Frequently Asked Questions

Standardized Clinical Scheduling project

We're making scheduling updates starting in late January to bring more consistency to staff and patient schedules at all our clinics, and to make our dialysis appointments run even more smoothly. You can find more information about the project on K-Net. This document will be updated as needed.

Q) What is changing?
A) We're introducing standardized schedules for front-line clinical staff to improve patient care and safety, strengthen teamwork, and support better work-life balance. These changes are based on staff feedback and survey results, as well as operational needs. Our aim is to create fairer, more predictable schedules, reduce overtime, and lower our costs per treatment – helping us remain responsible financial stewards and continue providing high-quality care for our patients. You'll know your core schedule in advance, with occasional changes needed to cover PTO, holidays, or unexpected absences.

Q) Who made the decision to change to standardized schedules?
A) A cross-functional project team – including dialysis technicians, nurses, and leaders from across the organization – has been working since last spring to help design the new scheduling model. The team carefully reviewed several scheduling approaches before selecting the one that best supports patient care, staff well-being, safety, and operational efficiency.

Q) When will the new schedules start?
A) We'll begin rolling out the new schedules in early January 2026, starting with the Kent, SeaTac, and Kirkland clinics. The change will happen in three phases, with all clinics using the new model by early May.

Q) Which roles/clinics are moving to these standardized schedules?
A) This will impact direct patient care Registered Nurses (RNs), Dialysis Technicians (DTs), and Licensed Practical Nurses (LPNs) working in dialysis units (except for some 12hr

shifts). When the project is complete, all clinics will operate during the same hours. Standard shift start and end times are:

- Days: 4:45 a.m. – 2:15 p.m. and 5:00 a.m. – 2:30 p.m.
- Evenings: 2:00 p.m. – 11:30 p.m. and 2:15 p.m. – 11:45 p.m.

Q) How will my schedule be different?
A) Your hours worked may increase or decrease slightly as we move standardized 9-hour schedules, and no one will be scheduled for more than 0.9 FTE (36 hours/week). Managers will meet with you to review the schedule changes and aim to match your new schedule as closely as possible to your current one. Shifts will also be more balanced between mornings and evenings, so everyone gets a more predictable schedule. Staff can occasionally trade shifts with colleagues, but permanent trades outside of annual bidding need to have manager approval. Staff who want extra hours can pick up shifts when needed, and benefits eligibility will not change.

Q) Will staff get to choose their schedules?
A) Staff can request preferred schedules through a bidding process. Those who miss the bidding deadline or do not qualify to bid will be assigned a remaining schedule. For details, see the bidding procedure guidelines here.

Q) Will I still get benefits if I work fewer hours?
A) Yes, your benefits will not change if you currently have them. Moving from 1.0 FTE to 0.9 FTE will not affect benefits eligibility; all staff who consistently work 24 hours a week or more will be eligible for benefits.

Q) I'm in a 1.0 FTE role now – does this mean I'll lose hours? Is this a pay cut?
A) No, your pay rate is not changing, but your hours worked each week may. Our aim is to match each staff member with a role similar to their current one. Some staff will work slightly more hours, while some will work slightly fewer. For example, while we won't have .6 FTE positions, we will offer options such as .68 or .79 FTE shifts.

Under the new model, no one will be scheduled to work more than 36 hours a week (.9 FTE). However, you'll have numerous opportunities to pick up extra hours (shifts or partial shifts) in your clinic and neighboring clinics. We're reviving a tool on K-Net, Open Shift, where you can see and volunteer to work upcoming shifts or partial shifts. You'll also have more time for things that were harder to fit into your schedule before – like trainings, staff meetings, etc.

Q) What if I'm going to school or have other scheduling needs (childcare, etc.)?

A) We absolutely want to support our employees who are pursuing their education or managing other personal responsibilities, such as childcare. Our goal with the new standardized scheduling model is to provide enough advance notice of shift assignments so that staff can plan their classes or other commitments accordingly. If you need a schedule exception, talk with your manager. Clinic managers will continue to have some flexibility in arranging schedules to best meet the needs of their team and the clinic, but we want to limit one-off adjustments as much as possible. You'll need to submit a formal schedule exception request and provide any required documentation. Managers will review these requests and do their best to accommodate them when possible.

Q) What if a patient is late or a no-show – will we have to low-census staff?
A) There may occasionally be a need for low census, but we anticipate it will be less likely with our new scheduling model.

Q) Can a staff member sign the meal waiver and skip their lunch to get paid for the extra time?
A) No, we want people to take their breaks – that's one of the reasons we're moving to these standardized shifts, so that you'll be able to take uninterrupted breaks and lunch times. Even if you've signed the meal waiver, you need to take your scheduled breaks.

Questions about patient care

Q) How will patient schedules change?
A) Patient appointments will be staggered in 15-minute intervals. This helps balance workloads, reduces bottlenecks, and makes the day run more smoothly. Patients may notice changes in appointment times, but their care team and the level of care they receive will remain the same. A small number of patients will have bigger changes to their run time or days, based on the need for consolidation at some units. We'll reach out to those patients directly if the change is more than an hour, to help manage the transition. Shorter gaps between appointments will help us stay on schedule and reduce patient wait times, and with consistent team "pods," patients will see familiar faces more often, which strengthens relationships and continuity of care.

Q) How will this affect patient care?
A) The new model is designed to help staff be more present and responsive, reduce fatigue, and improve relationships with patients. Patients will see familiar faces more often, which helps with continuity of care.

Q) How are we communicating this change to patients?

A) We'll communicate with patients well in advance of any changes in schedule and support them throughout the transition. At the start of each phase, the team will work with the clinic manager and the clinic's interdisciplinary team (IDT) to make sure the schedules align with individual patient needs. Overall, we'll match patients' new schedules to their current ones, with the goal of minimizing changes from their current run times. A small number of patients will have bigger changes to their run time or days, based on the need for consolidation at some units. We'll reach out to those patients directly if the change is more than an hour, to talk with them about their options and help manage the transition. We'll do our best to accommodate their needs. For patients who have NKC coordinate their transportation, we'll arrange any changes with their provider.

For clinics serving patients who speak multiple languages, we'll continue to use interpreters and translation services as needed to make sure everyone understands the new scheduling model. Additionally, clinic managers will be available to answer questions and guide patients through the transition.

Q) How are we planning to handle high-acuity patients (those with more significant conditions that require more intensive care)?

A) During each phase, we'll work with the clinic manager to ensure high-acuity patients are distributed across different pods, rather than grouped together.