

COVER PAGE

The following is the comprehensive hospital staffing
plan for MultiCare Capital Medical Center submitted to
the Washington State Department of Health in
accordance with Revised Code of Washington
70.41.420 for the year 2025 .

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Hospital Staffing Form

Attestation

Date: 8/21/24

I, the undersigned with responsibility for MultiCare Capital Medical Center attest that the attached hospital staffing plan and matrix are in accordance with RCW 70.41.420 for 2025, and includes all units covered under our hospital license under RCW 70.41.

As approved by: Will Callicot



Hospital Information

| | | |
|---|--|--|
| Name of Hospital: MultiCare Capital Medical Center | | |
| Hospital License #: HAC.FS.61279406 | | |
| Hospital Street Address: 3900 Capital Mall Dr SW | | |
| City/Town: Olympia | State: WA | Zip code: 98502 |
| Is this hospital license affiliated with more than one location? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes" was selected, please provide the location name and address | | <small> Advanced Wound Care- 601 McPhee Rd SW Bldg 2 Olympia, WA 98502-5080 Physical Therapy- 402 McPhee Rd SW Ste B Olympia, WA 98502-5014 Outpatient Imaging Services- 402 McPhee Rd SW Bldg 2 Olympia, WA 98502-5014 MultiCare Off-Campus Emergency Department - Lacey- 4312 Pacific Ave SE Lacey, WA 98503-1117 Capital Mammography- 3920 Capital Mall Dr SW Ste 401 Olympia, WA 98502-8700 Capital Radiation Therapy- 3920 Capital Mall Dr SW Ste 100B Olympia, WA 98502-8166 </small> |
| Review Type: | <input checked="" type="checkbox"/> Annual | Review Date: 11/8/24 |
| | <input checked="" type="checkbox"/> Update | Next Review Date: 1/10/25 |
| Effective Date: 1/1/25 | | |
| Date Approved: 8/21/24 | | |

Hospital Information Continued (Optional)

Factors Considered in the Development of the Hospital Staffing Plan (check all that apply):

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

Description:

Please see detailed Hospital Staffing Committee Charter for factors considered in the development of the staffing plan.

- ☒ Terms of applicable collective bargaining agreement

Description:

Please see detailed Hospital Staffing Committee Charter for factors considered in the development of the staffing plan.

- ☒ Relevant state and federal laws and rules including those regarding meal and rest breaks and use of overtime and on-call shifts

Description:

Please see detailed Hospital Staffing Committee Charter for factors considered in the development of the staffing plan.

- ☒ Hospital finances and resources

Description:

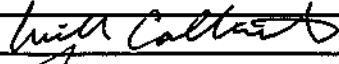


Please see detailed Hospital Staffing Committee Charter for factors considered in the development of the staffing plan.

- ☒ Other

Description:

8/21/24 Unanimously approved by HSC
9/26/24 President Letter to HSC with approval signed (presented at 10/9/24 HSC meeting)
11/8/24 2025 Hospital Staffing Plan Submitted to DOH
12/10/24 Received recommended edits from DOH
1/8/25 2025 Hospital Staffing Plan approved by HSC with edits
1/10/25 2025 Hospital Staffing Plan Resubmitted to DOH

Signature

| CEO & Co-chairs Name: | Signature: | Date: |
|-----------------------|--|----------|
| Will Callicot |  | 1/9/2025 |
| Anthony Pansoy |  | 1/9/2025 |
| Shanon Watkins |  | 1/8/25 |
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| Total Votes | |
|----------------------|--------------|
| # of Approvals | # of Denials |
| 19 (8/21/24) | 0 |
| 26 (1/8/25 revision) | 0 |
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[Access unit staffing matrices here.](#)

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Patient Volume-based Staffing Matrix Formula Template

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

| Unit/ Clinic Name: | | Medical / Surgical / Telemetry | | | | | | | | | |
|-----------------------|------------|---|---------------|----------------|----------------|--------------------|------------------|-------------------|-------------------|-------------------|--|
| Unit/ Clinic Type: | | Inpatient Services | | | | | | | | | |
| Unit/ Clinic Address: | | 3900 Capital Mall Drive SW, Olympia, WA 98502 | | | | | | | | | |
| Average Daily | | 32 | | | | Maximum # of Beds: | | | 40 | | |
| Effective as of: | | 1-Jan-25 | | | | | | | | | |
| Census | | | | | | | | | | | |
| Census | Shift Type | Shift Length in Hours | Min # of RN's | Min # of LPN's | Min # of CNA's | Min # of UAP's | Min # of RN HPUS | Min # of LPN HPUS | Min # of CNA HPUS | Min # of UAP HPUS | Total Minimum Direct Pt. Care HPUS (hours per unit of service) |
| 1 | Day | 12 | 2 | 0 | 0 | 0 | 24.00 | 0.00 | 0.00 | 0.00 | 48.00 |
| | Night | 12 | 2 | 0 | 0 | 0 | 24.00 | 0.00 | 0.00 | 0.00 | |
| 2 | Day | 12 | 2 | 0 | 0 | 0 | 12.00 | 0.00 | 0.00 | 0.00 | 24.00 |
| | Night | 12 | 2 | 0 | 0 | 0 | 12.00 | 0.00 | 0.00 | 0.00 | |
| 3 | Day | 12 | 2 | 0 | 0 | 0 | 8.00 | 0.00 | 0.00 | 0.00 | 16.00 |
| | Night | 12 | 2 | 0 | 0 | 0 | 8.00 | 0.00 | 0.00 | 0.00 | |
| 4 | Day | 12 | 2 | 0 | 0 | 0 | 6.00 | 0.00 | 0.00 | 0.00 | 12.00 |
| | Night | 12 | 2 | 0 | 0 | 0 | 6.00 | 0.00 | 0.00 | 0.00 | |
| 5 | Day | 12 | 2 | 0 | 1 | 0 | 4.80 | 0.00 | 2.40 | 0.00 | 14.40 |
| | Night | 12 | 2 | 0 | 1 | 0 | 4.80 | 0.00 | 2.40 | 0.00 | |
| 6 | Day | 12 | 2 | 0 | 1 | 0 | 4.00 | 0.00 | 2.00 | 0.00 | 12.00 |
| | Night | 12 | 2 | 0 | 1 | 0 | 4.00 | 0.00 | 2.00 | 0.00 | |
| 7 | Day | 12 | 2 | 0 | 1 | 0 | 3.43 | 0.00 | 1.71 | 0.00 | 10.29 |
| | Night | 12 | 2 | 0 | 1 | 0 | 3.43 | 0.00 | 1.71 | 0.00 | |
| 8 | Day | 12 | 2 | 0 | 1 | 0 | 3.00 | 0.00 | 1.50 | 0.00 | 9.00 |
| | Night | 12 | 2 | 0 | 1 | 0 | 3.00 | 0.00 | 1.50 | 0.00 | |
| 9 | Day | 12 | 2 | 0 | 1 | 0 | 2.67 | 0.00 | 1.33 | 0.00 | 8.00 |
| | Night | 12 | 2 | 0 | 1 | 0 | 2.67 | 0.00 | 1.33 | 0.00 | |
| 10 | Day | 12 | 3 | 0 | 1 | 1 | 3.60 | 0.00 | 1.20 | 1.20 | 10.00 |
| | Night | 12 | 2 | 0 | 1 | 0 | 2.40 | 0.00 | 1.20 | 0.00 | |
| | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.40 | |
| 11 | Day | 12 | 3 | 0 | 2 | 1 | 3.27 | 0.00 | 2.18 | 1.09 | 11.27 |
| | Night | 12 | 2 | 0 | 2 | 0 | 2.18 | 0.00 | 2.18 | 0.00 | |
| | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.36 | |
| 12 | Day | 12 | 3 | 0 | 2 | 1 | 3.00 | 0.00 | 2.00 | 1.00 | 10.33 |
| | Night | 12 | 2 | 0 | 2 | 0 | 2.00 | 0.00 | 2.00 | 0.00 | |
| | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.33 | |
| 13 | Day | 12 | 3 | 0 | 2 | 1 | 2.77 | 0.00 | 1.85 | 0.92 | 10.46 |
| | Night | 12 | 3 | 0 | 2 | 0 | 2.77 | 0.00 | 1.85 | 0.00 | |
| | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.31 | |
| 14 | Day | 12 | 3 | 0 | 2 | 1 | 2.57 | 0.00 | 1.71 | 0.86 | 9.71 |
| | Night | 12 | 3 | 0 | 2 | 0 | 2.57 | 0.00 | 1.71 | 0.00 | |
| | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.29 | |
| 15 | Day | 12 | 3 | 0 | 2 | 1 | 2.40 | 0.00 | 1.60 | 0.80 | 9.07 |
| | Night | 12 | 3 | 0 | 2 | 0 | 2.40 | 0.00 | 1.60 | 0.00 | |
| | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.27 | |
| 16 | Day | 12 | 4 | 0 | 2 | 1 | 3.00 | 0.00 | 1.50 | 0.75 | |
| | Night | 12 | 3 | 0 | 2 | 0 | 2.25 | 0.00 | 1.50 | 0.00 | |

