center Staffing Plan FY 2024

Current evidence clearly points to appropriate staffing levels as a key factor leading to improved patient outcomes. The American Nurses Association's Principles of Nurse Staffing along with current nurse staffing research give guidance as to how to effectively plan and allocate staffing resources to ensure optimal patient care outcomes. This staffing plan describes our:

- Care Delivery Team

- Staffing Guidelines

- Staffing Assignments

- Resources for Additional Staffing

- Acuity Model

- Nurse Staffing Committee

- Budgeting for Staffing

- Staffing Matrix by Specialty

- Recommendations for the next fiscal year

The Harborview Medical Care Delivery Team

An interdisciplinary team participates in the provision of patient care. At Harborview Medical Center (HMC), patients are admitted into different units based on their diagnosis and the clinical skill mix of the staff caring for them. Members of the team are included based on the physical, psychosocial, and spiritual needs of the patient and family. Members of the team are as follows:

Registered Nurse (RN)—Professional nurses who hold a license and are required to graduate from an accredited nursing program. HMC employs RNs with a variety of educational backgrounds such as Associate, Diploma, Bachelors, Master's Degree, and Doctoral degrees. In addition to this general requirement, each unit has determined additional education and or specialty training that staff is required to obtain to work in their respective departments or nursing units. HMC encourages and supports professional nurses in obtaining specialty certifications in their specific practice area. Nurses are responsible for initiating and coordinating the care prescribed for the patient by the physician.

Licensed Practice Nurse (LPN) – As a licensed graduate from an accredited school of nursing, the LPN provides basic nursing care under the supervision of a registered nurse.

Patient Care Technician (PCT) – As certified/registered caregivers, PCTs assist the nurse in providing care to patients. PCTs are competent and trained to advanced tasks for medical care. PCTs complete tasks delegated by RNs.

Hospital Assistant (HA) - As certified/registered caregivers, HA's assist the nurse in providing care to patients.   HAs are competent to complete tasks as delegated by RNs.

Mental Health Specialist (MHS) - Under general supervision of an RN, provides direction in crisis situations, clinical expertise in assisting the initiating of care plans and in group or individual therapy; interprets the Involuntary Treatment Act and participates in the training of staff and students on the unit.

Medical Assistants (MAs)- Medical assistants perform duties to assist health care professionals in the examination and treatment of patients, including: preparing the patient and the environment for treatment, performing delegated tasks that involve direct patient care, conducting basic diagnostic tests, specimen collection, technical procedures or monitoring that may be invasive and require skills validations, ordering and stocking of supplies, maintenance of special equipment, including sterile equipment and set-ups, meeting the communication needs of patients and families, providing patient care coordination, patient education and clerical reception functions.

Nurse Techs (NTs) –is a student enrolled in a RN program at an accredited school who has completed at least one academic term, which includes a clinical component. The NT is responsible for providing direct patient care by applying current health concepts and performing routine duties to the level of academic competence accomplished in the individual's educational program(s) under the supervision and direction of a RN.

Patient Service Specialists (PSS) - PSS coordinate unit communications between visitors, families, and the interdisciplinary team. They ensure an orderly work environment for all. Facilitate patient intake and schedule appointments.

Nursing Management—Registered Nurses serve as managers at multiple levels. The Chief Nursing Officer (CNO) is the highest level of administration and is responsible for ensuring a consistent standard of practice across the organization. Senior Nursing Administrators, Nurse Managers, Nursing Administrative Supervisors, Assistant Nurse Managers and Charge RNs provide 24/7 support for the delivery of care.

Trained Observers (TO) - To ensure the safety of your colleagues, TOs must lead, protect, and guide others through the process of safely and correctly donning and doffing PPE. The role/function of trained observer can be fulfilled by any member of the care team including but not limited to RN, HA, PCT, MD, APP, and support staff.

Other care providers include—Chaplains, physicians, residents, nurse educators, wound care nurses, ECMO operators, surgical/specialty/orthopedic/eye technicians, pain management consultants, respiratory/physical/occupational/speech therapists, case management staff, social workers, dieticians, pharmacists, interpreter services and cultural mediators.

STAFFING ASSIGNMENTS/GUIDELINES

Staffing needs are determined by several factors that include but are not limited to: Age of the patient, the complexity of patient care and the frequency of assessments and interventions, tests required, education needs of the patient and their family, the special cultural needs of the patient and family/significant other, the need for specialized equipment and technology, the need for infection protection protocols, psychosocial needs, and patient progress toward recovery.

Staffing assignments consider the following variables in selecting the group of patients a nurse will manage for her/his shift.

1. Acuity Model Score—An acuity model is an assessment tool that assesses complexity of patient care needs requiring professional nursing care and skills and aligns patient care needs and nursing skills consistent with professional nursing standards.

2. Continuity of Care—whenever possible, patients are assigned to the same nurse. This helps facilitate care as the nurse is familiar with the patient's needs.

3. Competency and Experience of the Staff—all nurses are trained and competent in the care of their patient population. Level of experience and specialty certification or training depend or vary on nursing personnel providing care.

4. ~~Consideration~~ for breaks. The Harborview Nurse Staffing Committee remains committed to additional break relief resources as described in the Side Letter B from the 2023-2025 SEIU 1199 NW contract.

5. Hours Per Patient Day (HPPD) – refers to the number of hours of nursing care provided on a hospital unit, compared to the number of patients on that unit during a 24-hour period. This measure was developed by the American Nurses Association for the National Database of Nursing Quality Indicators (NDNQI).   The basic calculation for HPPD is:

RN count x shift length = Total RN hours worked ÷census = HPPD

6. Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, transfers, scheduled appointments, and patient visits.

7. Level of intensity of all patients and nature of the care to be delivered on each shift.

8. Skill Mix

9. The architecture and geography of the patient care units, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and need for specialized or intensive equipment.   Rooms close to an assigned nurse may be preferred in assignment making.

10. Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations.

RESOURCES FOR ADDITIONAL STAFFING

Additional resources are utilized when necessary to meet the needs of our patients. Should the unit require additional help, the following are options:

- Float nurses are available for increased census, vacation and illness coverage, vacant positions

- Per diem/ non-permanent RN staff

- Agency (travelers) staff members are selected based on specific criteria.

- Regular staff choosing to work above their time commitment.

HARBORVIEW MEDICAL CENTER'S ACUITY MODEL

HMC's staffing guidelines for inpatient nursing care are based on the principles of a 1, 2, 3, and 4 acuity model. There are many factors taken into consideration when planning for staffing. Patients requiring a low level of care are given a score of 1, patients requiring a medium level of care are scored a 2, and patients requiring a high level of care are scored a 3 or 4. Scoring is done in collaboration with the charge nurses on every shift, and direct care nursing staff. Acuity assessments are done every shift and whenever necessary so adjustments can be made to align the needs of the patients with the necessary skill mix of the nursing staff and the other considerations.

STAFFING COMMITTEE

In compliance with RCW 70.41.410-420, a Nursing Staffing Committee was formed. It is composed of at least 50% direct care nurses representing various patient care areas of the medical center and is facilitated by co-chairs, one staff nurse and one manager.

RECOMMENDATIONS FOR FY24

1. We recommend the continued recruitment and retention of excellent Harborview staff within the framework of equity, diversity, and inclusion. We will strive to become less reliant on the use of agencies to safely staff Harborview.
2. Evaluate circumstantial fluctuations in patient care needs (i.e., ECMO, 1:1 patient monitors, COVID impacts, room closures, unforeseen events, and changes in care models) that cause units to be uniquely impacted, and create proactive staffing plans.
3. The committee will explore opportunities that allow RN staff to share suggestions/concerns (via surveys or other) so that the committee can assess and provide recommendations.
4. The literature demonstrates the importance of uninterrupted rest breaks for the safety of the patients and staff. The Harborview Nurse Staffing Committee remains committed to preserving break relief resources as described in the 2023-2025 SEIU 1199 NW contract and adherence to HB 1155, titled Health Care Employees--Meal and Rest Breaks, And Mandatory Overtime.

