

**MultiCare Auburn Medical Center  
Attestation Form**

January 12, 2023

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:

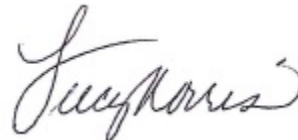
- Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
- Level of intensity of all patients and nature of the care to be delivered on each shift;
- Skill mix;
- Level of experience and specialty certification or training 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.



\_\_\_\_\_  
Signature  
Mark Smith, President and COO  
MultiCare Auburn Medical Center

\_\_\_\_\_  
Mark Smith  
Printed Name

\_\_\_\_\_  
1/12/23  
Date



\_\_\_\_\_  
Signature  
Lucy Norris, Chief Nurse Executive  
MultiCare Auburn Medical Center

\_\_\_\_\_  
Lucy Norris  
Printed Name

\_\_\_\_\_  
1/12/23  
Date



\*\*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.

**AMC Staffing Matrix-ICU RNs - \*\*Assumes all patients are ICU patients - see notes for PCU/Med Surg Patients**

	Patients	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<b>Days</b>	Charge RN	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	RNs	1	1	1	1	2	3	3	4	5	5	6	6	7	7	8	8
<b>Eve</b>	Charge RN	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	RNs	1	1	1	1	2	3	3	4	4	5	5	6	6	7	7	8
<b>NIGHTS</b>	Charge RN	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	RNs	1	1	1	1	2	2	3	4	4	5	5	6	6	7	7	8

**AMC Staffing Matrix-ICU Support Staff**

	Patients	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<b>DAYS</b>	HUC	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1
	CNA	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1
<b>EVE</b>	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
	CNA	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1
<b>NIGHTS</b>	HUC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	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.



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AMC MedSurg Staffing Matrix																								
Patient Census		10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
D A Y S	CN	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	1	1	1	1	1	1	1	1	1	1	1	1	1
	RN	2	2	2	2	3	3	3	3	4	4	4	4	4	5	5	5	5	5	6	6	6	6	6
	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
	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 I G H T S	CN	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
	RN	2	2	2	2	3	3	3	3	3	4	4	4	4	5	5	5	5	5	6	6	6	6	6
	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
	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 Staffing Matrix-Family Birth Center

	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 Staffing Matrix-Intermediate Care Nursery

	Week Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Days	RN	2	2	2	2	2	2	2
Nights	RN	2	2	2	2	2	2	2

### AMC Staffing Matrix-Support 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 census 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 ADULT INPATIENT PSYCHIATRY																							
	Patients	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		
Days	RNs	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3		
	Resource RN	0	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	2	
	CNAs	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	2	2	2	2	2	
	HUC	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	
Eve	RNs	2	2	2	2	2	2	2	2	2	2	2	2	2	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	
	Resource RN	0	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	2	10
	CNAs	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	2	2	2	2	2	
	HUC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nocs	RNs	2	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	0	
	MHT	1	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	0	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	0	0	0	0	0	0	

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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
Days	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
	HUC					1	1	1	1	1	1	1	1	1	1	1
Eve	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
	HUC															
Nocs	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
	HUC															

AMC BHU Emotional Staffing Matrix														
	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
Eve	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
Nocs	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
	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												

Th	RN															
	RN															
		RN														
			RN													
				RN												

Service Tech -																
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GI COORDIN																
3 days a week																

FR	RN															
		RN														

GI Staffing Matrix

	Monday	Tuesday	Wednesday	Thursday	Friday	In week call	WEEKEND CALL
RN	7a-530p	7a-530p	7a-530p	7a-530p	7a-530p		
RN	1- 8-630p 1-9-530p	1- 8-630p 1-9-530p	1- 8-630p 1-9-530p	1 7-330p 1-8-630p 2-	1- 9-530p	2 -530p-7a	2 - 7A-7A
RN	1-10-630p	1 10a-630p	1 10a-630p	1 10a-630p	1 10a-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																								
	RN																								
	RN																								
				RN																					
TECH																									
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				TECH																					
ANESTHESIA																									
TECH																									
ANESTHESIA																									
TECH																									

OR Staffing Matrix

	<i>Comments</i>	<i>Comments</i>	<i>Comments</i>	<i>Comments</i>	<i>Comments</i>
<b>Rooms</b>	Add 1 RN, 1 tech If 2 flip rooms	3 busy	3 not busy	2	1
<b>RNs</b>	7 Including charge	6 Including charge	5 Including charge	4 Including charge	2 charge/ breaks
<b>Techs</b>	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*

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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

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

PRE-ANESTHESIA STAFFING MATRIX – FIXED DEPARTMENT

8-430 - 1 RN AND 1 HUC/C NA

830-5P - 2 RNS

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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

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