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|---|----|---------|----|---|---|---|---|------|------|------|------|------|
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.25 | 9.25 |
| | 17 | Day | 12 | 4 | 0 | 2 | 1 | 2.82 | 0.00 | 1.41 | 0.71 | |
| | | Night | 12 | 3 | 0 | 2 | 0 | 2.12 | 0.00 | 1.41 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.24 | 8.71 |
| | 18 | Day | 12 | 4 | 0 | 2 | 1 | 2.67 | 0.00 | 1.33 | 0.67 | |
| | | Night | 12 | 3 | 0 | 2 | 0 | 2.00 | 0.00 | 1.33 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.22 | 8.22 |
| | 19 | Day | 12 | 4 | 0 | 2 | 1 | 2.53 | 0.00 | 1.26 | 0.63 | |
| | | Night | 12 | 4 | 0 | 2 | 0 | 2.53 | 0.00 | 1.26 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.21 | 8.42 |
| | 20 | Day | 12 | 4 | 0 | 2 | 1 | 2.40 | 0.00 | 1.20 | 0.60 | |
| | | Night | 12 | 4 | 0 | 2 | 0 | 2.40 | 0.00 | 1.20 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.20 | 8.00 |
| | 21 | Day | 12 | 5 | 0 | 3 | 1 | 2.86 | 0.00 | 1.71 | 0.57 | |
| | | Night | 12 | 4 | 0 | 3 | 0 | 2.29 | 0.00 | 1.71 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.19 | 9.33 |
| | 22 | Day | 12 | 5 | 0 | 3 | 1 | 2.73 | 0.00 | 1.64 | 0.55 | |
| | | Night | 12 | 4 | 0 | 3 | 0 | 2.18 | 0.00 | 1.64 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.18 | 8.91 |
| | 23 | Day | 12 | 5 | 0 | 3 | 1 | 2.61 | 0.00 | 1.57 | 0.52 | |
| | | Night | 12 | 4 | 0 | 3 | 0 | 2.09 | 0.00 | 1.57 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.17 | 8.52 |
| A | 24 | Day | 12 | 5 | 0 | 3 | 1 | 2.50 | 0.00 | 1.50 | 0.50 | |
| | | Night | 12 | 4 | 0 | 3 | 0 | 2.00 | 0.00 | 1.50 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.17 | 8.17 |
| B | 24 | Day | 12 | 3 | 2 | 3 | 1 | 1.50 | 1.00 | 1.50 | 0.50 | |
| | | Night | 12 | 3 | 2 | 3 | 0 | 1.50 | 1.00 | 1.50 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.17 | 8.67 |
| C | 24 | Day | 12 | 3 | 3 | 2 | 1 | 1.50 | 1.50 | 1.00 | 0.50 | |
| | | Night | 12 | 3 | 3 | 2 | 0 | 1.50 | 1.50 | 1.00 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.17 | 8.67 |
| A | 25 | Day | 12 | 5 | 0 | 3 | 1 | 2.40 | 0.00 | 1.44 | 0.48 | |
| | | Night | 12 | 5 | 0 | 3 | 0 | 2.40 | 0.00 | 1.44 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.16 | 8.32 |
| B | 25 | Day | 12 | 3 | 2 | 3 | 1 | 1.44 | 0.96 | 1.44 | 0.48 | |
| | | Night | 12 | 3 | 2 | 3 | 0 | 1.44 | 0.96 | 1.44 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.16 | 8.32 |
| C | 25 | Day | 12 | 3 | 3 | 2 | 1 | 1.44 | 1.44 | 0.96 | 0.48 | |
| | | Night | 12 | 3 | 3 | 2 | 0 | 1.44 | 1.44 | 0.96 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.16 | 8.32 |
| A | 26 | Day | 12 | 6 | 0 | 3 | 1 | 2.77 | 0.00 | 1.38 | 0.46 | |
| | | Night | 12 | 5 | 0 | 3 | 0 | 2.31 | 0.00 | 1.38 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.15 | 8.46 |
| B | 26 | Day | 12 | 4 | 2 | 3 | 1 | 1.85 | 0.92 | 1.38 | 0.46 | |
| | | Night | 12 | 3 | 2 | 3 | 0 | 1.38 | 0.92 | 1.38 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.15 | 8.46 |
| C | 26 | Day | 12 | 4 | 3 | 2 | 1 | 1.85 | 1.38 | 0.92 | 0.46 | |
| | | Night | 12 | 3 | 3 | 2 | 0 | 1.38 | 1.38 | 0.92 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.15 | 8.46 |
| A | 27 | Day | 12 | 6 | 0 | 3 | 1 | 2.67 | 0.00 | 1.33 | 0.44 | |
| | | Night | 12 | 5 | 0 | 3 | 0 | 2.22 | 0.00 | 1.33 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.15 | 8.15 |
| B | 27 | Day | 12 | 4 | 2 | 3 | 1 | 1.78 | 0.89 | 1.33 | 0.44 | |
| | | Night | 12 | 3 | 2 | 3 | 0 | 1.33 | 0.89 | 1.33 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.15 | 8.15 |

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|---|----|---------|----|---|---|---|---|------|------|------|------|------|
| C | 27 | Day | 12 | 4 | 3 | 2 | 1 | 1.78 | 1.33 | 0.89 | 0.44 | 8.15 |
| | | Night | 12 | 3 | 3 | 2 | 0 | 1.33 | 1.33 | 0.89 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.15 | |
| A | 28 | Day | 12 | 6 | 0 | 3 | 1 | 2.57 | 0.00 | 1.29 | 0.43 | 7.86 |
| | | Night | 12 | 5 | 0 | 3 | 0 | 2.14 | 0.00 | 1.29 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.14 | |
| B | 28 | Day | 12 | 4 | 2 | 3 | 1 | 1.71 | 0.86 | 1.29 | 0.43 | 7.86 |
| | | Night | 12 | 3 | 2 | 3 | 0 | 1.29 | 0.86 | 1.29 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.14 | |
| C | 28 | Day | 12 | 4 | 3 | 2 | 1 | 1.71 | 1.29 | 0.86 | 0.43 | 7.86 |
| | | Night | 12 | 3 | 3 | 2 | 0 | 1.29 | 1.29 | 0.86 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.14 | |
| A | 29 | Day | 12 | 6 | 0 | 3 | 1 | 2.48 | 0.00 | 1.24 | 0.41 | 7.59 |
| | | Night | 12 | 5 | 0 | 3 | 0 | 2.07 | 0.00 | 1.24 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.14 | |
| B | 29 | Day | 12 | 4 | 2 | 3 | 1 | 1.66 | 0.83 | 1.24 | 0.41 | 7.59 |
| | | Night | 12 | 3 | 2 | 3 | 0 | 1.24 | 0.83 | 1.24 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.14 | |
| C | 29 | Day | 12 | 4 | 3 | 2 | 1 | 1.66 | 1.24 | 0.83 | 0.41 | 7.59 |
| | | Night | 12 | 3 | 3 | 2 | 0 | 1.24 | 1.24 | 0.83 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.14 | |
| A | 30 | Day | 12 | 6 | 0 | 3 | 1 | 2.40 | 0.00 | 1.20 | 0.40 | 7.33 |
| | | Night | 12 | 5 | 0 | 3 | 0 | 2.00 | 0.00 | 1.20 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.13 | |
| B | 30 | Day | 12 | 4 | 2 | 3 | 1 | 1.60 | 0.80 | 1.20 | 0.40 | 7.33 |
| | | Night | 12 | 3 | 2 | 3 | 0 | 1.20 | 0.80 | 1.20 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.13 | |
| C | 30 | Day | 12 | 4 | 3 | 2 | 1 | 1.60 | 1.20 | 0.80 | 0.40 | 7.33 |
| | | Night | 12 | 3 | 3 | 2 | 0 | 1.20 | 1.20 | 0.80 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.13 | |
| A | 31 | Day | 12 | 7 | 0 | 3 | 1 | 2.71 | 0.00 | 1.16 | 0.39 | 7.87 |
| | | Night | 12 | 6 | 0 | 3 | 0 | 2.32 | 0.00 | 1.16 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.13 | |
| B | 31 | Day | 12 | 5 | 2 | 3 | 1 | 1.94 | 0.77 | 1.16 | 0.39 | 7.87 |
| | | Night | 12 | 4 | 2 | 3 | 0 | 1.55 | 0.77 | 1.16 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.13 | |
| C | 31 | Day | 12 | 5 | 3 | 2 | 1 | 1.94 | 1.16 | 0.77 | 0.39 | 7.87 |
| | | Night | 12 | 4 | 3 | 2 | 0 | 1.55 | 1.16 | 0.77 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.13 | |
| D | 31 | Day | 12 | 4 | 4 | 2 | 1 | 1.55 | 1.55 | 0.77 | 0.39 | 7.87 |
| | | Night | 12 | 4 | 3 | 2 | 0 | 1.55 | 1.16 | 0.77 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.13 | |
| A | 32 | Day | 12 | 7 | 0 | 4 | 1 | 2.63 | 0.00 | 1.50 | 0.38 | 8.38 |
| | | Night | 12 | 6 | 0 | 4 | 0 | 2.25 | 0.00 | 1.50 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.13 | |
| B | 32 | Day | 12 | 5 | 2 | 4 | 1 | 1.88 | 0.75 | 1.50 | 0.38 | 8.38 |
| | | Night | 12 | 4 | 2 | 4 | 0 | 1.50 | 0.75 | 1.50 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.13 | |
| C | 32 | Day | 12 | 5 | 3 | 3 | 1 | 1.88 | 1.13 | 1.13 | 0.38 | 8.38 |
| | | Night | 12 | 4 | 3 | 3 | 0 | 1.50 | 1.13 | 1.13 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.13 | |
| D | 32 | Day | 12 | 4 | 4 | 3 | 1 | 1.50 | 1.50 | 1.13 | 0.38 | 8.38 |
| | | Night | 12 | 4 | 3 | 3 | 0 | 1.50 | 1.13 | 1.13 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.13 | |
| | | Day | 12 | 7 | 0 | 4 | 1 | 2.55 | 0.00 | 1.45 | 0.36 | |