INDIVIDUAL AREA
STAFFING PLANS

Assist. Admin: _____

Nurse Mgr: _____

Bed Capacity	27
Avg. Daily Census	

Budget	TCU 6CT/5CT

	Census	RN Matrix				PCT Matrix			
		Day RN	Eve3-7 RN	Eve7-11 RN	Noc RN	Day PCT	Eve 3-7 PCT	Eve7-11 PCT	Noc PCT
6CT	27	5	5	5	5	5	5	4	4
	26	5	5	5	5	5	5	4	4
	25	5	5	5	5	5	5	4	4
	24	4	4	4	4	5	5	4	4
	23	4	4	4	4	5	5	4	4
	22	4	4	4	4	5	5	4	4
	21	4	4	4	4	5	5	4	4
	20	4	4	4	4	4	4	3	3
	19	4	4	4	4	4	4	3	3
	18	4	4	4	4	4	4	3	3
	17	4	4	4	4	4	4	3	3
	16	4	4	4	4	4	4	3	3
	15	4	4	4	4	4	4	3	3
	14	4	4	4	4	4	4	3	3
	13	4	4	4	4	4	4	3	3
5CT	12	2	2	2	2	3	3	2	2
	11	2	2	2	2	3	3	2	2
	10	2	2	2	2	3	3	2	2
	9	2	2	2	2	2	2	2	2
	8	2	2	2	2	2	2	2	2
	7	2	2	2	2	2	2	2	2
	6	2	2	2	2	2	2	2	2
	5	2	2	2	2	1	1	1	1
	4	2	2	2	2	1	1	1	1
	3	2	2	2	2	1	1	1	1
	2	2	2	2	2	1	1	1	1
	1	2	2	2	2	1	1	1	1

*When Open 5CT and 6CT much each have a minimum of 2 RNs assigned to the area

Assist. Admin: _____

Nurse Mgr: _____

Bed Capacity	30
Avg. Daily Census	26

Budget	6071-3E

Values	RN Matrix				PCT Matrix			
Census	Day RN	Eve3-7 RN	Eve7-11 RN	Noc RN	Day PCT	Eve3-7 PCT	Eve7-11 PCT	Noc PCT
30	10	9	9	8	3	3	3	3
29	10	9	8	8	3	3	3	3
28	9	8	8	7	3	3	3	3
27	9	8	8	7	3	3	3	3
26	9	8	8	7	3	3	3	3
25	8	8	8	7	3	2	2	2
24	8	8	7	6	3	2	2	2
23	8	8	6	6	3	2	2	2
22	8	7	6	6	2	2	2	2
21	7	7	6	6	2	2	2	2
20	7	7	6	5	2	2	2	2
19	7	7	5	5	2	2	2	2
18	6	6	5	5	2	2	2	2
17	6	6	5	5	2	2	2	2
16	6	5	5	5	2	2	2	2
15	5	5	4	4	2	2	2	2
14	5	5	4	4	1	1	1	1
13	5	4	4	4	1	1	1	1
12	4	4	4	4	1	1	1	1
11	4	4	3	3	1	1	1	1
10	4	3	3	2	1	1	1	1
9	3	3	3	2	1	1	1	1

Break Coverage Plan:

Two Break RNs, Mon - Sun

    1RN 0800-1630

    1RN 0900-1730

Dialysis PCT Plan:

One PCT, Mon - Sat 0630-1900

Assist. Admin:

Nurse Mgr:

Bed Capacity	45
Avg. Daily Census	42
Budget	6072-3W

Census	Values	RN Matrix				PCT Matrix			
Census	Day RN	Eve3-7 RN	Eve7-11 RN	Noc RN	Day PCT	Eve3-7 PCT	Eve7-11 PCT	Noc PCT
45	16	16	12	12	6	6	5	5
44	15	15	12	12	6	6	5	5
43	15	15	12	12	6	6	5	5
42	15	15	12	12	6	6	5	5
41	14	14	11	11	6	6	5	5
40	14	14	11	11	6	6	5	5
39	14	14	11	11	5	5	4	4
38	13	13	11	11	5	5	4	4
37	13	13	10	10	5	5	4	4
36	13	13	10	10	5	5	4	4
35	12	12	10	10	5	5	4	4
34	11	11	9	9	5	5	4	4
33	11	11	9	9	5	5	4	4
32	11	11	9	9	5	5	4	4
31	10	10	9	9	5	5	4	4
30	10	10	9	9	5	5	4	4
29	10	10	8	8	5	5	4	4
28	9	9	8	8	5	5	4	4
27	9	9	8	8	5	5	4	4
26	9	9	8	8	5	5	3	3
25	8	8	8	8	3	3	3	3
24	8	8	7	7	3	3	3	3
23	8	8	6	6	3	3	3	3
22	7	7	6	6	3	3	3	3
21	7	7	6	6	3	3	3	3
20	7	7	6	6	3	3	3	3
19	7	7	6	6	3	3	3	3
18	6	6	5	5	3	3	2	2
17	6	6	5	5	3	3	2	2
16	6	6	5	5	3	3	2	2
15	5	5	4	4	3	3	2	2
14	5	5	4	4	2	2	2	2
13	5	5	4	4	2	2	2	2
12	4	4	4	4	2	2	2	2
11	4	4	3	3	2	2	2	2
10	4	4	3	3	2	2	2	2
9	3	3	3	3	2	2	2	2

Break Coverage Plan:

    * 2 additional PCTs Mon-Sun from 0700-1930

    * 2 additional RNs Mon-Sun from 700-1930

Staff up by 1-2 RN's during the day and 1 RN at night for 2 or more patients that require nursing interventions every 2 hours. In addittion to the above, Ictal Spect Patients require 1:1 nursing assessment and intervention for up to 8 hrs.	
Examples:	Stroke Pts (24 hrs of q2hr intervention for homorrhagic stroke pts and 48 hrs of q2hr intervention for ischemic stroke pts)
	Lumbar Drain Patients
	2% saline gtt patients

*1 PCT fufilling Epilepsy Monitor Tech 24/7

*PSS @ noc shift

Assist. Admin: _____

Nurse Mgr: _____

Bed Capacity	30
Avg. Daily Census	29

Budget	6074-6MB

	RN Matrix				PCT Matrix			
Values								
Census	Day RN	Eve3-7 RN	Eve7-11 RN	Noc RN	Day PCT	Eve3-7 PCT	Eve7-11 PCT	Noc PCT
30	10	10	9	8	3	3	3	3
29	10	9	8	8	3	3	3	3
28	9	9	8	7	3	3	3	3
27	9	8	8	7	3	3	3	3
26	9	8	8	7	3	3	3	3
25	8	8	8	7	3	3	3	3
24	8	7	7	6	3	3	3	3
23	8	7	7	6	3	3	3	3
22	7	7	7	6	3	3	3	3
21	7	7	6	6	3	3	3	3
20	7	7	6	6	2	2	2	2
19	7	7	6	5	2	2	2	2
18	6	6	5	5	2	2	2	2
17	6	6	5	5	2	2	2	2
16	6	5	5	5	2	2	2	2
15	5	5	4	4	2	2	2	2
14	5	5	4	4	2	2	2	2
13	5	4	4	4	2	2	2	2
12	4	4	4	4	2	2	2	2
11	4	4	3	3	2	2	2	2
10	4	3	3	2	1	1	1	1
9	3	3	3	2	1	1	1	1

Break Coverage Plan

* 2 additional RNs from 9am-5:30pm

Assist. Admin:

Nurse Mgr:

Bed Capacity	26
Avg. Daily Census	25

Budget	6075-6E

	RN Matrix				PCT Matrix			
Values								
Census	Day RN	Eve3-7 RN	Eve7-11 RN	Noc RN	Day PCT	Eve3-7 PCT	Eve7-11 PCT	Noc PCT
26	9	9	8	7	3	3	3	2
25	9	8	8	7	3	3	3	2
24	8	8	7	7	3	3	3	2
23	8	8	7	7	3	3	3	2
22	8	8	7	6	3	3	3	2
21	7	7	6	6	3	3	3	2
20	7	7	6	6	2	2	2	2
19	7	7	6	6	2	2	2	2
18	6	6	6	5	2	2	2	2
17	6	6	5	5	2	2	2	2
16	6	6	5	5	2	2	2	2
15	6	5	5	5	2	2	2	2
14	5	5	4	4	2	2	2	1
13	5	4	4	4	2	2	2	1
12	4	4	4	4	1	1	1	1
11	4	4	3	3	1	1	1	1
10	4	3	3	3	1	1	1	1
9	3	3	3	2	1	1	1	1

* Unit may upstaff by 1 RN during day and night for 2 or more patients that require nursing interventions every 2 hours. Examples include but are not limited to leech therapy, flap and replant protocols.

