		Days			Nights			
Census	Chg RN	RN	CNA/NE	US/NE	Chg RN	RN	CNA/NE	US/NE
1		2				2		
2		2				2		
3	ILL.	2				2		
4	Partie 18	2				2		
5	7140	2	Cover			2		
6		2	TAXABLE P			2		
7		2	1			2	1	
8	16.71	2	1	1		2	1	
9	1	2	1	1		2	1	
10	1	2	1	1		2	1	
11	1	3	1	1		2	1	
12	1	3	1	1		2	1	
13	1	3	2	1		2	1	
14	1	3	2	1		2	1	
15	1	4	2	1		3	1	
16	1	4	2	1	1	3	2	
17	1	4	2	1	1	3	2	
18	1	4	2	1	1	3	2	
19	1	5	2	1	1	4	2	
20	1	5	3	1	1	4	3	
21	1	5	3	1	1	4	3	
22	1	5	3	1	1	4	3	
23	1	6	3	1	1	5	3	
24	1	6	3	1	1	5	3	
25	1	6	3	1	1	5	3	
26	1	6	3	1	1	5	3	
27	1	7	3	1	1	6	3	
28	1	7	4	1	1	6	4	
29	1	7	4	1	1	6	4	
30	1	7	4	1	1	6	4	

4Center Medical/Surgical Unit

12 Hour Shifts beginning at 0700 & 1900

	12 11001	Silits	Jegimini	galuru	II & 1900	Caronalia	A THE WAS A STATE OF	alute varion		
		Days			Nights					
Census	Chg RN	RN	CNA/NE	US/NE	Chg RN	RN	CNA/NE	US/NE		
1		2				2				
2		2				2				
3	NA NE TAN	2				2				
4	F Bush	2				2				
5		2				2				
6		2				2				
7		2	1			2				
8		2	1			2				
9		2	1			2	1			
10	A TOTAL	2	1	1		2	1			
11	1	2	1	1		2	111			
12	1	2	2	1		2	1			
13	1	2	2	1		2	1			
14	1	2	2	1		3	1			
15	1	3	2	1		3	2			
16	1	3	2	1		3	2			
17	1	3	2	1		3	2			
18	1	3	2	1		3	2			
19	1	3	2	1		4	2			
20	1	4	3	1		4	2			
21	1	4	3	1		4	2			
22	1	4	3	1		4	2			
23	1	5	3	1		4	2			
24	1	5	3	1		5	2			
25	1	5	3	1		5	3			
26	1	5	3	1	建制	5	3			

Pediatrics < 12 around a 1:3-4 Ratio

CIWA adjustment around 1:4 Ratio based on severity

0.33 = 4 hours of shift coverage at beginning of shift

* Peds/CIWA Productive Nurse: Pt Ratio HPPD:

1:6 = 4.0 hrs/da 1:4 = 6.0 hrs/day

1:5 = 4.8 hrs/da 1:3 = 8.0 hrs/day

Print On: 12/28/2018; 2:00 PM

		Days			Nights					
Census	Chg RN	RN*	CNA/NE	US/NE	Chg RN	RN	CNA/NE	US/NE		
1	1	1			1	1				
2	1	1			1	1				
3	1	1	Se div.		1	1				
4	1	2		NATION,	1	2				
5	1	3	1		1	3	1			
6	1	3	1		1	3	1			
7	1	4	1		1	4	1			
8	1	4	1	1	1	4	1			
9	1	5	1	1	1	5	1			
10	1	5	1	1	1	5	1			
11	1	6	1	1	1	6	1			
12	1	6	1	1	1	6	1			
13	1	7	1	1	1	7	1			

^{*}Cardiovascular Thoracic Staffing Guidelines:

Immediate OR 1:1 till extubated and/or stable, then

while at ICU level: 1:2

while at Progressive Care (Stepdown) level: 1:3

^{*}Consideration for RN 1:1 Staffing: Therapeutic Hypothermia, Balloon Pumps, Impellas, Tandem Heart, and Critically Unstable.

^{*}Overflow patients staffed as per ACU and/or Med/Surg Matrix

	ER Tech US	1 1	1	1 1	1	1 1	1	1	1	NAME AND POST OF THE PARTY OF T
7p-7a	RN ER	2	2	2	2	2	2	2	2	THE REAL PROPERTY AND PERSONS ASSESSED.
	SHO	1	1	-	1	1	-	1		
3p-3a	RN	The second second	1	1	1	L	ľ	J	L	IN SHARE STATE OF THE SHARE STAT
1:30p	RN	1	1	,	J	l	,	,		Part of the Control o
12p-12a	ER Tech	l L	L	1	L	L	1	l l	1	TOTAL DESCRIPTION OF THE PROPERTY OF THE PROPE
12p-12a	RN	l l	1	L	1					を の
11a-11p	RN	_			1	1	1	1	1	,
10a-10p	RN	1	1	1	1	1	1	1	-	,
7am-7pm 9a-9p 10a-10p 11a-1	RN	1	1	1	1	1	1	1	1	
	SN	1	1	1	1	1	L	1	1	
	ER Tech	1	1	1	1	1	1	1	1	
7am-7pm	RN	2	2	2	2	2	2	2	2	(
	CHG	1	1	1	_	1	1	1	1	
	Census	130	120	110	100	06	80	70	09	Q I



December 31, 2018

Nurse Staffing
Department of Health
Washington State
nursestaffing@doh.wa.gov

To Whom It May Concern:

Attached are Astria Regional Medical Center's (Hospital) proposed nurse staff matrices. Although the Hospital has existed for over a century, it has experienced four ownership changes in the last decade. Most recently, the Hospital was acquired by Astria Health in September 2017. Over the course of the last fifteen months, the Hospital has experienced stress requiring exceptional financial investment relating to infrastructure development, replacement of end of life equipment, substantial nurse recruitment efforts, and the creation, build, and implementation of a new electronic medical record system. Additionally, the Hospital initiated collective bargaining for new contracts with WSNA and SEIU, with both of these negotiations occurring concurrently. Contract bargaining is now approaching the one year mark and remains unresolved. At acquisition of the Hospital by Astria Health, there was no evidence of the Nurse Staffing Committee having met since 2014. The committee matrices currently in effect are from that year. The Hospital is acutely aware of the need to re-establish the Nurse Staffing Committee and will initiate that process in January. The matrices attached are proposed and will provide a starting point for the committee to begin its work.

Thank you in advance for your consideration and please feel free to call for any questions you may have.

Sincerely,

Jeff Egbert Interim CEO