| | | | | | | | | | | | | |
|---|----|---------|----|---|---|---|---|------|------|------|------|------|
| A | 33 | Night | 12 | 6 | 0 | 4 | 0 | 2.18 | 0.00 | 1.45 | 0.00 | 8.12 |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.12 | |
| B | 33 | Day | 12 | 5 | 2 | 4 | 1 | 1.82 | 0.73 | 1.45 | 0.36 | 8.12 |
| | | Night | 12 | 4 | 2 | 4 | 0 | 1.45 | 0.73 | 1.45 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.12 | |
| C | 33 | Day | 12 | 5 | 3 | 3 | 1 | 1.82 | 1.09 | 1.09 | 0.36 | 8.12 |
| | | Night | 12 | 4 | 3 | 3 | 0 | 1.45 | 1.09 | 1.09 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.12 | |
| D | 33 | Day | 12 | 4 | 4 | 3 | 1 | 1.45 | 1.45 | 1.09 | 0.36 | 8.12 |
| | | Night | 12 | 4 | 3 | 3 | 0 | 1.45 | 1.09 | 1.09 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.12 | |
| A | 34 | Day | 12 | 7 | 0 | 4 | 1 | 2.47 | 0.00 | 1.41 | 0.35 | 7.88 |
| | | Night | 12 | 6 | 0 | 4 | 0 | 2.12 | 0.00 | 1.41 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.12 | |
| B | 34 | Day | 12 | 5 | 2 | 4 | 1 | 1.76 | 0.71 | 1.41 | 0.35 | 7.88 |
| | | Night | 12 | 4 | 2 | 4 | 0 | 1.41 | 0.71 | 1.41 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.12 | |
| C | 34 | Day | 12 | 5 | 3 | 3 | 1 | 1.76 | 1.06 | 1.06 | 0.35 | 7.88 |
| | | Night | 12 | 4 | 3 | 3 | 0 | 1.41 | 1.06 | 1.06 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.12 | |
| D | 34 | Day | 12 | 4 | 4 | 3 | 1 | 1.41 | 1.41 | 1.06 | 0.35 | 7.88 |
| | | Night | 12 | 4 | 3 | 3 | 0 | 1.41 | 1.06 | 1.06 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.12 | |
| A | 35 | Day | 12 | 7 | 0 | 4 | 1 | 2.40 | 0.00 | 1.37 | 0.34 | 7.66 |
| | | Night | 12 | 6 | 0 | 4 | 0 | 2.06 | 0.00 | 1.37 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.11 | |
| B | 35 | Day | 12 | 5 | 2 | 4 | 1 | 1.71 | 0.69 | 1.37 | 0.34 | 7.66 |
| | | Night | 12 | 4 | 2 | 4 | 0 | 1.37 | 0.69 | 1.37 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.11 | |
| C | 35 | Day | 12 | 5 | 3 | 3 | 1 | 1.71 | 1.03 | 1.03 | 0.34 | 7.66 |
| | | Night | 12 | 4 | 3 | 3 | 0 | 1.37 | 1.03 | 1.03 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.11 | |
| D | 35 | Day | 12 | 4 | 4 | 3 | 1 | 1.37 | 1.37 | 1.03 | 0.34 | 7.66 |
| | | Night | 12 | 4 | 3 | 3 | 0 | 1.37 | 1.03 | 1.03 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.11 | |
| A | 36 | Day | 12 | 8 | 0 | 4 | 1 | 2.67 | 0.00 | 1.33 | 0.33 | 7.78 |
| | | Night | 12 | 6 | 0 | 4 | 0 | 2.00 | 0.00 | 1.33 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.11 | |
| B | 36 | Day | 12 | 6 | 2 | 4 | 1 | 2.00 | 0.67 | 1.33 | 0.33 | 7.78 |
| | | Night | 12 | 4 | 2 | 4 | 0 | 1.33 | 0.67 | 1.33 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.11 | |
| C | 36 | Day | 12 | 4 | 4 | 4 | 1 | 1.33 | 1.33 | 1.33 | 0.33 | 7.78 |
| | | Night | 12 | 4 | 2 | 4 | 0 | 1.33 | 0.67 | 1.33 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.11 | |
| D | 36 | Day | 12 | 5 | 4 | 3 | 1 | 1.67 | 1.33 | 1.00 | 0.33 | 7.78 |
| | | Night | 12 | 4 | 3 | 3 | 0 | 1.33 | 1.00 | 1.00 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.11 | |
| A | 37 | Day | 12 | 8 | 0 | 4 | 1 | 2.59 | 0.00 | 1.30 | 0.32 | 7.89 |
| | | Night | 12 | 7 | 0 | 4 | 0 | 2.27 | 0.00 | 1.30 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.11 | |
| B | 37 | Day | 12 | 5 | 3 | 4 | 1 | 1.62 | 0.97 | 1.30 | 0.32 | 7.89 |
| | | Night | 12 | 4 | 3 | 4 | 0 | 1.30 | 0.97 | 1.30 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.11 | |
| C | 37 | Day | 12 | 5 | 4 | 3 | 1 | 1.62 | 1.30 | 0.97 | 0.32 | |
| | | Night | 12 | 4 | 4 | 3 | 0 | 1.30 | 1.30 | 0.97 | 0.00 | |

| | | | | | | | | | | | | |
|---|----|---------|----|---|---|---|---|------|------|------|------|------|
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.11 | 7.89 |
| D | 37 | Day | 12 | 5 | 3 | 4 | 1 | 1.62 | 0.97 | 1.30 | 0.32 | 7.89 |
| | | Night | 12 | 5 | 2 | 4 | 0 | 1.62 | 0.65 | 1.30 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.11 | |
| A | 38 | Day | 12 | 8 | 0 | 4 | 1 | 2.53 | 0.00 | 1.26 | 0.32 | 7.68 |
| | | Night | 12 | 7 | 0 | 4 | 0 | 2.21 | 0.00 | 1.26 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.11 | |
| B | 38 | Day | 12 | 5 | 3 | 4 | 1 | 1.58 | 0.95 | 1.26 | 0.32 | 7.68 |
| | | Night | 12 | 4 | 3 | 4 | 0 | 1.26 | 0.95 | 1.26 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.11 | |
| C | 38 | Day | 12 | 5 | 4 | 3 | 1 | 1.58 | 1.26 | 0.95 | 0.32 | 7.68 |
| | | Night | 12 | 4 | 4 | 3 | 0 | 1.26 | 1.26 | 0.95 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.11 | |
| D | 38 | Day | 12 | 5 | 3 | 4 | 1 | 1.58 | 0.95 | 1.26 | 0.32 | 7.68 |
| | | Night | 12 | 5 | 2 | 4 | 0 | 1.58 | 0.63 | 1.26 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.11 | |
| A | 39 | Day | 12 | 8 | 0 | 4 | 1 | 2.46 | 0.00 | 1.23 | 0.31 | 7.49 |
| | | Night | 12 | 7 | 0 | 4 | 0 | 2.15 | 0.00 | 1.23 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.10 | |
| B | 39 | Day | 12 | 5 | 3 | 4 | 1 | 1.54 | 0.92 | 1.23 | 0.31 | 7.49 |
| | | Night | 12 | 4 | 3 | 4 | 0 | 1.23 | 0.92 | 1.23 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.10 | |
| C | 39 | Day | 12 | 5 | 4 | 3 | 1 | 1.54 | 1.23 | 0.92 | 0.31 | 7.49 |
| | | Night | 12 | 4 | 4 | 3 | 0 | 1.23 | 1.23 | 0.92 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.10 | |
| D | 39 | Day | 12 | 5 | 3 | 4 | 1 | 1.54 | 0.92 | 1.23 | 0.31 | 7.49 |
| | | Night | 12 | 5 | 2 | 4 | 0 | 1.54 | 0.62 | 1.23 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.10 | |
| A | 40 | Day | 12 | 8 | 0 | 4 | 1 | 2.40 | 0.00 | 1.20 | 0.30 | 7.30 |
| | | Night | 12 | 7 | 0 | 4 | 0 | 2.10 | 0.00 | 1.20 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.10 | |
| B | 40 | Day | 12 | 5 | 3 | 4 | 1 | 1.50 | 0.90 | 1.20 | 0.30 | 7.30 |
| | | Night | 12 | 4 | 3 | 4 | 0 | 1.20 | 0.90 | 1.20 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.10 | |
| C | 40 | Day | 12 | 5 | 4 | 3 | 1 | 1.50 | 1.20 | 0.90 | 0.30 | 7.30 |
| | | Night | 12 | 4 | 4 | 3 | 0 | 1.20 | 1.20 | 0.90 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.10 | |
| D | 40 | Day | 12 | 5 | 3 | 4 | 1 | 1.50 | 0.90 | 1.20 | 0.30 | 7.30 |
| | | Night | 12 | 5 | 2 | 4 | 0 | 1.50 | 0.60 | 1.20 | 0.00 | |
| | | Evening | 4 | 0 | 0 | 0 | 1 | 0.00 | 0.00 | 0.00 | 0.10 | |