Break Coverage Plane:
  * 2 additional RNs from 9am - 5:30pm

FY 2024 Staffing Matrix
July 2023 - June 2024

9/18/2023

Assist. Admin:

Nurse Mgr:

Bed Capacity	34
Avg. Daily Census	32

Budget	6077-5E

	RN Matrix				PCT Matrix			
Values								
Census	Day RN	Eve3-7 RN	Eve7-11 RN	Noc RN	Day PCT	Eve3-7 PCT	Eve7-11 PCT	Noc PCT
34	11	11	10	10	3	3	3	3
33	11	10	10	9	3	3	3	3
32	11	10	10	9	3	3	3	3
31	10	10	9	9	3	3	3	3
30	10	9	9	9	3	3	3	3
29	10	9	9	8	3	3	3	3
28	10	9	8	8	3	3	3	3
27	9	9	8	8	3	3	3	3
26	9	9	8	8	2	2	2	2
25	8	8	8	7	2	2	2	2
24	8	8	7	7	2	2	2	2
23	8	8	7	7	2	2	2	2
22	8	8	7	6	2	2	2	2
21	7	7	7	6	2	2	2	2
20	7	7	6	6	2	2	2	2
19	7	7	6	6	2	2	2	2
18	7	6	6	5	2	2	2	2
17	6	6	6	5	2	2	2	2
16	6	6	5	5	2	2	2	2
15	6	5	5	4	2	2	2	2
14	5	5	4	4	1	1	1	1
13	5	4	4	4	1	1	1	1
12	4	4	4	4	1	1	1	1
11	4	4	3	3	1	1	1	1
10	4	3	3	2	1	1	1	1
9	3	3	3	2	1	1	1	1

Break Coverage Plan:

*Two 8 hours Break RNs, Mon-Sun (examples 0700-1530 or 0900-1730)

Assist. Admin: _____

Nurse Mgr: _____

Bed Capacity	34
Avg. Daily Census	32

Budget	6082-7E		RN Matrix				PCT Matrix			
		Values								
Census		Day RN	Eve3-7 RN	Eve7-11 RN	Noc RN	Day PCT	Eve3-7 PCT	Eve7-11 PCT	Noc PCT
34		11	11	10	9	4	3	3	2
33		11	10	10	9	4	3	3	2
32		11	10	9	9	4	3	3	2
31		10	10	9	8	4	3	3	2
30		10	10	9	8	4	3	3	2
29		10	9	8	8	4	3	3	2
28		9	9	8	7	4	3	3	2
27		9	8	8	7	4	3	3	2
26		9	8	8	7	4	3	3	2
25		8	8	7	7	4	3	3	2
24		8	8	7	6	3	3	3	2
23		8	7	6	6	3	3	3	2
22		7	7	6	6	3	3	3	2
21		7	7	6	6	3	3	3	2
20		7	7	6	6	3	2	2	2
19		7	7	6	5	3	2	2	2
18		6	6	5	5	3	2	2	2
17		6	6	5	5	3	2	2	2
16		6	5	5	5	2	2	2	2
15		5	5	4	4	2	2	2	2
14		5	5	4	4	2	2	2	2
13		5	4	4	4	2	2	2	2
12		4	4	4	4	2	2	2	2
11		4	4	3	3	2	2	2	2
10		4	3	3	2	2	2	2	2
9		3	3	3	2	2	2	2	2

Break Coverage Plan:
   * 2 BRK RNs from 9am - 5:30pm Mon-Sun

Assist. Admin: _____

Nurse Mgr: _____

Bed Capacity	26
Avg. Daily Census	24

Budget	6084-8E

	RN Matrix				PCT Matrix			
Values								
Census	Day RN	Eve3-7 RN	Eve7-11 RN	Noc RN	Day PCT	Eve3-7 PCT	Eve7-11 PCT	Noc PCT
26	9	8	8	7	3	3	3	3
25	9	8	8	7	3	3	3	3
24	9	8	8	7	3	3	3	3
23	8	7	7	6	3	3	3	3
22	8	7	7	6	3	3	3	3
21	8	7	7	6	3	3	3	3
20	7	7	7	6	3	3	3	3
19	7	6	6	5	3	3	3	3
18	6	6	6	5	3	3	3	3
17	6	6	5	5	2	2	2	2
16	6	5	5	4	2	2	2	2
15	5	5	5	4	2	2	2	2
14	5	4	4	3	2	2	2	2
13	5	4	4	3	2	2	2	2
12	4	4	4	3	2	2	2	2
11	4	4	3	3	2	2	2	2
10	4	3	3	3	2	2	2	2
9	3	3	3	3	1	1	1	1
8	3	3	2	2	1	1	1	1
7	3	2	2	2	1	1	1	1

Break Coverage Plan:

* BRK RNs from 9am-5pm Mon-Sun

* 1 WND RN not included in this matrix Mon - Sun 7am - 3pm and should not be pulled for staffing

Assist. Admin: _____

Nurse Mgr: Nathan J. Rojkov _____

Bed Capacity	34
Avg. Daily Census	32

Budget	6087-4E

	RN Matrix				PCT Matrix			
Values								
Census	**Day RN**	**Eve3-7 RN**	**Eve7-11 RN**	**Noc RN**	**Day PCT**	**Eve3-7 PCT**	**Eve7-11 PCT**	**Noc PCT**
34	11	10	9	9	3	3	3	3
33	11	10	9	9	3	3	3	3
32	11	10	9	9	3	3	3	3
31	10	9	9	9	3	3	3	3
30	10	9	9	8	3	3	3	3
29	10	9	9	8	3	3	3	3
28	9	8	8	8	3	3	3	3
27	9	8	8	8	3	3	3	3
26	9	8	8	8	3	3	3	3
25	8	8	7	7	2	2	2	2
24	8	8	7	7	2	2	2	2
23	8	8	7	7	2	2	2	2
22	8	7	7	6	2	2	2	2
21	7	7	6	6	2	2	2	2
20	7	7	6	6	2	2	2	2
19	7	7	6	5	2	2	2	2
18	6	6	5	5	2	2	2	2
17	6	6	5	5	2	2	2	2
16	6	5	5	5	2	2	2	2
15	5	5	4	4	2	2	2	2
14	5	5	4	4	1	1	1	1
13	5	4	4	4	1	1	1	1
12	4	4	4	4	1	1	1	1
11	4	4	3	3	1	1	1	1
10	4	3	3	2	1	1	1	1
9	3	3	3	2	1	1	1	1

Break Coverage Plan:

Two Break RNs, Mon - Sun

    1 RN 0700-1530

    1 RN 1100-1930

Assist. Admin: KATE ROHRER

Nurse Mgr:

COPY

Bed Capacity	29
Avg. Daily Census	28

Budget	6400-4W /6410

	RN Matrix				PCT Matrix			
Values								
Census	Day RN	Eve3-7 RN	Eve7-11 RN	Noc RN	Day PCT	Eve3-7 PCT	Eve7-11 PCT	Noc PCT
29	11	9	8	6	4	4	3	2
28	10	9	8	6	4	3	3	2
27	10	9	8	5	4	3	3	2
26	9	8	7	5	4	3	3	2
25	9	8	7	5	4	3	3	2
24	9	8	7	5	3	3	3	2
23	8	7	6	5	3	2	2	2
22	8	7	6	5	3	2	2	2
21	8	7	6	4	3	2	2	2
20	7	7	6	4	3	2	2	2
19	7	7	6	4	3	2	2	1
18	7	6	5	4	3	2	2	1
17	6	6	5	4	3	2	2	1
16	6	5	4	4	3	2	2	1
15	6	5	4	3	3	2	2	1
14	5	5	4	3	2	2	2	1
13	5	5	4	3	2	2	2	1
12	5	5	4	3	2	2	2	1
11	5	4	4	3	2	2	2	1
10	5	4	4	3	2	2	2	1
9	4	3	3	2	1	1	1	1

FLEX (row label beside census 29 and 28)

Break Coverage Plan:

  *Two 8 hours Break RNs, Mon-Sun (examples 0700-1530 or 0900-1730)

Notes:

  *Staffing may be adjusted based on specific patients and staff mix.

  *One extra nurse will be allotted for 1-2 ventilator patients.