Unit Information

Additional Care Team Members

| Occupation | Shift Coverage | | | |
|------------------------|--|--|--|--|
| | Day | Evening | Night | Weekend |
| Charge RN/Nurse Leader | 24/7 | 24/7 | 24/7 | 24/7 |
| HUC (UAP) | Varied, included in staffing plan as UAP | Varied, included in staffing plan as UAP | Varied, included in staffing plan as UAP | Varied, included in staffing plan as UAP |

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):

☒ Activity such as patient admissions, discharges, and transfers

Description:

This unit experiences a high daily CHURN rate of admissions, discharges, and transfers.

☒ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

This unit specializes in post-surgical care, orthopedic care, medical telemetry, and medical management of complex and high acuity medical patients. This unit has the capability for 12 remote telemetry monitoring.

Telemetry is an essential aspect of a patient's care need when monitoring a patient's cardiac rhythms remotely is essential to the care that they may require. The Tele unit can provide cardiac intervention or other medical care should patient's vital signs change, worsen, or otherwise become unstable. RN:PT Ratios, 1:4-6 with every (4-8) hour interventions and requiring greater than 4 hours of direct nursing care in a 24-hour period.

☒ Skill mix

Description:

Varied additional certifications held by staff including ACLS, Chemo, CMSRN, ONC, CWON

☒ Level of experience of nursing and patient care staff

Description:

Varied experience levels balanced on both day and night shift.

☐ Need for specialized or intensive equipment

Description:

☒ Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:

This unit supports 40 adult care beds located on the third floor.

☒ Other

Description:

1:1 behavioral and medical sitter needs



DOH 346-154

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Fixed Staffing Matrix

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

| | | | | | | |
|-----------------------|---|-----------------------|---------------|----------------|----------------|----------------|
| Unit/ Clinic Name: | Central Telemetry Monitoring | | | | | |
| Unit/ Clinic Type: | Inpatient Services | | | | | |
| Unit/ Clinic Address: | 3900 Capital Mall Drive SW, Olympia, WA 98502 | | | | | |
| Effective as of: | 1-Jan-25 | | | | | |
| Hours of the day | | | | | | |
| Hour of the day | Shift Type | Shift Length in Hours | Min # of RN's | Min # of LPN's | Min # of CNA's | Min # of UAP's |
| 24/7 | Day | 12 | 0 | 0 | 0 | 1 |
| | Night | 12 | 0 | 0 | 0 | 1 |

Unit Information

Additional Care Team Members

| Occupation | Shift Coverage | | | |
|--------------------|------------------|------------------|------------------|------------------|
| | Day | Evening | Night | Weekend |
| Monitor Tech (UAP) | 1- 24/7 Coverage | 1- 24/7 Coverage | 1- 24/7 Coverage | 1- 24/7 Coverage |

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):

☐ Activity such as patient admissions, discharges, and transfers

Description:

☒ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

24/7 remote telemetry monitoring capability

☐ Skill mix

Description:

☐ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

Description:

☐ Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:

☐ Other

Description:

Patient Volume-based Staffing Matrix Formula Template

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

| Unit/ Clinic Name: | | Intensive Care / Progressive Care Unit | | | | | | | | | |
|-----------------------|------------|---|---------------|----------------|----------------|----------------|--------------------|-------------------|-------------------|-------------------|--|
| Unit/ Clinic Type: | | Inpatient Services | | | | | | | | | |
| Unit/ Clinic Address: | | 3900 Capital Mall Drive SW, Olympia, WA 98502 | | | | | | | | | |
| Average Daily | | 18 | | | | | Maximum # of Beds: | | | 26 | |
| Effective as of: | | 1-Jan-25 | | | | | | | | | |
| Census | | | | | | | | | | | |
| Census | Shift Type | Shift Length in Hours | Min # of RN's | Min # of LPN's | Min # of CNA's | Min # of UAP's | Min # of RN HPUS | Min # of LPN HPUS | Min # of CNA HPUS | Min # of UAP HPUS | Total Minimum Direct Pt. Care HPUS (hours per unit of service) |
| 1 | Day | 12 | 2 | 0 | 0 | 0 | 24.00 | 0.00 | 0.00 | 0.00 | 48.00 |
| | Night | 12 | 2 | 0 | 0 | 0 | 24.00 | 0.00 | 0.00 | 0.00 | |
| 2 | Day | 12 | 2 | 0 | 0 | 0 | 12.00 | 0.00 | 0.00 | 0.00 | 24.00 |
| | Night | 12 | 2 | 0 | 0 | 0 | 12.00 | 0.00 | 0.00 | 0.00 | |
| 3 | Day | 12 | 2 | 0 | 0 | 0 | 8.00 | 0.00 | 0.00 | 0.00 | 16.00 |
| | Night | 12 | 2 | 0 | 0 | 0 | 8.00 | 0.00 | 0.00 | 0.00 | |
| 4 | Day | 12 | 2 | 0 | 0 | 0 | 6.00 | 0.00 | 0.00 | 0.00 | 12.00 |
| | Night | 12 | 2 | 0 | 0 | 0 | 6.00 | 0.00 | 0.00 | 0.00 | |
| 5 | Day | 12 | 2 | 0 | 1 | 0 | 4.80 | 0.00 | 2.40 | 0.00 | 14.40 |
| | Night | 12 | 2 | 0 | 1 | 0 | 4.80 | 0.00 | 2.40 | 0.00 | |
| 6 | Day | 12 | 2 | 0 | 1 | 0 | 4.00 | 0.00 | 2.00 | 0.00 | 12.00 |
| | Night | 12 | 2 | 0 | 1 | 0 | 4.00 | 0.00 | 2.00 | 0.00 | |
| 7 | Day | 12 | 3 | 0 | 1 | 0 | 5.14 | 0.00 | 1.71 | 0.00 | 13.71 |
| | Night | 12 | 3 | 0 | 1 | 0 | 5.14 | 0.00 | 1.71 | 0.00 | |
| 8 | Day | 12 | 3 | 0 | 1 | 0 | 4.50 | 0.00 | 1.50 | 0.00 | 12.00 |
| | Night | 12 | 3 | 0 | 1 | 0 | 4.50 | 0.00 | 1.50 | 0.00 | |
| 9 | Day | 12 | 4 | 0 | 1 | 0 | 5.33 | 0.00 | 1.33 | 0.00 | 13.33 |
| | Night | 12 | 4 | 0 | 1 | 0 | 5.33 | 0.00 | 1.33 | 0.00 | |
| 10 | Day | 12 | 4 | 0 | 1 | 1 | 4.80 | 0.00 | 1.20 | 1.20 | 13.20 |
| | Night | 12 | 4 | 0 | 1 | 0 | 4.80 | 0.00 | 1.20 | 0.00 | |
| 11 | Day | 12 | 4 | 0 | 1 | 1 | 4.36 | 0.00 | 1.09 | 1.09 | 12.00 |
| | Night | 12 | 4 | 0 | 1 | 0 | 4.36 | 0.00 | 1.09 | 0.00 | |
| 12 | Day | 12 | 4 | 0 | 2 | 1 | 4.00 | 0.00 | 2.00 | 1.00 | 13.00 |
| | Night | 12 | 4 | 0 | 2 | 0 | 4.00 | 0.00 | 2.00 | 0.00 | |
| 13 | Day | 12 | 5 | 0 | 2 | 1 | 4.62 | 0.00 | 1.85 | 0.92 | 13.85 |
| | Night | 12 | 5 | 0 | 2 | 0 | 4.62 | 0.00 | 1.85 | 0.00 | |
| 14 | Day | 12 | 5 | 0 | 2 | 1 | 4.29 | 0.00 | 1.71 | 0.86 | 12.86 |
| | Night | 12 | 5 | 0 | 2 | 0 | 4.29 | 0.00 | 1.71 | 0.00 | |
| 15 | Day | 12 | 5 | 0 | 2 | 1 | 4.00 | 0.00 | 1.60 | 0.80 | 12.00 |
| | Night | 12 | 5 | 0 | 2 | 0 | 4.00 | 0.00 | 1.60 | 0.00 | |
| 16 | Day | 12 | 5 | 0 | 2 | 1 | 3.75 | 0.00 | 1.50 | 0.75 | 11.25 |
| | Night | 12 | 5 | 0 | 2 | 0 | 3.75 | 0.00 | 1.50 | 0.00 | |
| 17 | Day | 12 | 6 | 0 | 2 | 1 | 4.24 | 0.00 | 1.41 | 0.71 | 12.00 |
| | Night | 12 | 6 | 0 | 2 | 0 | 4.24 | 0.00 | 1.41 | 0.00 | |
| 18 | Day | 12 | 6 | 0 | 2 | 1 | 4.00 | 0.00 | 1.33 | 0.67 | 11.33 |
| | Night | 12 | 6 | 0 | 2 | 0 | 4.00 | 0.00 | 1.33 | 0.00 | |
| 19 | Day | 12 | 6 | 0 | 2 | 1 | 3.79 | 0.00 | 1.26 | 0.63 | 10.74 |
| | Night | 12 | 6 | 0 | 2 | 0 | 3.79 | 0.00 | 1.26 | 0.00 | |
| | Day | 12 | 6 | 0 | 2 | 1 | 3.60 | 0.00 | 1.20 | 0.60 | |

| | | | | | | | | | | | |
|----|-------|----|---|---|---|---|------|------|------|------|-------|
| 20 | Night | 12 | 6 | 0 | 2 | 0 | 3.60 | 0.00 | 1.20 | 0.00 | 10.20 |
| 21 | Day | 12 | 7 | 0 | 3 | 1 | 4.00 | 0.00 | 1.71 | 0.57 | 12.00 |
| | Night | 12 | 7 | 0 | 3 | 0 | 4.00 | 0.00 | 1.71 | 0.00 | |
| 22 | Day | 12 | 7 | 0 | 3 | 1 | 3.82 | 0.00 | 1.64 | 0.55 | 11.45 |
| | Night | 12 | 7 | 0 | 3 | 0 | 3.82 | 0.00 | 1.64 | 0.00 | |
| 23 | Day | 12 | 7 | 0 | 3 | 1 | 3.65 | 0.00 | 1.57 | 0.52 | 10.96 |
| | Night | 12 | 7 | 0 | 3 | 0 | 3.65 | 0.00 | 1.57 | 0.00 | |
| 24 | Day | 12 | 7 | 0 | 3 | 1 | 3.50 | 0.00 | 1.50 | 0.50 | 10.50 |
| | Night | 12 | 7 | 0 | 3 | 0 | 3.50 | 0.00 | 1.50 | 0.00 | |
| 25 | Day | 12 | 8 | 0 | 3 | 1 | 3.84 | 0.00 | 1.44 | 0.48 | 11.04 |
| | Night | 12 | 8 | 0 | 3 | 0 | 3.84 | 0.00 | 1.44 | 0.00 | |
| 26 | Day | 12 | 8 | 0 | 3 | 1 | 3.69 | 0.00 | 1.38 | 0.46 | 10.62 |
| | Night | 12 | 8 | 0 | 3 | 0 | 3.69 | 0.00 | 1.38 | 0.00 | |

Unit Information

Additional Care Team Members

| Occupation | Shift Coverage | | | |
|------------------------|--------------------------------------|--|--------------------------------------|--|
| | Day | Evening | Night | Weekend |
| Charge RN/Nurse Leader | 24/7 | 24/7 | 24/7 | 24/7 |
| HUC (UAP) | Varied, included in staffing plan as | Varied, included in staffing plan as UAP | Varied, included in staffing plan as | Varied, included in staffing plan as UAP |

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):

- ☒ Activity such as patient admissions, discharges, and transfers

Description:

This unit experiences a high daily CHURN rate of admissions, discharges, and transfers.

- ☒ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

This unit supports the following: 10-bed Intensive Care unit, 16-bed Progressive Care unit located on the second floor. ICU/PCU providing care 24/7/365, specializing in medical management of complex and high acuity medical patients, patients at increased risk of their condition becoming unstable or experiencing a life-threatening event.

☒ Skill mix

Description:

ICU provides intensive, technical and/or highly skilled care to all patients whose conditions, in the opinion of the attending/consulting physician, is such that marked changes may occur so quickly or complications may arise so suddenly that his/her life and/or well-being depends upon the specialized assessment skills of the ICU nurse and/or technical/monitoring equipment located at the bedside. RN:PT Ratios will be flexed up or down as patient needs change. They could range from 1:1, 1:2 and requiring hourly interventions

PCU patients have a higher need and may require frequent monitoring / interventions but do not require invasive monitoring. The PCU may still have patients at a higher level of care and lower nurse to patient ratio r/t to the patient's needs. But are less likely to need immediately life/limb saving interventions. They could range from 1:3, 1:4 with every (2-4) hour interventions and requiring greater than 6 hours of direct nursing care in a 24-hour period.

☐ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

Description:

☐ Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:

☐ Other

Description:

Fixed Staffing Matrix

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

| | | | | | | |
|-----------------------|---|-----------------------|---------------|----------------|----------------|----------------|
| Unit/ Clinic Name: | Birth Center, ADC 6 | | | | | |
| Unit/ Clinic Type: | Women's Services | | | | | |
| Unit/ Clinic Address: | 3900 Capital Mall Drive SW, Olympia, WA 98502 | | | | | |
| Effective as of: | 1-Jan-25 | | | | | |
| Day of the week | | | | | | |
| Day of the week | Shift Type | Shift Length in Hours | Min # of RN's | Min # of LPN's | Min # of CNA's | Min # of UAP's |
| Monday-Sunday | Day (0700-1930) | 12 | 3 | 0 | 0 | 1 |
| | Night (1900-0730) | 12 | 3 | 0 | 0 | 1 |

Unit Information**Additional Care Team Members**

| Occupation | Shift Coverage | | | |
|------------------------|---|---|---|---|
| | Day | Evening | Night | Weekend |
| | 24/7 (included in plan) | 24/7 (included in plan) | 24/7 (included in plan) | 24/7 (included in plan) |
| Charge RN/Nurse Leader | | | | |
| ORTECH (UAP) | 1 required at all times, will vary with census and surgery schedule, included in staffing plan as UAP | 1 required at all times, will vary with census and surgery schedule, included in staffing plan as UAP | 1 required at all times, will vary with census and surgery schedule, included in staffing plan as UAP | 1 required at all times, will vary with census and surgery schedule, included in staffing plan as UAP |

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):☒ Activity such as patient admissions, discharges, and transfers

Description:

Fixed Staffing is 3-4 RNs and 1 OR Tech 24/7. Staffing will have variances with census, scheduled surgeries, active labor with pitocin, magnesium sulfate administration, inductions, boarder babies, readmitted postpartum patients, and post-operative clean gynecological patients and will adjust accordingly.

☒ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

Women's Services aka Birth Center is an 11-bed unit providing care 24/7/365 days a year. The unit is comprised of OB triage, labor and delivery, Mother Baby postpartum, and GYN patients. The unit provides care for the following groups: Pregnant women, Postpartum Mothers and their Newborns, Post-operative Gynecological patients, and those meeting criteria for a mother-baby unit.

This unit cares for obstetric patients at 35 weeks gestation and above. Obstetric patients under 35 weeks gestation will be stabilized and transferred to a higher level of care if unstable. If immediate delivery is in the best interest of mother and infant, then delivery and stabilization will occur prior to transport to a higher level of care. Newborns at 35 weeks and greater that meet Washington DOH Level I metrics. Staffing according to AWHONN guidelines. Adult gynecological post op surgical patients with infection or rule out of infection symptoms. Patient nurse ratio varies according to condition and labor requirements. (Includes 1:1, 1:2, up to 1:6- which is three mother/baby couplets).

☒ Skill mix

Description:

Interventions performed on this unit can include doppler or electronic fetal monitoring of the pregnant patient, sterile vaginal exams, glucose monitoring via POCT, non-stress tests, serial blood pressure monitoring in the antepartum, external version, cervical ripening, induction of labor, spontaneous and operative vaginal deliveries as well as cesarean deliveries, care of the immediate post-partum patient, and stabilization of the newborn. Care of the post-operative female for low risk surgeries without signs of infection. (Cardiac monitoring is not available).

Treatments include but not limited to medication administration, intravenous therapy, blood and blood product administration, labor and induction care with positioning and techniques, and pre and post- surgical care. Lactation evaluation, assessment and support. Limited respiratory support of the neonate, intravenous therapy, medication management, and bilirubin treatment. Post op surgical gynecological patients are monitored for pain, infection, and bleeding in addition to return of gastric motility and bladder function.