Unit	TSICU
Bed Capacity	24
Avg Daily Census	21

Budget	6011

Assist Admin: _Mehri Tam_

Nurse Mgr: _Carrie J Branelli_

Census	RN Matrix		RNs: Patient Ratio w/out CRG RN		RN HPPD w/out CRG RN			PCT Matrix		PCTs to Patient Ratios	
	Day RN	Noc RN	Day RN (-1 for Crg)/Patient	Noc RN (-1 for Crg)/Patient	Day RN w/out Crg HPPD (RNx12hrs)/Census	Noc RN w/out Crg HPPD (RNx12hrs)/Census	Total RN w/out Crg HPPD	Day PCT	Noc PCT	Day PCT/Patient	Noc PCT/Patient
24	18	16	1.41	1.50	8.50	7.50	16.00	2	2	12.00	12.00
23	17	15	1.44	1.53	8.35	7.30	15.65	2	2	11.50	11.50
22	16	14	1.47	1.57	8.18	7.09	15.27	2	2	11.00	11.00
21	16	14	1.40	1.50	8.57	7.43	16.00	2	2	10.50	10.50
20	15	13	1.43	1.54	8.40	7.20	15.60	2	2	10.00	10.00
19	14	12	1.46	1.58	8.21	6.95	15.16	2	2	9.50	9.50
18	13	12	1.50	1.50	8.00	7.33	15.33	2	2	9.00	9.00
17	13	12	1.42	1.42	8.47	7.76	16.24	2	2	8.50	8.50
16	12	11	1.45	1.45	8.25	7.50	15.75	2	2	8.00	8.00
15	11	10	1.50	1.50	8.00	7.20	15.20	2	2	7.50	7.50
14	10	9	1.56	1.56	7.71	6.86	14.57	2	2	7.00	7.00
13	10	9	1.44	1.44	8.31	7.38	15.69	2	2	6.50	6.50
12	9	8	1.50	1.50	8.00	7.00	15.00	1	1	12.00	12.00
11	8	7	1.57	1.57	7.64	6.55	14.18	1	1	11.00	11.00
10	7	7	1.67	1.43	7.20	7.20	14.40	1	1	10.00	10.00
9	7	6	1.50	1.50	8.00	6.67	14.67	1	1	9.00	9.00
8	6	5	1.60	1.60	7.50	6.00	13.50	1	1	8.00	8.00
7	5	5	1.75	1.40	6.86	6.86	13.71	1	1	7.00	7.00
6	4	4	2.00	1.50	6.00	6.00	12.00	1	1	6.00	6.00
5	4	3	1.67	1.67	7.20	4.80	12.00	1	1	5.00	5.00
4	3	3	2.00	1.33	6.00	6.00	12.00	1	1	4.00	4.00

*ECMO activation pager carried by RT or RN depending on staffing. The operator with pager must respond to all emergency ECMO activations.

Unit	MCICU
Bed Capacity	17
Avg Daily Census	16

Budget	6012

Assist Admin: _Melvin Tan_

Nurse Mgr: _Eric C_

	RN Matrix		RNs: Patient Ratio w/out CRG RN		RN HPPD w/out CRG RN			PCT Matrix		PCTs to Patient Ratios	
Census	Day RN	Noc RN	Day RN (-1 for Crg)/Patient	Noc RN (-1 for Crg)/Patient	Day RN w/out Crg HPPD (RNx12hrs)/Census	Noc RN w/out Crg HPPD (RNx12hrs)/Census	Total RN w/out Crg HPPD	Day PCT	Noc PCT	Day PCT/Patient	Noc PCT/Patient
17	13	12	1.42	1.55	8.47	7.76	16.24	2	2	8.50	8.50
16	12	11	1.45	1.60	8.25	7.50	15.75	2	2	8.00	8.00
15	11	10	1.50	1.67	8.00	7.20	15.20	2	2	7.50	7.50
14	10	9	1.56	1.75	7.71	6.86	14.57	2	2	7.00	7.00
13	10	9	1.44	1.63	8.31	7.38	15.69	2	2	6.50	6.50
12	9	8	1.50	1.71	8.00	7.00	15.00	1	1	12.00	12.00
11	8	7	1.57	1.83	7.64	6.55	14.18	1	1	11.00	11.00
10	7	7	1.67	1.67	7.20	7.20	14.40	1	1	10.00	10.00
9	7	6	1.50	1.80	8.00	6.67	14.67	1	1	9.00	9.00
8	6	5	1.60	2.00	7.50	6.00	13.50	1	1	8.00	8.00
7	5	5	1.75	1.75	6.86	6.86	13.71	1	1	7.00	7.00
6	4	4	2.00	2.00	6.00	6.00	12.00	1	1	6.00	6.00
5	4	3	1.67	2.50	7.20	4.80	12.00	1	1	5.00	5.00
4	3	3	2.00	2.00	6.00	6.00	12.00	1	1	4.00	4.00

*Census 17 Noc RN * inc acuity +need for MCICU Chr to respond to codes = 13 @ times.

*MCICU may need 2 Has if all 3 modules are open.

Unit	BPICU
Bed Capacity	18
Avg Daily Census	16

Budget	6014

Assist Admin: _____

Nurse Mgr: _____

Census	RN Matrix		RNs: Patient Ratio w/out CRG RN		RN HPPD w/out CRG RN			PCT Matrix		PCTs to Patient Ratios		PSS
	Day RN	Noc RN	Day RN (-1 for Crg)/Patient	Noc RN (-1 for Crg)/Patient	Day RN w/out Crg HPPD (RNx12hrs)/Census	Noc RN w/out Crg HPPD (RNx12hrs)/Census	Total RN w/out Crg HPPD	Day PCT	Noc PCT	Day PCT/Patient	Noc PCT/Patient	
18	13	12	1.50	1.50	8.00	7.33	15.33	2	2	9.00	9.00	1
17	13	12	1.42	1.42	8.47	7.76	16.24	2	2	8.50	8.50	1
16	12	11	1.45	1.45	8.25	7.50	15.75	2	2	8.00	8.00	1
15	11	10	1.50	1.50	8.00	7.20	15.20	2	2	7.50	7.50	1
14	10	9	1.56	1.56	7.71	6.86	14.57	2	2	7.00	7.00	1
13	10	9	1.44	1.44	8.31	7.38	15.69	2	2	6.50	6.50	1
12	9	8	1.50	1.50	8.00	7.00	15.00	1	1	12.00	12.00	1
11	8	7	1.57	1.57	7.64	6.55	14.18	1	1	11.00	11.00	1
10	7	7	1.67	1.43	7.20	7.20	14.40	1	1	10.00	10.00	1
9	7	6	1.50	1.50	8.00	6.67	14.67	1	1	9.00	9.00	1
8	6	5	1.60	1.60	7.50	6.00	13.50	1	1	8.00	8.00	1
7	5	5	1.75	1.40	6.86	6.86	13.71	1	1	7.00	7.00	1
6	4	4	2.00	1.50	6.00	6.00	12.00	1	1	6.00	6.00	1
5	4	3	1.67	1.67	7.20	4.80	12.00	1	1	5.00	5.00	1
4	3	3	2.00	1.33	6.00	6.00	12.00	1	1	4.00	4.00	1

*WND RN on day shift (0700 - 1530) is not part of the matrix and should not be pulled for staffing

*When both PICU and BICU are open, both need PCT for wound care

Unit	NICU
Bed Capacity	30
Avg Daily Census	28

Budget	6015

Assist Admin: _(signature)_

Nurse Mgr: _(signature)_

	RN Matrix		RNs: Patient Ratio w/out CRG RN		RN HPPD w/out CRG RN			PCT Matrix		PCTs to Patient Ratios	
Census	Day RN	Noc RN	Day RN (-1 for Crg)/Patient	Noc RN (-1 for Crg)/Patient	Day RN w/out Crg HPPD (RNx12hrs)/Censu	Noc RN w/out Crg HPPD (RNx12hrs)/Censu	Total RN w/out Crg HPPD	Day PCT	Noc PCT	Day PCT/Patient	Noc PCT/Patient
30	22	20	1.43	1.50	8.40	7.60	16.00	3	3	10.00	10.00
29	21	19	1.45	1.53	8.28	7.45	15.72	3	3	9.67	9.67
28	20	18	1.47	1.56	8.14	7.29	15.43	3	3	9.33	9.33
27	19	17	1.50	1.59	8.00	7.11	15.11	3	3	9.00	9.00
26	19	17	1.44	1.53	8.31	7.38	15.69	3	3	8.67	8.67
25	18	16	1.47	1.56	8.16	7.20	15.36	3	3	8.33	8.33
24	18	16	1.41	1.50	8.50	7.50	16.00	2	2	12.00	12.00
23	17	15	1.44	1.53	8.35	7.30	15.65	2	2	11.50	11.50
22	16	14	1.47	1.57	8.18	7.09	15.27	2	2	11.00	11.00
21	16	14	1.40	1.50	8.57	7.43	16.00	2	2	10.50	10.50
20	15	13	1.43	1.54	8.40	7.20	15.60	2	2	10.00	10.00
19	14	12	1.46	1.58	8.21	6.95	15.16	2	2	9.50	9.50
18	13	12	1.50	1.50	8.00	7.33	15.33	2	2	9.00	9.00
17	13	12	1.42	1.42	8.47	7.76	16.24	2	2	8.50	8.50
16	12	11	1.45	1.45	8.25	7.50	15.75	2	2	8.00	8.00
15	11	10	1.50	1.50	8.00	7.20	15.20	2	2	7.50	7.50
14	10	9	1.56	1.56	7.71	6.86	14.57	2	2	7.00	7.00
13	10	9	1.44	1.44	8.31	7.38	15.69	2	2	6.50	6.50
12	9	8	1.50	1.50	8.00	7.00	15.00	1	1	12.00	12.00
11	8	7	1.57	1.57	7.64	6.55	14.18	1	1	11.00	11.00
10	7	7	1.67	1.43	7.20	7.20	14.40	1	1	10.00	10.00
9	7	6	1.50	1.50	8.00	6.67	14.67	1	1	9.00	9.00
8	6	5	1.60	1.60	7.50	6.00	13.50	1	1	8.00	8.00
7	5	5	1.75	1.40	6.86	6.86	13.71	1	1	7.00	7.00
6	4	4	2.00	1.50	6.00	6.00	12.00	1	1	6.00	6.00
5	4	3	1.67	1.67	7.20	4.80	12.00	1	1	5.00	5.00
4	3	3	2.00	1.33	6.00	6.00	12.00	1	1	4.00	4.00