Level of experience of nursing and patient care staff

Description:

Registered Nurse Washington License, or equivalent. Must have completed nurse residency program or Fellowship program without prior Labor and Delivery experience. Labor and Delivery experience over one year otherwise. Certified in NRP, BLS and EFM a plus. Surgical Tech with over a year experience in scrubbing for C/Sections, D and C, Tubules, and hysterectomies. Certified surgical technician preferred, unless grandfathered in over the years.



Need for specialized or intensive equipment

Description:

Spinning Baby or equivalent class is preferred for peanut use in labor. Breastfeeding class required without experience for using breast pumps. Hospital orientation on all specialized or intensive equipment during orientation.



Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:

Rooms 402-412 are LDRP rooms used for all laboring or triage patients. Rooms 406 and 408 are used for triage rooms with a gurney instead of a labor bed that can easily be changed out. Rooms 415, 416, 418, and 419 are used for readmits, antepartum, gynecological patients, boarder babies and their families. There are two OR's: OR1 and OR2. The nursing station is in the middle of the entire floor with the stabilizing nursing attached, along with supply room and med room. Equipment is stored in the patient rooms in locked closets or in the supply rooms in the middle of the floor. The medication room is off of the nurses station and is locked with a pyxia and pyxis refrigerator, along with the breastmilk refrigerator, and prep area for medications and breastmilk along with supplies needed.



Other

Description:

The directors office is in room 421. The educator (NPD) and Clinical Assistant Nurse Manager share room 420 as their office. The Lactation Consultant's room is beside Room 407 and is used for both in-patient and out-patients. There are sleep rooms for CNMs it is off of the nutrition room, anesthesia has a sleep room in room 417, and the providers sleep room is beside the NNP sleep room by the locked doors that go to the physicians pavilion (between 417 and 418). There are female and male locker rooms with showers and toilets in both rooms. They are located by the back elevators and the two ORs. The nutrition room for families is by the staff lounge by the nurses station. We have a waiting room beside the main entrance of the unit. To get into the unit one must call on the phone outside the door by the main elevators.



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Fixed Staffing Matrix

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

| | | | | | | |
|-----------------------|---|-----------------------|---------------|----------------|----------------|----------------|
| Unit/ Clinic Name: | Emergency Department: ADC 78 | | | | | |
| Unit/ Clinic Type: | Emergency Services | | | | | |
| Unit/ Clinic Address: | 3900 Capital Mall Drive SW, Olympia, WA 98502 | | | | | |
| Effective as of: | 1-Jan-25 | | | | | |
| Day of the week | | | | | | |
| Day of the week | Shift Type | Shift Length in Hours | Min # of RN's | Min # of LPN's | Min # of CNA's | Min # of UAP's |
| Monday-Sunday | Day (0700-1930) | 12 | 4 | 0 | 0 | 1 |
| | Mid (0900-2130) | 12 | 1 | 0 | 0 | 0 |
| | Mid (1000-2230) | 12 | 1 | 0 | 0 | 0 |
| | Mid (1100-2330) | 12 | 2 | 0 | 0 | 1 |
| | Mid (1500-0330) | 12 | 0 | 0 | 0 | 1 |
| | Night (1900-0730) | 12 | 4 | 0 | 0 | 1 |

Unit Information

Additional Care Team Members

| Occupation | Shift Coverage | | | |
|--------------|--|--|--|--|
| | Day | Evening | Night | Weekend |
| EDTECH (UAP) | Varied, included in staffing plan as UAP | Varied, included in staffing plan as UAP | Varied, included in staffing plan as UAP | Varied, included in staffing plan as UAP |

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):

☒ Activity such as patient admissions, discharges, and transfers

Description:

This unit provides a full range of emergency services, including resuscitation, stabilization, treatment, and disposition, to patients of all ages, regardless of financial status. A medical screening exam is completed on each patient by a credentialed Physician or Allied Health Provider.

Average daily census and admission/transfer rates monitored and staffed accordingly.

☒ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

12-bed unit serving Thurston County and surrounding communities. Located in Olympia, WA the unit serves as the gateway for several medically underserved areas to the east, south, and west, who are seeking services along the more populated interstate 5 corridor between Olympia and Seattle.

☒ Skill mix

Description:

EDTECH (UAP) are utilized to assist with procedures, phlebotomy, apply casts and splints, and other duties within their scope of practice, as well as non-direct patient care activities such as care coordination and communication.

Each patient presenting to the Emergency Department seeking medical care will be provided an appropriate medical screening examination to determine the nature and urgency of the health care problem, and the location where treatment can best be rendered. The department offers complete medical treatment and stabilization, evaluation, and disposition to anyone requesting it.



Level of experience of nursing and patient care staff

Description:



Need for specialized or intensive equipment

Description:



Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:



Other

Description:



DOH 346-154

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Fixed Staffing Matrix

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

| | | | | | | |
|-----------------------|---|-----------------------|---------------|----------------|----------------|----------------|
| Unit/ Clinic Name: | Off Campus Emergency Department: ADC 76 | | | | | |
| Unit/ Clinic Type: | Emergency Services | | | | | |
| Unit/ Clinic Address: | 4312 Pacific Ave SE, Lacey, WA 98503 | | | | | |
| Effective as of: | 1-Jan-25 | | | | | |
| Day of the week | | | | | | |
| Day of the week | Shift Type | Shift Length in Hours | Min # of RN's | Min # of LPN's | Min # of CNA's | Min # of UAP's |
| Monday-Sunday | Day (0700-1930) | 12 | 3 | 0 | 0 | 3 |
| | Mid (0900-2130) | 12 | 2 | 0 | 0 | 0 |
| | Mid (1000-2230) | 12 | 1 | 0 | 0 | 0 |
| | Mid (1100-2330) | 12 | 1 | 0 | 0 | 0 |
| | Mid (1200-0030) | 12 | 1 | 1 | 0 | 0 |
| | Mid (1500-0330) | 12 | 1 | 0 | 0 | 0 |
| | Night (1900-0730) | 12 | 3 | 0 | 0 | 3 |

Unit Information

Additional Care Team Members

| Occupation | Shift Coverage | | | |
|---------------|---|---------|---|---------|
| | Day | Evening | Night | Weekend |
| EDTECH (UAP) | 1- 0700-1930 - 7 days a week (included in staffing plan as UAP) | | 1- 1900-0730 - 7 days a week (included in staffing plan as UAP) | |
| PAT/REG (UAP) | 2- 0700-1930 - 7 days a week (included in staffing plan as UAP) | | 2- 1900-0730 - 7 days a week (included in staffing plan as UAP) | |

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):

☐ Activity such as patient admissions, discharges, and transfers

Description:

☒ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

14-bed unit serving Thurston County and surrounding communities. Located in Olympia, WA the unit serves as the gateway for several medically underserved areas to the east, south, and west, who are seeking services along the more populated interstate 5 corridor between Olympia and Seattle.
Lacey Off Campus ED (OCED) provides a full range of emergency services, including resuscitation, stabilization, treatment, and disposition, to patients of all ages, regardless of financial status. A medical screening exam is completed on each patient by a credentialed Physician or Allied Health Provider.

☒ Skill mix

Description:

Each patient presenting to the Emergency Department seeking medical care will be provided an appropriate medical screening examination to determine the nature and urgency of the health care problem, and the location where treatment can best be rendered. The department offers complete medical treatment and stabilization, evaluation, and disposition to anyone requesting it.



Level of experience of nursing and patient care staff

Description:



Need for specialized or intensive equipment

Description:



Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:

10-beds/rooms, 4-hallway beds.



Other

Description:

Utilize LPN and RN mixed staffing plan. LPN and RN staffing variable within staffing plan based on department need.



DOH 346-154

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Fixed Staffing Matrix

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

| | | | | | | | |
|-----------------------|-----------------|---|-----------------------|---------------|----------------|----------------|----------------|
| Unit/ Clinic Name: | | Pre-Admission Clinic | | | | | |
| Unit/ Clinic Type: | | Outpatient Services | | | | | |
| Unit/ Clinic Address: | | 3900 Capital Mall Drive SW, Olympia, WA 98502 | | | | | |
| Effective as of: | | 1-Jan-25 | | | | | |
| Day of the week | | | | | | | |
| Day of the week | | Shift Type | Shift Length in Hours | Min # of RN's | Min # of LPN's | Min # of CNA's | Min # of UAP's |
| Monday-Friday | Day (0800-1830) | 10 | 2 | 0 | 0 | 0 | 0 |
| | Day (0900-1730) | 8 | 0 | 0 | 0 | 1 | 0 |

Unit Information

Additional Care Team Members

| Occupation | Shift Coverage | | | |
|------------|----------------|---------|-------|---------|
| | Day | Evening | Night | Weekend |
| None | | | | |

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):

☐ Activity such as patient admissions, discharges, and transfers

Description:

☒ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

The PAC nurse(s) provide oversight of patient care in the pre-anesthesia clinic. The goal is every pre-scheduled surgery patient, and GI/SPU outpatients requiring anesthesia for their procedure are scheduled for a Pre-Anesthesia appointment as either a clinic visit or telephone interview.

☐ Skill mix

Description:



Level of experience of nursing and patient care staff

Description:



Need for specialized or intensive equipment

Description:



Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:



Other

Description:

Fixed Staffing Matrix

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

| | | | | | | |
|-----------------------|---|-----------------------|---------------|----------------|----------------|----------------|
| Unit/ Clinic Name: | Ambulatory Department | | | | | |
| Unit/ Clinic Type: | Surgical Services | | | | | |
| Unit/ Clinic Address: | 3900 Capital Mall Drive SW, Olympia, WA 98502 | | | | | |
| Effective as of: | 1-Jan-25 | | | | | |
| Day of the week | | | | | | |
| Day of the week | Shift Type | Shift Length in Hours | Min # of RN's | Min # of LPN's | Min # of CNA's | Min # of UAP's |
| Monday-Friday | Day (0500-1330) | 8 | 4 | 0 | 2 | 0 |
| | Day (0500-1530) | 10 | 2 | 0 | 0 | 0 |
| | Day (0500-1730) | 12 | 2 | 0 | 0 | 0 |
| | Day (0700-1930) | 12 | 2 | 0 | 0 | 0 |
| | Day (0830-1700) | 10 | 0 | 0 | 0 | 1 |
| | Eve (0900-2130) | 12 | 2 | 0 | 0 | 0 |
| | Eve (1100-2130) | 10 | 1 | 0 | 0 | 0 |
| | Eve (1130-2000) | 8 | 0 | 0 | 1 | 0 |

Unit Information

Additional Care Team Members

| Occupation | Shift Coverage | | | |
|------------|----------------|---------|-------|---------|
| | Day | Evening | Night | Weekend |
| HUC (UAP) | 1- 0830-1700 | | | |

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):



Activity such as patient admissions, discharges, and transfers

Description:

Inpatients and outpatient surgery admission and preparation for surgery or procedure. Average daily census monitored and staffed accordingly.



Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

Unit responsible for admission, pre-operative preparation, and phase II recovery of surgical outpatients. Patients consist of OR, Cath Lab, IR, Endo, CT, Radiology, Blood transfusions and infusions, and Cardioversions. Outpatient care interventions are provided to patients who will be discharged after their procedure is completed, cardiac catheterization and other cardiac procedures requiring close monitoring, radiological procedures, endoscopy procedures, anesthesia consultation, laboratory procedures requiring a nurse to draw blood from a saline-lock or central lines, IV infusions & blood transfusions, Phase II recovery for outpatients, and individualized discharge instructions.

☐

Skill mix

Description:

☐

Level of experience of nursing and patient care staff

Description:

☐

Need for specialized or intensive equipment

Description:

☒

Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:

This unit includes 14 bays/rooms.

☐

Other

Description:

Days of week, staffing level based on shift time variable based on patient census and acuity. start and end time of shifts may also vary based on census and acuity needs.

Fixed Staffing Matrix

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

| | | | | | | |
|-----------------------|---|-----------------------|---------------|----------------|----------------|----------------|
| Unit/ Clinic Name: | Post Anesthesia Care Unit (PACU) | | | | | |
| Unit/ Clinic Type: | Surgical Services | | | | | |
| Unit/ Clinic Address: | 3900 Capital Mall Drive SW, Olympia, WA 98502 | | | | | |
| Effective as of: | 1-Jan-25 | | | | | |
| Day of the week | | | | | | |
| Day of the week | Shift Type | Shift Length in Hours | Min # of RN's | Min # of LPN's | Min # of CNA's | Min # of UAP's |
| Monday-Thursday | Day (0630-1500) | 8 | 1 | 0 | 0 | 0 |
| | Day (0700-1930) | 12 | 1 | 0 | 0 | 0 |
| | Day (0730-1600) | 10 | 1 | 0 | 0 | 0 |
| | Day (0800-1830) | 12 | 2 | 0 | 0 | 0 |
| | Eve (0900-1930) | 10 | 1 | 0 | 0 | 0 |
| | Eve (0900-2130) | 12 | 2 | 0 | 0 | 0 |
| | Eve (1100-2330) | 12 | 1 | 0 | 0 | 0 |
| Friday | Day (0630-1500) | 8 | 1 | 0 | 0 | 0 |
| | Day (0700-1930) | 12 | 0 | 0 | 0 | 0 |
| | Day (0730-1600) | 10 | 1 | 0 | 0 | 0 |
| | Day (0800-1830) | 12 | 2 | 0 | 0 | 0 |
| | Eve (0900-1930) | 10 | 1 | 0 | 0 | 0 |
| | Eve (0900-2130) | 12 | 2 | 0 | 0 | 0 |
| | Eve (1100-2330) | 12 | 1 | 0 | 0 | 0 |

Unit Information**Additional Care Team Members**

| Occupation | Shift Coverage | | | |
|------------|----------------|---------|-------|---------|
| | Day | Evening | Night | Weekend |
| None | | | | |

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):

☐ Activity such as patient admissions, discharges, and transfers

Description:

Fixed Staffing Matrix

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

| | | | | | | |
|-----------------------|-----------------|---|---------------|----------------|----------------|----------------|
| Unit/ Clinic Name: | | Operating Room | | | | |
| Unit/ Clinic Type: | | Surgical Services | | | | |
| Unit/ Clinic Address: | | 3900 Capital Mall Drive SW, Olympia, WA 98502 | | | | |
| Effective as of: | | 1-Jan-25 | | | | |
| Day of the week | | | | | | |
| Day of the week | Shift Type | Shift Length in Hours | Min # of RN's | Min # of LPN's | Min # of CNA's | Min # of UAP's |
| Monday | Day (0645-1515) | 8 | 3 | 0 | 0 | 2 |
| | Day (0645-1715) | 10 | 5 | 0 | 0 | 3 |
| | Day (0645-1915) | 12 | 2 | 0 | 0 | 2 |
| | Day (0845-1915) | 10 | 1 | 0 | 0 | 0 |
| Tuesday | Day (0645-1515) | 8 | 4 | 0 | 0 | 2 |
| | Day (0645-1715) | 10 | 3 | 0 | 0 | 5 |
| | Day (0645-1915) | 12 | 2 | 0 | 0 | 2 |
| | Day (0845-1915) | 10 | 1 | 0 | 0 | 0 |
| Wednesday | Day (0645-1515) | 8 | 4 | 0 | 0 | 2 |
| | Day (0645-1715) | 10 | 4 | 0 | 0 | 4 |
| | Day (0645-1915) | 12 | 2 | 0 | 0 | 3 |
| | Day (0845-1915) | 10 | 1 | 0 | 0 | 0 |
| Thursday | Day (0645-1515) | 8 | 4 | 0 | 0 | 2 |
| | Day (0645-1715) | 10 | 3 | 0 | 0 | 5 |
| | Day (0645-1915) | 12 | 3 | 0 | 0 | 2 |
| | Day (0845-1915) | 10 | 1 | 0 | 0 | 0 |
| Friday | Day (0645-1515) | 8 | 4 | 0 | 0 | 2 |
| | Day (0645-1715) | 10 | 3 | 0 | 0 | 3 |
| | Day (0645-1915) | 12 | 2 | 0 | 0 | 2 |
| | Day (0845-1915) | 10 | 1 | 0 | 0 | 0 |

Unit Information

| Additional Care Team Members | | | | |
|------------------------------|---|---------|---|---------|
| Occupation | Shift Coverage | | | |
| | Day | Evening | Night | Weekend |
| Surgical Tech (UAP) | Varied, counted in staffing plan above as UAP | | Varied, counted in staffing plan above as UAP | |
| Turnover Tech | 0645-1715 (2- M-F) | | | |
| Anesthesia Tech | 0500-1330 (1- M-F) | | | |
| Resource Coordinator | 0630-1500 (1- M-F) | | | |

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):

☐ Activity such as patient admissions, discharges, and transfers

Description:

☒ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

Specialties include ENT, general surgery, gynecology, oral, orthopedics, plastics, podiatry, urology, vascular, and robotics.

☐ Skill mix

Description:

☐ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

Description:

☒ Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:

This unit includes 8 OR rooms, 1 Cysto room. This staffing plan is minimum staffing to cover the 8 OR rooms, 1 Cysto room. Staffing would be decreased based on operational OR rooms for the day along with total surgeries scheduled.

☒ Other

Description:

Surgical services are available 24 hours a day by a surgical team who is on-site or on-call. Each operating room is staffed with a minimum of two staff members; one to perform scrub duties and the other as a circulator. The circulator is an RN. The care provided at CMC Surgery Department is based on hospital policy and procedures, and professional standards of care established by the Department of Nursing, AORN, and the American Society of Anesthesiologists (ASA). Patient care is based on age, sex, physical and mental limitations, past medical history, and the procedure to be performed.

Days of week, staffing level based on shift time variable based on patient census and acuity. start and end time of shifts may also vary based on census and acuity needs.