Assist. Admin: _____

Nurse Mgr: _____

Bed Capacity	15
Avg. Daily Census	-

Budget	6070-HMC Boarders-1EH

Census	RN Matrix				PCT Matrix			
	Day RN	Eve3-7 RN	Eve7-11 RN	Noc RN	Day PCT	Eve3-7 PCT	Eve7-11 PCT	Noc PCT
15	5	5	4	4	2	2	2	1
14	5	5	4	4	2	2	2	1
13	5	5	4	4	1	1	1	1
12	4	4	3	3	1	1	1	1
11	4	4	3	3	1	1	1	1
10	3	3	3	3	1	1	1	1
9	3	3	3	3	1	1	1	1
8	3	3	3	3	1	1	1	1
7	2	2	2	2	1	1	1	1
6	2	2	2	2	1	1	1	1
5	2	2	2	2	1	1	1	1
4	2	2	2	2	1	1	1	1
3	2	2	2	2	1	1	1	1
2	2	2	2	2	1	1	1	1
1	2	2	2	2	1	1	1	1

*Charge RN provided free of assignment when boarder census at or greater than 10.

*Consider planned admissions when staffing to open.

* Things to consider when planning staffing:

 - Anticipated Admits/Discharges

 - Break Relief

 - Geographical Location

 - Patients in Isolation, patient acuity and patient behavior

Assist. Admin: *(signature)*

Nurse Mgr: *(signature)*

Bed Capacity	12
Avg. Daily Census	-

Budget	PACUB Boarders

Census	RN Matrix				PCT Matrix			
	Day RN	Eve3-7 RN	Eve7-11 RN	Noc RN	Day PCT	Eve3-7 PCT	Eve7-11 PCT	Noc PCT
12	4	4	4	4	1	1	1	1
11	4	4	4	4	1	1	1	1
10	4	4	4	4	1	1	1	1
9	3	3	3	3	1	1	1	1
8	3	3	3	3	1	1	1	1
7	2	2	2	2	1	1	1	1
6	2	2	2	2	1	1	1	1
5	2	2	2	2	1	1	1	1
4	2	2	2	2	1	1	1	1
3	1	1	1	1	1	1	1	1
2	1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1	1

* Depending on Admissions and Acuity Expected
* Charge RN or PSS provided free of assignment when census at or greater than 10
* Consider planned admissions & Break Plan when staffing to open

Assist. Admin: _Jeffrey RN_

Nurse Mgr: _M, RN_

Bed Capacity	10
Avg. Daily Census	-

Budget	Resus 4 Boarders

ISO	Census	RN Matrix				HA Matrix		
		Day RN	Eve3-7 RN	Eve7-11 RN	Noc RN	Day HA	Eve3-11 HA	Noc HA
	10	3	3	3	3	1	1	1
	9	3	3	3	3	1	1	1
	8	3	3	3	3	1	1	1
	7	2	2	2	2	1	1	1
	6	2	2	2	2	1	1	1
	5	2	2	2	2	1	1	1
	4	2	2	2	2	1	1	1
	3	2	2	2	2	1	1	1
	2	2	2	2	2	1	1	1
	1	2	2	2	2	1	1	1

* Things to consider when planning staffing:
- Anticipated Admits/Discharges
- Break Relief
- Geographical Location
- Patients in Isolation
- Patient Acuity
- Patient Behavior

*Charge RN or PSS provided free of assignment when border census at ot greater than 10

Assist. Admin: _Kathmey RN_ (signature)

Nurse Mgr: _Jon, RN_ (signature)

Bed Capacity	4
Avg. Daily Census	-
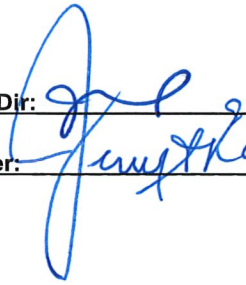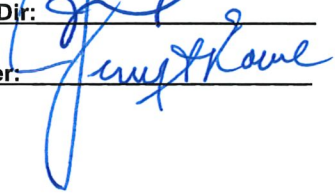
Budget	Resus 6 Boarders

Census	RN Matrix				HA Matrix		
	Day RN	Eve3-7 RN	Eve7-11 RN	Noc RN	Day HA	Eve3-11 HA	Noc HA
4	1	1	1	1	1	1	1
3	1	1	1	1	1	1	1
2	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1

* Things to consider when planning staffing:
- Anticipated Admits/Discharges
- Break Relief
- Geographical Location
- Patients in Isolation
- Patient Acuity
- Patient Behavior

*Charge RN or PSS provided free of assignment when boarder census at or greater than 10

Harborview Medical Center
PCS Business System

Admin Dir: _(signature)_

Manager: _(signature)_

Unit: Radiology Nursing DNS/PICC
Budget: 8729

Area	RN	HA	Considerations
Angio 1	1	1	*RNs stagger start and end times for each room (07-1730, 0730-1800, 0800-1830)
First Floor Holding	1		*2 RNs are scheduled from 07-19
Angio 2	1		*HA is scheduled 07-1930
Angio 3	1		*Weekends and holidays have 1 RN available 07-1930
Ground Floor Holding	1		
Angio 4	1		

Area	RN	Considerations
5 NJB	1 (0730-1630)	*These areas operate on business hours (M-F 0730-1800 depending)
Treadmill	1 (0730-1800)	*There is no RN scheduled during weekends and holidays
ECHO (Mon,Tues,Fri)	1 (0730-1800)	*Cover NJB MRI
CT/Ultrasound/ MRI/Pro 1	1 (0800-1830)	*Cath Lab RNs take 7 call shifts per month
		*Cover Echo everyday
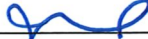
Area	RN	Considerations
Charge Nurse	1 (07-19)	*Charge RN provides lunch/break relief when needed *Charge RN able to fill in any role if emergent procedure is warranted (i.e. STEMI, Trauma, Stroke)

Area	HA Days	HA Nights	Considerations
Zone 5	4	3	*Day HAs are assigned to Zone 5 *Saturday/Sunday are scheduled with 2 day shift HAs *Night HAs are not assigned to Zone 5, but to Radiology rooms (MRI, en, Trauma CT)

John Romanschi (206) 744-6514

Admin Asst: _____

Nurse Mgr: ___Melora Rivera___

Gamma Knife Center

Area	Staff	Considerations
Front Desk	1 PSS	**Gamma Knife front desk is staffed Monday-Friday 0630-1700
	1 PSSS	
Procedural Area/Clinic	**Staff**	**Considerations**
Charge RN	1	**RNs are available Monday-Thursday and stagger their shifts to meet patient needs
RN2	2	**Friday is staffed w/ 1 RN for half a day

Assist Admin: _____

Nurse Mgr: _Melon Kiran_____

Ambulatory Procedural Area
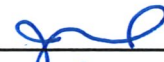
Area	Staff	Considerations
Front Desk	1 PSS	**PSS is staffed Monday-Friday 0800-1600
	1 HA	**HA is staffed Monday-Friday 1600-2230
Procedural Areas	**Staff**	**Considerations**
Charge RN	1 RN	**RNs stagger shift times to cover the unit Monday-Friday 0630-2230
8MB (including Branch/Bone Marrow bx)	5 RNs	**RNs will make decisions around where to care for patients in relation to staffing - staff and patients might be moved to 1 location for efficiencies
GCT - Radiology	2 RNs	**Apheresis is staffed by 1 RN as needed (every other Tuesday/Thursday)

Assist Admin: _____

Nurse Mgr: _____ Melora Kiveim

Vascular Access/PICC Team

Area	RN (M-F)	RN (Saturday)	RN (Sunday)	Consideration
Vascular Access/PICC	3	2	1	**RNs stagger shift times to have the following availability: Mon-Fri: 0700-1800 Sat/Sun: 0700-1730 **All major holidays are staffed w/ 1 RN
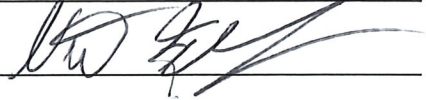
Assist Admin: _____

Nurse Mgr: _____

Endoscopy

Area	PSS	Considerations
Front Desk	2	**PSSs are scheduled Monday-Friday w/ staggered shift times
		**PSSs cover the front desk 0630-1700
	PCCs	
Scheduling Room	7	**PCCs are scheduled Monday-Friday w/ staggered shift times
		**PCCs cover the office from 0730-1700
		**1 PCC is scheduled in GI Clinic daily

Procedural Area	MA/CST	Considerations
Back Desk	1	**The MAs/CST are schedule Monday-Friday w/ staggered shift times
Scope Washing Room	1	
Float	1	

Procedural Area	RN	Considerations
Charge RN	1	**RNs are scheduled Monday-Friday w/ staggered shift times to cover 0730-1900
Pre-Procedure	2	
Post-Procedure	2	**Weekends and holidays have 2 RNs on-call for therapeutic and emergent cases 24/7
Room 2	2	
Room3	2	
Room4	2	
Room 6	1	

FY 2024 Staffing Matrix
July 2023 - June 2024

5/30/2023

Director: _____

Nurse Manager: _____

Bed Capacity	25
Avg Daily Census	24

Budget	6142-5WB

Unit	Census	RN Day	RN Eve3-11	RN Noc	MHS Day	MHS Eve 3-11	MHS Noc	PSS
5WB Weekday	25	6	6	3	3	2	1	1
	24	6	6	3	3	2	1	1
	23	6	6	3	3	2	1	1
	22	6	6	3	3	2	1	1
	21	6	6	3	2	1	1	1
	20	6	6	3	2	1	1	1
	19	6	6	3	2	1	1	1
	18	5	5	3	2	1	1	1
	17	5	5	3	2	1	1	1
	16	5	5	3	2	1	1	1
	15	*	*	*	*	*	*	1
5WB Weekend	25	6	6	3	2	2	1	*
	24	6	6	3	2	2	1	*
	23	6	6	3	2	2	1	*
	22	6	6	3	2	2	1	*
	21	6	6	3	1	1	1	*
	20	6	6	3	1	1	1	*
	19	6	6	3	1	1	1	*
	18	5	5	3	1	1	1	*
	17	5	*	3	1	*	1	*
	16	5	*	3	1	*	1	*
	15	*	*	*	*	*	*	*

Break Coverage Plan:

*Staff sign up for breaks at the beginning of their shift. If staff anticipate that they will not be able to take their break, they will contact the charge nurse who will problem-solve.

Notes:

* Consult with Nurse Manager or Nursing Supervisor

* The matrix is a guide only based on average acuity and ADC of 24.4.

* Staffing may be adjusted based on specific patients and staff mix.

* Before making staffing decisions remember to check with 5WA and 5 Maleng Psych ICU for floating options.

Director: _____

Nurse Manager: _____

Bed Capacity	20
Avg Daily Census	19

Budget	6144-5WA

Unit	Census	RN Day	RN Eve3-11	RN Noc	MHS Day	MHS Eve 3-11	MHS Noc	PSS
5WA Weekday	20	5	4	2	2	2	1	1
	19	5	4	2	2	2	1	1
	18	5	4	2	2	2	1	1
	17	5	4	2	2	2	1	1
	16	5	4	2	1	1	1	1
	15	5	4	2	1	1	1	1
	14	5	4	2	1	1	1	1
	13	4	3	2	1	1	1	1
	12	4	3	2	1	1	1	1
	11	4	3	2	1	1	1	1
	10	4	3	2	1	1	1	1
	9	4	3	2	1	1	1	1
	8	4	3	2	1	1	1	1
	7	4	3	2	1	1	1	1
5WA Weekend	20	5	4	2	2	2	1	0
	19	5	4	2	2	2	1	0
	18	5	4	2	2	2	1	0
	17	5	4	2	2	2	1	0
	16	5	4	2	1	1	1	0
	15	5	4	2	1	1	1	0
	14	5	4	2	1	1	1	0
	13	4	3	2	1	1	1	0
	12	4	3	2	1	1	1	0
	11	4	3	2	1	1	1	0
	10	4	3	2	1	1	1	0
	9	4	3	2	1	1	1	0
	8	4	3	2	1	1	1	0
	7	4	3	2	1	1	1	0

Break Coverage Plan:
   *Staff sign up for breaks at the beginning of their shift. If staff anticipate that they will not
   be able to take their break, they will contact the charge nurse who will problem-solve.

Notes:
   *Consult with Nurse Manager or Nursing Supervisor
   *The matrix is a guide only. Up and down staffing will be based on specific patients and staff.
   *The matrix is based on an ADC of 19 and average acuity.
   * Before making staffing decisions remember to check with 5WB and 5 Maleng Psych ICU for floating options.

Director:

Nurse Manager:

Bed Capacity	21
Avg Daily Census	20

Budget	6145-5MB

Census	RN Matrix			MHS Matrix			HA	PSS
	RN Day	RN Eve3-11	RN Noc	MHS Day	MHS Eve 3-11	MHS Noc	Mo-Su	Mo-Fri
21	6	6	3	3	3	4	2	1
20	6	6	3	3	3	4	2	1
19	6	6	3	3	3	4	2	1
18	5	5	3	3	3	3	2	1
17	5	5	3	3	3	3	2	1
16	5	5	3	3	3	3	2	1
15	5	5	3	2	2	2	2	1
14	5	5	3	2	2	2	2	1
13	5	5	3	2	2	2	2	1
12	5	5	3	2	2	2	2	1

Break Coverage Plan:

*Staff sign up for breaks at the beginning of their shift. If staff anticipate that they will not
be able to take their break, they will contact the charge nurse who will problem-solve.

Notes:

*This matrix is a guide only based on average acuity and ADC of 21.
*Staffing may be adjusted based on specific patients and staff mix.
*Before making staffing decisions, remember to check with 5WA and 5WB for floating options.
*11 & below: Consult with Nurse Manager or Nursing Supervisor
*Evening Shift: 1 PSS, 4 hours 5 days a week.

Director:

Nurse Manager:

Unit	PES
Bed Capacity	10

Budget	7248

Census	Day RN	Noc RN	Day MHS	Noc MHS	NM,Prog Coord
10	2	2	1	1	1
9	2	2	1	1	1
8	2	2	1	1	1
7	2	2	1	1	1
6	2	2	1	1	1
5	2	2	1	1	1
4	2	2	1	1	1
3	2	2	1	1	1
2	2	2	1	1	1
1	2	2	1	1	1

Break Coverage Plan:

If staff anticipate that they will not be able to take their
break(s), they will contact the charge RN to problem-solve.
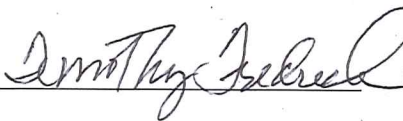
Notes:

*Day MHS * if an MHS is not available, this position is replaced with a HA

*Night MHS * if an MHS is not available, this position is replaced with a HA

*Census >= 4 of the 10 patients are designated as "boarders" add 1 RN to the staffing.

Emergency Services Staffing Matrix

	7am	11am	3pm	7pm	11pm	3am
RN	16	17	18	19	18	17
MA/HA	6	7	7	7	6	6
PSS	1	1	1	1	1	1

Signature: _Timothy Fredrickson_ Date: 6/5/23

Timothy Fredrickson
Director, Emergency Services
(206)744-6301
timothyf@uw.edu
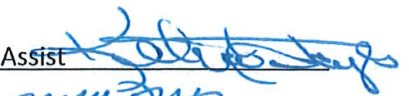
HARBORVIEW MEDICAL CENTER
SEICS

FY 2024 Staffing Matrix
July 2023 – June 2024

5/10/2023

Assist. Admin :

Nurse Mgr:

The OR is staffed 24 hours a day, 7 days a week. Each case in each room will be staffed at a minimum with one (1) Registered Nurse circulator and one (1) Surgical Technologist or Registered Nurse scrub person.

	Staffed Rooms	Base need with Charge	Break staff +(RN3)	Total
Weekdays: Monday - Friday				
700	24	49		
900	24	49	6+(7)	55 (62)
1100	24	49	4+(7)	59 (66)
1500	24	49		
1700	24	49		
1730	18	36		
1900	6	12		
2100	3	6		
2300	3	6		
Weekends: Saturday – Sunday				
0700	7	14		
0900	7	14	2	
1900	3	6		

Admin Assist _____

Manager _____

FY 2024 Staffing Plan
July 2023-June 2024

PACU WEST

Hours of Operation: 24 hours a day, 7 days a week

Staffed according to ASPAN guidelines   • 1 RN to 2 patients.

• 1 RN to 1 patient for unstable patient

	MON	TUES	WED	THURS	FRI	SAT	SUN
DAYS	10	10	10	10	10	4	4
EVENING	2	2	2	2	2	1	1
NIGHTS	2	2	2	2	2	2	2
TOTAL	14	14	14	14	14	7	7

ASU (Pre-operative unit)

Hours of Operation: 0600-1830 Mon-Fri

	MON	TUES	WED	THURS	FRI
DAYS	5	5	5	5	5
TOTAL	5	5	5	5	5

PACU MALENG (post operative unit)

Hours of Operation: 0545-2130 Mon-Fri

Staffed according to ASPAN guidelines   • 1 RN to 2 patients

• 1 RN to 1 patient for unstable

	MON	TUES	WED	THURS	FRI
DAYS	5	5	5	5	5
EVENING	3	3	3	3	3
TOTAL	8	8	8	8	8

CLINIC STAFFING PLANS

FY 2024 Staffing Matrix
July 2023 - June 2024

Associate. Admin: Kassie Hollman   Date   5/30/2023

Clinic Practice Mgr: Tricia Madden   Date   5/30/2023

Budget(s) #	31-7464

Third Ave Center	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits	7	7	7	7	7	7	7	7	7	7
# Core RNs +ANM*	1.5	1.5	1	1	2	2	1	1	2	2
# Core MAs	0	0	0	0	0	0	0	0	0	0

*ANM shared with Pioneer Square Clinic 50% for 100% FTE

Location: 2028 3rd Avenue

Patricia Colescott   12/8/23
AACS Assistant Administrator

Kath Aull   12/8/23
AACS Associate Administrator

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Patti Colescott   Date: 5/30/23

Clinic Practice Mgr: Susana Orozco   Date: 5/30/23

Budget(s) #	31-7454

Adult Medicine	Monday		Tuesday			Wednesday		Thursday		Friday	
Clinic	**AM**	**PM**	**AM**	**PM**	**Eve**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**
# Anticipated Visits	32	32	32	32	10	32	32	32	32	32	32
# Core RNs + ANM	5	5	4	5	1	5	5	5	5	5	5
# Core MAs	7	7	6	7	1	6	6	7	7	7	7

Location: 3 West Clinic

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Patti Colescott   **Date: 5/22/23**

Clinic Practice Mgr: Christine Dostal   **Date: 5/22/23**

Budget(s) #31-7467

Aftercare Clinic	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits	9	9	9	9	9	9	9	9	9	9
# Core RNs	2	2	2	2	2	2	2	2	2	2
# Core MAs	3	3	2	2	2	2	2	2	3	3

Location: 1
West Clinic

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Patti Colescott   Date: 5/30/23

Clinic Practice Mgr: Mona Chambers   Date: 5/30/23

Budget(s) #31-7504

Burn& Plastic Surgery Clinic	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits	10	12	10	10	13	10	12	12	10	8
# Core RNs + ANM	6	6	6	6	6	6	6	6	6	6
# Core MAs	2	2	2	2	2	2	2	2	2	2

Location: 8 Center Tower

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Patti Colescott   Date: 5/30/23

Clinic Practice Mgr: Mona Chambers   Date: 5/30/23

Budget(s) #31-7575(Diab), 31-7572(Cards)

Diabetes/Endo & Heart Institute	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits	19	14	19	19	28	27	24	14	14	14
# Core RNs + ANM	4	4	4	4	4	4	4	4	4	4
# Core MAs	4	4	4	4	4	4	4	4	4	4

Location:
Ground East
Clinic

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Patti Colescott   **Date: 5/31/23**

Clinic Practice Mgr: Sue Rath   **Date: 5/31/23**

Budget(s) #	EI	31-7528	KJRC	31-7530	Oph Clinic	31-7501

Eye Institute, Opthalmic Clinic and SLU Retina Center	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits	101	101	101	101	101	101	101	101	101	101
# Core RNs + ANM	4	4	4	4	4	4	4	4	4	4
# Core Ophthalmic Techs	28	28	28	28	28	28	28	28	28	28

*EI Procedure Area/OR under SEICS

Locations: 7 NJB, 4 West Clinic, South Lake Union Clinic

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Patti Colescott   Date: 5/30/23

Clinic Practice Mgr: Carrie Barbee   Date: 5/30/23

Budget(s) #31-7519

Epilepsy Clinic Name	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits	9	8	7	7	11	11	9	9	4	3
# Core RNs	1	1	1	1	1	1	1	1	1	1
# Core MAs	1	1	1	1	1	1	1	1	1	1

Location: 4West Clinic

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Patti Colescott   Date

Clinic Practice Mgr: Kate Friedenbach   Date

Budget(s) #	31-7459

Family Medicine Clinic	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits	20	20	30	35	20	20	25	33	31	35
# Core RNs + ANM	4	4	5	5	4	4	4	4	4	4
# Core MAs	5	5	5	5	4	4	5	5	4	4

Location: 2 Pat Steele

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Patti Colescott   Date   5/22/2023

Clinic Practice Mgr: Chanrith Moengkhom   Date   5/22/2023

Budget(s) #   **7554, 31-7553**

Hand, Foot and Ankle Clinic	Monday		Tuesday			Wednesday		Thursday		Friday	
	AM	PM	AM	PM	Eve	AM	PM	AM	PM	AM	PM
# Anticipated Visits	24	24	24	24	24	24	24	24	24	24	24
# Core RNs + ANM	4	4	4	4	4	4	4	4	4	3	3
MAs /OTs	6	6	5	5	5	5	5	5	5	6	5

Location: 6NJB

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Jacqueline Kim   **Date   6/2/2023**

Clinic Practice Mgr: George Gonzalez   **Date: 6/2/23**

Budget(s) #

HMC Abuse & Trauma Center	Monday		Tuesday		Wednesday		Thursday		Friday	
Medical Clinic	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits	1	1	2	3	1	1	1	3	0	0
# Core RNs	1	1	1	1	1	1	1	1	0	0
# Core MAs	1	1	1	1	1	1	1	1	0	0

Location: 2 Pat Steele

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Kassie Hollman   **Date**   5/30/2023

Clinic Practice Mgr: Tricia Madden   **Date**   5/30/2023

Budget(s) 31-7465

Hobson Place	Monday		Tuesday		Wednesday		Thursday		Friday	
Clinic	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits	40	40	35	35	40	40	35	35	40	40
# Core RNs + ANM	4	4	4	4	4	4	4	4	4	4
# Core MAs	3	3	3	3	3	3	3	3	3	3

Location: 2120 South Plum Street

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Stacey Devenney　　　　　**Date: 5/22/2023**

Clinic Practice Mgr: Sunny Lovin　　　　　**Date 5/22/2023**

Budget(s) #31- 7229 & 31-7222

HMC Mental Health & Addiction Services	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits	47	47	47	47	47	47	47	47	47	47
# Core RNs & ANM	4	4	4	4	4	4	4	5	4	4
# Core MAs	0	0	0	0	0	0	0	0	0	0

Location: 1 Pat Steele Building (this includes HMHAS 7229, STEP 7222 (Located at 5EC)

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Patti Colescott   Date   5/30/2023

Clinic Practice Mgr: Tanesha Robinson   Date   5/30/2023

Budget(s) #   31-7455

International Medicine Clinic	Monday		Tuesday		Wednesday		Thursday			Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	Eve	AM	PM
# Anticipated Visits	29	30	30	32	26	27	25	25	20	18	18
# Core RNs + ANM	3	3	3	3	3	3	3	3	1	3	3
# Core MAs	2	2	2	2	3	3	2	2	1	2	2

Location: Ground West Clinic

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin:	Patti Colescott	Date	5/30/2023
Clinic Practice Mgr:	Eric Mose	Date	5/30/2023

Budget(s) #

Low Barrier Prevention Satelite Clinics	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits	8	8	12	12	12	12	12	12	4	4
# Core RNs + ANM	3	3	4	4	4	4	4	4	2	2

Locations:

SHE and Aurora Clinics

Engage Health Clinic Federal Way

Engage Health Clinic Kent

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: **Patti Colescott**   Date   5/30/2023

Clinic Practice Mgr: **Eric Mose**   Date   5/30/2023

Budget(s) #	31-7511 Madison Clinic 31-7521 Hansen's Disease Clinic 31-7523 Allergy & Infectious Disease Clinic

Madison, Infectious Disease, Hansens Disease & Allergy Clinics	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits	58	58	48	48	38	38	40	40	58	58
# Core RNs + ANM	7	7	6	6	6	6	6	6	7	7
# Core MAs	7	7	7	7	7	7	6	6	6	6

Location: 2 West Clinic

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Patti Colescott   **Date: 5/25/2023**

Clinic Practice Mgr: Carrie Barbee   **Date: 5/25/2023**

Budget(s) # 31-7563 (Derm), 31-7570(OM)

Medical Specialties Clinics	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**
# Anticipated Visits	20	20	20	20	20	20	20	20	20	20
# Core RNs + ANM	3	3	3	3	3	3	3	3	3	3
# Core MAs	4	4	4	4	4	4	4	4	4	4

Clinics include: Dermatology, Rheumatology, Occupational Medicine Weekly Staffing Plan
Location: 3 West Cinics

SENIOR Care is going under Adult Med on 06/20/2023 so that clinic has it's own tab

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Patti Colescott   Date: 5/22/23

Clinic Practice Mgr: Carrie Barbee   Date: 5/22/23

Budget(s) #31-7533

Memory & Brain Wellness Clinic	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits	9	9	9	9	9	9	9	9	9	9
# Core RNs*	1	1	1	1	1	1	1	1	1	1
# Core MAs	1	1	1	1	1	1	1	1	1	1

*ANM 25% shared with OB/GYN to equal 1.0 FTE; ANM not included in number.

Location: Ground West Clinic

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Patti Colescott   **Date: 6/1/2023**

Clinic Practice Mgr: Samantha Hershey   **Date: 6/1/2023**

Budget(s) #31-7556(Neuro), 31-7557(Spine Center), 31-7558(Spine Center PSSSP), 31-7559(Stroke)

Neurosciences Institute, Spine Center, Sports Medicine & Stroke	Monday		Tuesday		Wednesday		Thursday		Friday	
Clinics	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits	42	42	42	42	42	42	42	42	42	42
# Core RNs + ANM	6	6	6	6	6	6	6	6	6	6
# Core MAs	8	8	8	8	8	8	8	8	8	8

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Patti Colescott   **Date: 6/1/2023**

Clinic Practice Mgr: TBD   **Date: 6/1/2023**

Budget(s) #	31-7552

Obstetrics & Gynecology	Monday		Tuesday		Wednesday		Thursday		Friday	
Clinic	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits**	8	9	15	11	6	22	20	23	24	19
# Core RNs and ANM*	3	3	3	3	3	3	3	3	3	3
# Core MAs	3	3	3	3	2	3	3	3	3	3

*ANM ~75% in OB/GYN and shared with MBW Clinic 25% (to equal 1.0 FTE)

Location: Ground East
Clinic

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Patti Colescott   Date: 5/30/23

Clinic Practice Mgr: Carrie Barbee   Date: 5/30/23

Budget(s) # 31-715

Oral Maxilofacial Clinic	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits	8	6	8	6	9	8	9	7	8	6
# Core RNs + ANM	2	2	2	2	2	2	2	2	2	2
# Core MA/DA	5	5	5	5	5	5	5	5	5	5

Location 4 West
Clinic

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Patti Colescott   **Date: 5/22/23**

Clinic Practice Mgr: Christine Dostal   **Date: 5/22/23**

31-7502

Orthopedic Trauma Clinic	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits	15	10	25	25	35	25	20	20	10	10
# Core RNs +ANM	3	3	3	3	3	3	3	3	3	3
# Core MAs	3	3	5	5	5	5	5	5	3	3

Location: 1
West Clinic

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Patti Colescott   Date: 5/30/23

Clinic Practice Mgr: Carrie Barbee   Date: 5/30/23

Budget(s) # 31-7500

Otolaryngology (Oto) Clinic	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits	16	15	16	15	16	15	16	15	15	15
# Core RNs + ANM	2	2	5	2	2	2	2	2	2	2
# Core MAs	3	3	3	3	3	3	3	3	3	3

Location: 4 West Clinic

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Patti Colescott   **Date: 5/30/2023**

Clinic Practice Mgr: Tanesha Robinson   **Date: 5/30/2023**

Budget(s) # | **31-7470**

Pediatrics Clinic	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits	20	21	10	11	13	13	14	13	10	13
# Core RNs +ANM	2	2	2	2	2	2	2	2	2	2
# Core MAs	3	3	3	3	3	3	3	3	3	3

Location:
Ground West
Clinic

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Kassie Hollman   Date   5/30/2023

Clinic Practice Mgr: Tricia Madden   Date   5/30/2023

Budget(s) #	31-7453

Pioneer Square	Monday		Tuesday		Wednesday		Thursday		Friday	
Clinic	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**
# Anticipated Visits	Closed	Closed	20	20	20	20	20	20	20	20
# Core RNs +ANM*	0.5	0.5	3	3	2	2	3	3	2	2
# Core MAs	0	0	2	2	2	2	2	2	2	2

*ANM shared with Third Avenue Clinic 50% for 100% FTE

Location: 206 3rd Ave South

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin:	**Patti Colescott**	Date	5/30/2023
Clinic Practice Mgr:	**Sanggay Tsognyi**	Date	5/30/2023

Budget(s) #31-7231 (rehab), 31-7542(vasc), 31-7560(thorac),

Rehab, Vacsular, Thoractic & Podiatry Clinics	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits	30	30	30	30	30	30	25	25	15	15
# Core RNs + ANM	6	6	6	6	6	6	6	6	6*	6*
# Core MAs	4	4	4	4	4	4	4	4	4	4

Location: 4
Maleng

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin:	Kate Rohrer	Date	5/30/2023
Clinic Practice Mgr:	Marissa McLaughlin	Date	5/30/2023

Budget(s) #

Sleep	Monday		Tuesday		Wednesday		Thursday		Friday	
Clinic	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits	14	10	20	19	15	14	14	10	10	8
# Core RNs	1	1	1	1	1	1	1	1	1	1
# Core MAs	2	2	2	2	2	2	2	2	2	2

Location: 4 NJB

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Patti Colescott   Date: 05/25/2023

Clinic Practice Mgr: Susana Orazco   Date: 05/23/2023

Budget(s)	7457

Senior Care Clinic	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits	6	6	6	6	6	6	6	6	6	6
# Core RNs*	1	1	1	1	1	1	1	1	1	1
# Core MAs	1	1	1	1	1	1	1	1	1	1

*Adult ANM oversees

Location:
3 West
Clinic

FY 2024 Staffing Matrix
July 2023 - June 2024

Assist. Admin: Patti Colescott

Clinic Practice Mgr: Jessica Lowery

Budget(s) #	31-7561, 31-7562, 31-7563, 31-7564, 31-7565, 31-7566, 31-7568

Surgical Specialties*	Monday		Tuesday		Wednesday		Thursday		Friday	
Clinics	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
# Anticipated Visits	40	40	70	70	40	40	50	50	41	42
# Core RNs** + ANMs**	7**	7**	8	8	8**	8**	8	8	6**	6**
# Core MAs	7	7	7	7	7	7	7	7	7	7

*Hematology/Oncology, General Surgery, Medical Operative Consult Clinic, Chest, Kidney, Hypertension, Palliative Care, Urology, Liver, Gastroenterology Clinics

**One clinic RN off every other Monday (90%, go down to 6 RNs every other Monday), One clinic RN off every Monday (80%, go down to 7 RNs, every other Monday go down to 6 RNs), One clinic RN rotates off every other Wednesday, with every other Friday (10 hour shifts, go down to 7 RNs every other Wednesday, and 5 RNs every other Friday), One clinic RN off every Friday (10 hour shifts, go down to 6 RNs every Friday, and 5 RNs every other Friday), One ANM off every Friday (80%, go down to 6 RNs every every Friday, 5 RNs every other Friday)