Fixed Staffing Matrix

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

| | | | | | | |
|-----------------------|---|-----------------------|---------------|----------------|----------------|----------------|
| Unit/ Clinic Name: | GI/Special Procedures | | | | | |
| Unit/ Clinic Type: | Outpatient Services | | | | | |
| Unit/ Clinic Address: | 3900 Capital Mall Drive SW, Olympia, WA 98502 | | | | | |
| Effective as of: | 1-Jan-25 | | | | | |
| Day of the week | | | | | | |
| Day of the week | Shift Type | Shift Length in Hours | Min # of RN's | Min # of LPN's | Min # of CNA's | Min # of UAP's |
| Monday-Friday | Day (0500-1330) | 8 | 1 | 0 | 0 | 0 |

Unit Information**Additional Care Team Members**

| Occupation | Shift Coverage | | | |
|------------|----------------|---------|-------|---------|
| | Day | Evening | Night | Weekend |
| Endo Tech | 0600-1430 | | | |
| Endo Tech | 0800-1630 | | | |

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):

Activity such as patient admissions, discharges, and transfers

Description:

Transfer patients to Ambulatory Care Unit or inpatient bed, as appropriate, for recovery and/or discharge



Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

Endoscopic procedures of the gastrointestinal tract. Interventions performed on this unit can include procedural assessment and monitoring, procedural sedation by qualified registered nurses, anesthesia assessment or sedation on request, phase 1 recovery (comprehensive care is based on age, sex, physical and mental limitations, past medical history, the procedure performed, ASA score, and the patient's response to anesthesia), airway management, pain management and support until the effects or possible complications of anesthesia or surgery have been controlled, emergency care airway obstruction, and prevention of aspiration, treatment of hypovolemia, shock, cardiac dysrhythmia, respiratory arrest, and cardiac arrest.



Skill mix

Description:

☐

Level of experience of nursing and patient care staff

Description:

☐

Need for specialized or intensive equipment

Description:

☐

Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:

☒

Other

Description:

24/7 call team

Fixed Staffing Matrix

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

| | | | | | | |
|-----------------------|---|-----------------------|---------------|----------------|----------------|----------------|
| Unit/ Clinic Name: | Cardiac Cath Lab / Interventional Radiology | | | | | |
| Unit/ Clinic Type: | Outpatient Services | | | | | |
| Unit/ Clinic Address: | 3900 Capital Mall Drive SW, Olympia, WA 98502 | | | | | |
| Effective as of: | 1-Jan-25 | | | | | |
| Day of the week | | | | | | |
| Day of the week | Shift Type | Shift Length in Hours | Min # of RN's | Min # of LPN's | Min # of CNA's | Min # of UAP's |
| Monday-Friday | Day (0630-1700) | 10 | 3 | 0 | 0 | 0 |

Unit Information**Additional Care Team Members**

| Occupation | Shift Coverage | | | |
|------------|-------------------------|---------|-------|---------|
| | Day | Evening | Night | Weekend |
| CVT TECH | 4-6 Techs per Day (M-F) | | | |
| | | | | |

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):

Activity such as patient admissions, discharges, and transfers

Description:

CCL/IR is a procedural unit functioning in 3-4 procedural rooms at any given time. Procedure lengths vary from 30 minutes to multiple hours depending on complexity with an average length of 60 minutes. Patients are recieved from and returned to CVAR, Peri-op and inpatient units as directed by ordering physician.



Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

Patient requiring procedural sedation are cared for at a 1:1 ratio by nursing staff in accordance with policy.



Skill mix

Description:



Level of experience of nursing and patient care staff

Description:

RN's are trained in Procedural Sedation. All staff are ACLS trained.



Need for specialized or intensive equipment

Description:



Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:



Other

Description:

Staffing would be decreased based on operational cath lab/IR rooms for the day along with total procedures scheduled.

Call team available 24/7

Fixed Staffing Matrix

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

| | | | | | | |
|-----------------------|---|-----------------------|---------------|----------------|----------------|----------------|
| Unit/ Clinic Name: | Cardiovascular Admit Recovery Unit (CVAR) | | | | | |
| Unit/ Clinic Type: | Outpatient Services | | | | | |
| Unit/ Clinic Address: | 3900 Capital Mall Drive SW, Olympia, WA 98502 | | | | | |
| Effective as of: | 1-Jan-25 | | | | | |
| Day of the week | | | | | | |
| Day of the week | Shift Type | Shift Length in Hours | Min # of RN's | Min # of LPN's | Min # of CNA's | Min # of UAP's |
| Monday-Friday | Day (0600-1630) | 10 | 1 | 0 | 0 | 0 |
| | Day (0730-1800) | 10 | 1 | 0 | 0 | 0 |
| | Day (0930- 2000) | 10 | 1 | 0 | 0 | 0 |

Unit Information**Additional Care Team Members**

| Occupation | Shift Coverage | | | |
|------------|----------------|---------|-------|---------|
| | Day | Evening | Night | Weekend |
| None | | | | |

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):

☒ Activity such as patient admissions, discharges, and transfers

Description:

CVAR is responsible for admission and recovery of a variety of outpatient CCL and IR patients.

☒ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

Recovery patients range in acuity between Phase II and Recovery Phase.

☐ Skill mix

Description:

☐ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

Description:

☒ Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:
Three double occupancy rooms. Unit is imbedded in PCU with shared med room, supply rooms etc.

☒ Other

Description:
Staffing would be decreased based on operational CVAR rooms for the day along with total procedures scheduled.

Fixed Staffing Matrix

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

| | | | | | | |
|-----------------------|--|-----------------------|---------------|----------------|----------------|----------------|
| Unit/ Clinic Name: | Advanced Wound Care | | | | | |
| Unit/ Clinic Type: | Outpatient Services | | | | | |
| Unit/ Clinic Address: | 601 McPhee Rd SW Building 2, Olympia, WA 98502 | | | | | |
| Effective as of: | 1-Jan-25 | | | | | |
| Day of the week | | | | | | |
| Day of the week | Shift Type | Shift Length in Hours | Min # of RN's | Min # of LPN's | Min # of CNA's | Min # of UAP's |
| Monday-Friday | 0800-1630 | 8 | 1 | 0 | 0 | 1 |

Unit Information**Additional Care Team Members**

| Occupation | Shift Coverage | | | |
|--|----------------|---------|-------|---------|
| | Day | Evening | Night | Weekend |
| UAP- Hyperbaric technician when HBO patients are present | 1 | 0 | 0 | 0 |

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):

Activity such as patient admissions, discharges, and transfers

Description:



Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

4 treatment rooms, outpatient services only

Outpatients with active acute or chronic wounds

Advanced wound care, may include multilayer compression, total contact casting, debridement, hyperbaric oxygen therapy and advanced wound care dressings



Skill mix

Description:

Provider run with physician and ARNP coverage. Currently staffed with all RNs, but 50/50 RN/LPN model supported. Additional staff include front desk receptionist and Hyperbaric Tech.

Staffing variable based on patient schedule and treatment needs.

☐Level of experience of nursing and patient care staff

Description:

☐Need for specialized or intensive equipment

Description:

☐Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:

☒Other

Description:
Dependent on scheduled volumes, maximum of 10 patients per nurse per 8-hour shift.

Fixed Staffing Matrix

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

| | | | | | | |
|-----------------------|---|-----------------------|---------------|----------------|----------------|----------------|
| Unit/ Clinic Name: | Capital Radiation Therapy | | | | | |
| Unit/ Clinic Type: | Outpatient Services | | | | | |
| Unit/ Clinic Address: | 3920 Capital Mall Drive SW Ste 100B Olympia, WA 98502 | | | | | |
| Effective as of: | 1-Jan-25 | | | | | |
| Day of the week | | | | | | |
| Day of the week | Shift Type | Shift Length in Hours | Min # of RN's | Min # of LPN's | Min # of CNA's | Min # of UAP's |
| Monday-Friday | Day | 0800-1630 | 0 | 0 | 0 | 0 |

Unit Information

Additional Care Team Members

| Occupation | Shift Coverage | | | |
|--------------------|----------------|---------|-------|---------|
| | Day | Evening | Night | Weekend |
| Support Staff/Tech | 1 | | | |

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):



Activity such as patient admissions, discharges, and transfers

Description:

RN does not need to be present for daily radiation treatments. RN's will see OTV's, triage patients and provide clinical support for the MD.

Staffing variable based on patient schedule and treatment needs.



Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

Radiation Therapy Department assists referring physicians by providing clinical assessment and recommendations for radiation therapy treatments as part of the ongoing management of the cancer patient. The clinic offers services primarily to patients with oncologic diagnoses, although occasionally, benign conditions may also receive radiotherapy, as well as acute, life- threatening manifestations or malformations.

Common procedures include simulation and treatment planning, external beam radiation including various modalities such as intensity modulated radiation therapy (IMRT), image guided radiation therapy (IGRT), surface guided radiation therapy (SGRT), high dose radiation (HDR) brachytherapy, stereotactic body radiosurgery (SBRT), and robotic stereotactic radiosurgery (SRS). General support activities include pain and side effect management and follow up care. Nutrition and social work services are available.



Skill mix

Description:

☐

Level of experience of nursing and patient care staff

Description:

☐

Need for specialized or intensive equipment

Description:

☐

Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:

☐

Other

Description: