COVER PAGE

The following is the comprehensive hospital staffing plan for Eastern State Hospital 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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DOH 346-151 April 2024

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Hospital Staffing Form

Attestation

Date:

I, the undersigned with responsibility for Eastern State Hospital 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 70.41.420

As approved by:

AE (

Hospital Information

Name of Hospital:					
Hospital License #:					
Hospital Street Address:					
City/Town:		State:			Zip code:
Is this hospital license affiliated wi	ith more tha	an one locat	ion?	Yes	No
If "Yes" was selected, please provi location name and address	ide the				
Review Type:	Anr	nual	Review Dat	:e:	
neview type.	Upd	late	Next Review	w Date:	
Effective Date: NA - Previously	y Approved	Plan			
Date Approved: NA - Previousl	v Approved	Plan			

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:
Terms of applicable collective bargaining agreement
Description:
Relevant state and federal laws and rules including those regarding meal and rest breaks and use of overtime and on-call shifts
Description:
Hospital finances and resources
Description:
Other
Description:

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Signature

CEO & Co-chairs Name:	Signature:	Date:

Total Vo	otes
# of Approvals	# of Denials

Access unit staffing matrices here.

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DOH 346-154

Α

Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Na	me:			ESH 1N1											
Unit/ Clinic Typ	pe:				Civil Com	mitmen	t (General P	opulatio	n)						
Unit/ Clinic Ad	dress:			8	350 Maple	Street I	Medical Lake	e, WA 990)22						
Average Daily	Census:	21	1 Maximum # of Beds: 30												
Effective as of:		NA- Previousl	A- Previously Approved Plan												
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)				
30	Day	8.00	2.00	0.00	0.00	7.00	0.53	0.00	0.00	1.87	6.40				
	Evening	8.00	2.00	0.00	0.00	7.00	0.53	0.00	0.00	1.87					
	Night	8.00	2.00	0.00	0.00	4.00	0.53	0.00	0.00	1.07					

D	30	Day	8.00	1.00	1.00	0.00	7.00	0.27	0.27	0.00	1.87	C 40
В	50	Day										6.40
		Evening	8.00	1.00	1.00	0.00	7.00	0.27	0.27	0.00	1.87	
		Night	8.00	1.00	1.00	0.00	4.00	0.27	0.27	0.00	1.07	
												0.00
												0.00

Washington State Department of HEALTH DOH 346-154			call 1-800-525 customers,	s document in another format, -0127. Deaf or hard of hearing please call 711 (Washington Relay) or email ormation@doh.wa.gov.
	Unit Informat	ion		
	Additional Care Team M	lembers		
		Shift Coverage	, <u> </u>	
Occupation	Day	Evening	Night	Weekend
Psychiatrist	X	Х	X	Х
Psychologist	Х			
Pharmacy	Х			
Medical Providers	Х			
Social Work	Х			
Recreational Staff	Х	Х		
OT/PT	Х			
Dentist	Х			
Housekeeping	Х	Х		Х
PERT	Х	Х		Х
BMT	Х	Х		
Food Service/Dietary	Х	Х		Х
Switchboard	Х	Х		Х
HIM	Х			
Central Supply	Х			
Security	Х	Х	Х	Х
Lab	Х			

				Unit Inform	nati	<u> </u>						
		Fac	ctors Considered in the (Cheo	Developme ck all that a			it St	affin	g Plar	١	1	_
7	Activity su	ch as patio	ent admissions, discharges, and	d transfers								
1N1,(delta,1S1 are	admissior	wards. Discharge and transf	ers can occur	on ai	iy ward.						 -
												_
												-
												_
												 _
			ensity of care needs, and the ty			livered on	each	shift				
Weu	itilize HART, v	hich is a	structured professional judg	gement tool.								
												-
												-
												_
												_

	7	Skill mix	ĸ													
	Weı	utilize a t	eam-b	ased approach v	here licensed and unlie	ensed staff	work	togeth	er to p	rov	vide ca	re.				
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_																
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-																
																⊩
	7	Level of	fexper	ience of nursing a	and patient care staff	·									·	
_[Wec	offer an ii	n-train	ing program for ι	nlicensed staff with litt	le to no psyc	hiatr	іс ехре	rience							
_																
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_																
Ĵ																
_	7			ialized or intensiv			1	1		1						
-	Pode	s B,D, ar	nd E se	erve geriatric pat	ients. Special equipme	ent includes	s pati	ent life	ets, ox	yge	en con	<u>centra</u>	tors.	Admis	sion wards ha	ve
┦	equi	ipment f	or spe	cialized assessi	nents to include bladc	iei scanner,	puts	e oxim	ieter, I	EC	G equ	pmen	ι, στος	cope	eic.	
╋																

	4			and geogr reas, and		the unit such ent	as placeme	ent of patier	it rooi	ms, tre	atmen	t ar	reas, n	ursing	station	is, mec	lication		
	Pod	s B, D, a	nd E ł	ave addi	tional s	taff asigned	to the day	rooms.											
												_							
												_							
	4	Other	1															<u> </u>	
						not standard													
			-	-		ased on our o		. .		nat juc	Igmeni		ur tar	gernur	nbers	each d	ay are set for		
	ouro	, mara,																	
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			<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>											



DOH 346-154

Α

Patient Volume-based Staffing Matrix Formula Template

	Unit/ Clinic Na	me:					E	SH 2N1							
Ī	Unit/ Clinic Typ	pe:				Civil Com	mitmen	t (General P	opulation	ו)					
	Unit/ Clinic Ad	dress:			8	350 Maple	Street I	Medical Lake	e, WA 990)22					
	Average Daily	Census:	22	2 Maximum # of Beds: 30											
Ī	Effective as of:		NA-Previously	IA-Previously Approved Plan											
	Census														
	Census	Shift Type	Shift Length in Hours		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)			
Ī	30	Day	8.00	2.00	0.00	0.00	6.00	0.53	0.00	0.00	1.60	5.60			
		Evening	8.00	2.00	0.00	0.00	6.00	0.53	0.00	0.00	1.60				
		Night	8.00	2.00	0.00	0.00	3.00	0.53	0.00	0.00	0.80				

D	30	Dav	8.00	1.00	1.00	0.00	6.00	0.27	0.27	0.00	1.60	F 00
В	30	Day	8.00	1.00	1.00	0.00	6.00	0.27	0.27	0.00	1.60	5.60
		Evening										
		Night	8.00	1.00	1.00	0.00	3.00	0.27	0.27	0.00	0.80	
												0.00
												0.00
												0.00
				ļ		ļ						0.00

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	Unit Informat	ion		
	Additional Care Team M	lembers		
		Shift Coverage	, <u> </u>	
Occupation	Day	Evening	Night	Weekend
Psychiatrist	X	Х	X	Х
Psychologist	Х			
Pharmacy	Х			
Medical Providers	Х			
Social Work	Х			
Recreational Staff	Х	Х		
OT/PT	Х			
Dentist	Х			
Housekeeping	Х	Х		Х
PERT	Х	Х		Х
BMT	Х	Х		
Food Service/Dietary	Х	Х		Х
Switchboard	Х	Х		Х
HIM	Х			
Central Supply	Х			
Security	Х	Х	Х	Х
Lab	Х			

			<u> </u>	Unit Inform	natio	on							
		Fac	ctors Considered in the (Che	e Developme eck all that a			nit St	affin	g Plar	ו	1		
7	Activity su	ch as patio	ent admissions, discharges, a	nd transfers									_
1N1,0	delta,1S1 are	admissior	wards. Discharge and trans	fers can occur	ron ai	ıy ward.						–	
												+	_
												+	
												<u>+</u>	_
												-	
													_
7	Patient acuity	level, inte	ensity of care needs, and the	type of care to	be de	livered on	each	shift					
We u	tilize HART, w	hich is a s	tructured professional judge	ement tool.									_
												_	
													_
													-

[7	Skill mi	x												
<u>۱</u>	Weu	tilize a t	eam-b <mark>ased app</mark>	roach w	where licensed and unli	censed staff	work	togeth	er to p	provide ca	ire.				
_															
_															
-															
	7	Level o	f experience of r	nursing a	and patient care staff										
\	Weo	ffer an i	n-training progr	am for u	nlicensed staff with litt	le to no psyc	hiatr	ic expe	rience	ə					<u> </u>
_															
	1		or specialized or			1		1 1					1	1	
F	Pods	B,D, an	d E serve geriat	ric patie	nts. Special equipment	t includes pa	tient	lifets,	oxygei	n concent	<u>rators</u>	. Admi	ssion \	vards have	
	equip	oment to	pr specialized as	ssessme	ents to include bladder	<u>scanner, pu</u>	lse o	ximete	r, ECG	equipme	ent, oto	scope	etc.		

	7			and geogr reas, and		the unit such as ent	placeme	ent of patier	it roo	ms, tre	atmen	t aı	reas, n	ursing	statior	ns, mec	dication		
	Pode	B, D, a	nd E ha	ave additi	onal sta	ff asigned to the	e day roo	ms.											
	7	Other																<u> </u>	
	Curr	ently, co	ensus	based sta	ffingisı	not standardized	d throug	h a patient t	o sta	ff ratio	. Cens	us	based	chang	es to b	ase st	affing is		
						n a case-to-case				nal juc	lgmen	t. C)ur tar	get nur	nbers	each d	ay are set for	<u> </u>	
	earc	h ward,	each s	hift by the	RN4 b	ased on our cur	rent cen	sus and acu	iity.										
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DOH 346-154

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Patient Volume-based Staffing Matrix Formula Template

	Unit/ Clinic Na	me:					E	5H 3N1				
	Unit/ Clinic Typ	pe:				NG	GRI (Gen	eral Populat	ion)			
	Unit/ Clinic Ad	dress:			8	850 Maple	Street N	Medical Lake	e, WA 990)22		
	Average Daily	Census:	20				Maxim	um # of Bed	s:	30		
	Effective as of:		NA-Previously	, Approve	d Plan							
	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)
۱.	30	Day	8.00	2.00	0.00	0.00	6.00	0.53	0.00	0.00	1.60	5.60
		Evening	8.00	2.00	0.00	0.00	6.00	0.53	0.00	0.00	1.60	
		Night	8.00	2.00	0.00	0.00	3.00	0.53	0.00	0.00	0.80	

D	30	Dav	8.00	1.00	1.00	0.00	6.00	0.27	0.27	0.00	1.60	F 00
В	30	Day	8.00	1.00	1.00	0.00	6.00	0.27	0.27	0.00	1.60	5.60
		Evening										
		Night	8.00	1.00	1.00	0.00	3.00	0.27	0.27	0.00	0.80	
												0.00
												0.00
												0.00
				ļ		ļ						0.00

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	Unit Informat	ion		
	Additional Care Team M	lembers		
		Shift Coverage	, <u> </u>	
Occupation	Day	Evening	Night	Weekend
Psychiatrist	X	X	X	Х
Psychologist	Х			
Pharmacy	Х			
Medical Providers	Х			
Social Work	Х			
Recreational Staff	Х	Х		
OT/PT	Х			
Dentist	Х			
Housekeeping	Х	Х		Х
PERT	Х	Х		Х
BMT	Х	Х		
Food Service/Dietary	Х	Х		Х
Switchboard	Х	Х		Х
HIM	Х			
Central Supply	Х			
Security	Х	Х	Х	Х
Lab	Х			

			<u> </u>	Unit Inform	natio	on							
		Fac	ctors Considered in the (Che	e Developme eck all that a			nit St	affin	g Plar	ו	1		
7	Activity su	ch as patio	ent admissions, discharges, a	nd transfers									_
1N1,0	delta,1S1 are	admissior	wards. Discharge and trans	fers can occur	ron ai	ıy ward.						–	
												+	_
												+	
												<u>+</u>	_
												-	
													_
7	Patient acuity	level, inte	ensity of care needs, and the	type of care to	be de	livered on	each	shift					
₩e u	tilize HART, w	hich is a s	tructured professional judge	ement tool.									_
												_	
													_
													-

[7	Skill mi	x												
<u>۱</u>	Weu	tilize a t	eam-b <mark>ased app</mark>	roach w	where licensed and unli	censed staff	work	togeth	er to p	provide ca	ire.				
_															
_															
-															
	7	Level o	f experience of r	nursing a	and patient care staff										
\	Weo	ffer an i	n-training progr	am for u	nlicensed staff with litt	le to no psyc	hiatr	ic expe	rience	ə.					<u> </u>
_															
	1		or specialized or			1		1 1					1	1	
F	Pods	B,D, an	d E serve geriat	ric patie	nts. Special equipment	t includes pa	tient	lifets,	oxygei	n concent	<u>rators</u>	. Admi	ssion \	vards have	
	equip	oment to	pr specialized as	ssessme	ents to include bladder	<u>scanner, pu</u>	lse o	ximete	r, ECG	equipme	ent, oto	scope	etc.		

	7			and geogr reas, and		the unit such as ent	placeme	ent of patier	it roo	ms, tre	atmen	t aı	reas, n	ursing	statior	ns, mec	dication		
	Pode	B, D, a	nd E ha	ave additi	onal sta	ff asigned to the	e day roo	ms.											
	7	Other																<u> </u>	
	Curr	ently, co	ensus	based sta	ffingisı	not standardized	d throug	h a patient t	o sta	ff ratio	. Cens	us	based	chang	es to b	ase st	affing is		
						n a case-to-case				nal juc	lgmen	t. C)ur tar	get nur	nbers	each d	ay are set for	<u> </u>	
	earc	h ward,	each s	hift by the	RN4 b	ased on our cur	rent cen	sus and acu	iity.										
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DOH 346-154

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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Na	me:					E	SH 1S1				
Unit/ Clinic Typ	pe:			C	Competen	cy Servic	es (General	Populatio	on)		
Unit/ Clinic Ad	dress:			8	350 Maple	Street N	Medical Lake	e, WA 990	22		
Average Daily	Census:	16				Maxim	um # of Bed	s:	28		
Effective as of:		NA-Previously	Approve	ed Plan							
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)
28	Day	8.00	2.00	0.00	0.00	7.00	0.57	0.00	0.00	2.00	6.86
	Evening	8.00	2.00	0.00	0.00	7.00	0.57	0.00	0.00	2.00	
	Night	8.00	2.00	0.00	0.00	4.00	0.57	0.00	0.00	1.14	

В	28	Day	8.00	1.00	1.00	0.00	7.00	0.29	0.29	0.00	2.00	6.86
		Evening	8.00	1.00	1.00	0.00	7.00	0.29	0.29	0.00	2.00	
		Night	8.00	1.00	1.00	0.00	4.00	0.29	0.29	0.00	1.14	
												0.00
												0.00

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	Unit Informat	ion		
	Additional Care Team M		, , , , , , , , , , , , , , , , , , , ,	
		Shift Coverage	, <u> </u>	
Occupation	Day	Evening	Night	Weekend
Psychiatrist	X	Х	X	Х
Psychologist	Х			
Pharmacy	Х			
Medical Providers	Х			
Social Work	Х			
Recreational Staff	Х	Х		
OT/PT	Х			
Dentist	Х			
Housekeeping	Х	Х		Х
PERT	Х	Х		Х
BMT	Х	Х		
Food Service/Dietary	Х	Х		Х
Switchboard	Х	Х		Х
HIM	Х			
Central Supply	Х			
Security	Х	Х	Х	Х
Lab	Х			

				Unit Infor	natio	on						
		Fac	ctors Considered in the (Che	e Developm eck all that a			nit St	affin	g Plar	1	1	
I	Activity su	ch as patio	ent admissions, discharges, a	nd transfers								_
1N1,0	delta,1S1 are	admissior	wards. Discharge and trans	sfers can occur	on ai	ıy ward.						
												 _
												_
												_
7	Patient acuity	level, inte	ensity of care needs, and the	type of care to	be de	livered on	each	shift				
We u	tilize HART, w	hich is a s	tructured professional judge	ement tool.								_
												-
												_
												_

4]	Skill mi	х															
W	/e u	tilize a t	team-ba	ased app	roach w	here licer/	ised and un	licensed staf	fwork	togeth	er to p	provide ca	ire.				\square	
_																		
_																		
_																		
_																		
Ī	ſ	Level o	f experi	ence of n	ursing a	nd patien	t care staff											
W	/e o	ffer an i	n-traini	ng progra	m for u	nlicensec	l staff with li	ttle to no psy	chiatr	ic expe	rience	э.						
_																		
																	_	
_																		
						e equipme			1	1				1	1	1		_
P(ods	B,D, an	nd E serv	<u>ve geriatr</u>	ic patie	nts. Spec	al equipme	nt includes p	atient	lifets,	oxygei	n concen [.]	trators	. Admi	ssion v	wards have	_	
e	quip	omentio	or speci	lalized as	sessme	ents to inc	<u>lude bladde</u>	er scanner, pi	lise o	ximete	r, ECG	equipme	ent, oto	oscope	etc.		_	
																	-	
																	-	

	7			and geogr reas, and		the unit such ent	as placeme	ent of patier	nt roo	ms, tre	atmen	t aı	reas, n	ursing	statior	is, mec	lication		
	Pode	s B, D, a	nd E ha	ave additi	onal sta	ff asigned to t	he day roo	ms.											
<u> </u>																			
<u> </u>																			
	7	Other																	
	Curr	ently, c	ensus	based sta	ffingisı	not standardiz	ed throug	h a patient l	o sta	fratio	. Cens	us	based	chang	es to b	ase st	affing is		
						n a case-to-ca				nal juc	Igmen	t. C)ur tar	get nur	nbers	each d	ay are set for		
	earc	h ward,	each s	hift by the	RN4 b	ased on our c	urrent cen	sus and acu	lity.										
<u> </u>																			
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DOH 346-154

Α

Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Na	me:					E	SH 2S1				
Unit/ Clinic Typ	pe:			C	Competen	cy Servio	ces (General	Populati	on)		
Unit/ Clinic Ad	dress:			8	350 Maple	Street N	Medical Lake	e, WA 990)22		
Average Daily	Census:	30				Maxim	um # of Bed	s:	40		
Effective as of:		NA-Previously	/ Approve	ed Plan							
Census											
Census			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)
40	Day	8.00	2.00	0.00	0.00	9.00	0.40	0.00	0.00	1.80	5.80
	Evening	8.00	2.00	0.00	0.00	9.00	0.40	0.00	0.00	1.80	
	Night	8.00	2.00	0.00	0.00	5.00	0.40	0.00	0.00	1.00	

В	40	Day	8.00	1.00	1.00	0.00	9.00	0.20	0.20	0.00	1.80	5.80
		Evening	8.00	1.00	1.00	0.00	9.00	0.20	0.20	0.00	1.80	0.00
		Night	8.00	1.00	1.00	0.00	5.00	0.20	0.20	0.00	1.00	
												0.00
												0.00

Washington State Department of HEALTH DOH 346-154			call 1-800-525 customers,	s document in another format, -0127. Deaf or hard of hearing please call 711 (Washington Relay) or email ormation@doh.wa.gov.
	Unit Informat	ion		
	Additional Care Team M		, , , , , , , , , , , , , , , , , , , ,	
		Shift Coverage	, <u> </u>	
Occupation	Day	Evening	Night	Weekend
Psychiatrist	X	Х	X	Х
Psychologist	Х			
Pharmacy	Х			
Medical Providers	Х			
Social Work	Х			
Recreational Staff	Х	Х		
OT/PT	Х			
Dentist	Х			
Housekeeping	Х	Х		Х
PERT	Х	Х		Х
BMT	Х	Х		
Food Service/Dietary	Х	Х		Х
Switchboard	Х	Х		Х
HIM	Х			
Central Supply	Х			
Security	Х	Х	Х	Х
Lab	Х			

				Unit Infor	natio	on						
		Fac	ctors Considered in the (Che	e Developm eck all that a			nit St	affin	g Plar	1	1	
7	Activity su	ch as patio	ent admissions, discharges, a	nd transfers								_
1N1,0	delta,1S1 are	admissior	wards. Discharge and trans	sfers can occur	on ai	ıy ward.						
												 _
												_
												_
7	Patient acuity	level, inte	ensity of care needs, and the	type of care to	be de	livered on	each	shift				
We u	tilize HART, w	hich is a s	tructured professional judge	ement tool.								_
												-
												_
												_

4]	Skill mi	х															
W	/e u	tilize a t	team-ba	ased app	roach w	here licer/	ised and un	licensed staf	fwork	togeth	er to p	provide ca	ire.				\square	
_																		
_																		
_																		
_																		
Ī	ſ	Level o	f experi	ence of n	ursing a	nd patien	t care staff											
W	/e o	ffer an i	n-traini	ng progra	m for u	nlicensec	l staff with li	ttle to no psy	chiatr	ic expe	rience	э.						
_																		
																	_	
_																		
						e equipme			1	1				1	1	1		_
P(ods	B,D, an	nd E serv	<u>ve geriatr</u>	ic patie	nts. Spec	al equipme	nt includes p	atient	lifets,	oxygei	n concen [.]	trators	. Admi	ssion v	wards have	_	
e	quip	omentio	or speci	lalized as	sessme	ents to inc	<u>lude bladde</u>	er scanner, pi	lise o	ximete	r, ECG	equipme	ent, oto	oscope	etc.		_	
																	-	
																	-	

	7			and geogr reas, and		the unit such ent	as placeme	ent of patier	nt roo	ms, tre	atmen	t aı	reas, n	ursing	statior	is, mec	lication		
	Pode	s B, D, a	nd E ha	ave additi	onal sta	ff asigned to t	he day roo	ms.											
<u> </u>																			
<u> </u>																			
	7	Other																	
	Curr	ently, c	ensus	based sta	ffingisı	not standardiz	ed throug	h a patient l	o sta	fratio	. Cens	us	based	chang	es to b	ase st	affing is		
						n a case-to-ca				nal juc	Igmen	t. C)ur tar	get nur	nbers	each d	ay are set for		
	earc	h ward,	each s	hift by the	RN4 b	ased on our c	urrent cen	sus and acu	iity.										
<u> </u>																			
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DOH 346-154

Α

Patient Volume-based Staffing Matrix Formula Template

	Unit/ Clinic Na	me:					E	SH 3S1				
	Unit/ Clinic Typ	be:			C	Competen	cy Servic	es (General	Populati	on)		
	Unit/ Clinic Ad	dress:			8	350 Maple	Street I	Medical Lake	e, WA 990)22		
	Average Daily	Census:	8				Maxim	um # of Bed	s:	8		
	Effective as of:		NA-Previously	, Approve	ed Plan							
	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)
ľ	8	Day	8.00	2.00	0.00	0.00	3.00	2.00	0.00	0.00	3.00	14.00
		Evening	8.00	2.00	0.00	0.00	3.00	2.00	0.00	0.00	3.00	
		Night	8.00	2.00	0.00	0.00	2.00	2.00	0.00	0.00	2.00	

			0.00	1.00	1.00			1.00	1.00			
В	8	Day	8.00	1.00	1.00	0.00	3.00	1.00	1.00	0.00	3.00	14.00
		Evening	8.00	1.00	1.00	0.00	3.00	1.00	1.00	0.00	3.00	
		Night	8.00	1.00	1.00	0.00	2.00	1.00	1.00	0.00	2.00	
												0.00
					ļ							
												0.00

Washington State Department of HEALTH DOH 346-154			call 1-800-525 customers,	s document in another format, -0127. Deaf or hard of hearing please call 711 (Washington Relay) or email ormation@doh.wa.gov.
	Unit Informat	ion		
	Additional Care Team M	lembers		
		Shift Coverage	, <u> </u>	
Occupation	Day	Evening	Night	Weekend
Psychiatrist	X	X	X	Х
Psychologist	Х			
Pharmacy	Х			
Medical Providers	Х			
Social Work	Х			
Recreational Staff	Х	Х		
OT/PT	Х			
Dentist	Х			
Housekeeping	Х	Х		Х
PERT	Х	Х		Х
BMT	Х	Х		
Food Service/Dietary	Х	Х		Х
Switchboard	Х	Х		Х
HIM	Х			
Central Supply	Х			
Security	Х	Х	Х	Х
Lab	Х			

			<u> </u>	Unit Inform	natio	on							
		Fac	ctors Considered in the (Che	e Developme eck all that a			nit St	affin	g Plar	ו	1		
I	Activity su	ch as patio	ent admissions, discharges, a	nd transfers									_
1N1,0	delta,1S1 are	admissior	wards. Discharge and trans	fers can occur	ron ai	ıy ward.						–	
												+	_
												+	
												<u>+</u>	_
												-	
													_
7	Patient acuity	level, inte	ensity of care needs, and the	type of care to	be de	livered on	each	shift					
₩e u	tilize HART, w	hich is a s	tructured professional judge	ement tool.									_
												_	
													_
													-

	7	Skill mi	x												
	Weu	itilize a t	eam-based app	roach w	here licensed and unlic	ensed staff	work	togeth	er to p	rovide ca	ire.				
	1	Level o	f experience of n	ursing a	and patient care staff										
	We o	ffer an i	n-training progra	m for u	nlicensed staff with litt	le to no psyc	hiatr	ic expe	rience						
	7		or specialized or			1				1 1				1	
	Pods	B,D, an	d E serve geriatr	ic patie	nts. Special equipment	includes pa	tient	lifets, c	oxyger	n concent	rators	. Admi	ssion v	vards have	
	equi	pment fo	or specialized as	sessme	ents to include bladder	scanner, pu	lse o)	kimeter	, ECG	equipme	nt, oto	scope	etc.		
F															

7			and geogr reas, and		the unit such ent	as placeme	ent of patier	t rooi	ms, tre	atmen	t ar	reas, n	ursing	station	is, mec	lication		
Pode	s B, D, ai	nd E ha	ave additi	onal sta	ff asigned to	the day roo	ms.											
 											_							
 7	Other																<u> </u>	
					not standard													
 		-	-						nal juc	Igment	<u>.</u> 0	ur tar	get nur	nbers	each d	ay are set for		
 earc	n ward,	eacn s	niπ by the	RN4 D	ased on our (current cen	sus and acl	lity.										
		_											_					



DOH 346-154

Α

Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Na	me:					E	SH 3S2				
Unit/ Clinic Typ	pe:			C	Competen	cy Servio	ces (General	Populati	on)		
Unit/ Clinic Ad	dress:			8	350 Maple	Street I	Medical Lake	e, WA 990)22		
Average Daily	Census:	19				Maxim	um # of Bed	s:	27		
Effective as of:		NA-Previously	/ Approve	ed Plan							
Census		-									
Census	Shift Type	Shift Length in Hours		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)
27	Day	8.00	2.00	0.00	0.00	7.00	0.59	0.00	0.00	2.07	7.11
	Evening	8.00	2.00	0.00	0.00	7.00	0.59	0.00	0.00	2.07	
	Night	8.00	2.00	0.00	0.00	4.00	0.59	0.00	0.00	1.19	

В	27	Day	8.00	1.00	1.00	0.00	7.00	0.30	0.30	0.00	2.07	7.11
D	27	Evening	8.00	1.00	1.00	0.00	7.00	0.30	0.30	0.00	2.07	/.11
		Night	8.00	1.00	1.00	0.00	4.00	0.30	0.30	0.00	1.19	
		Night	8.00	1.00	1.00	0.00	4.00	0.50	0.50	0.00	1.19	
												0.00
												0.00
												0.00

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	Unit Informat	ion		
	Additional Care Team M	lembers		
		Shift Coverage	, <u> </u>	
Occupation	Day	Evening	Night	Weekend
Psychiatrist	X	Х	X	Х
Psychologist	Х			
Pharmacy	Х			
Medical Providers	Х			
Social Work	Х			
Recreational Staff	Х	Х		
OT/PT	Х			
Dentist	Х			
Housekeeping	Х	Х		Х
PERT	Х	Х		Х
BMT	Х	Х		
Food Service/Dietary	Х	Х		Х
Switchboard	Х	Х		Х
HIM	Х			
Central Supply	Х			
Security	Х	Х	Х	Х
Lab	Х			

			<u> </u>	Unit Inform	natio	on							
		Fac	ctors Considered in the (Che	e Developme eck all that a			nit St	affin	g Plar	ו	1		
7	Activity su	ch as patio	ent admissions, discharges, a	nd transfers									_
1N1,0	delta,1S1 are	admissior	wards. Discharge and trans	fers can occur	ron ai	ıy ward.						–	
												+	_
												+	
												<u>+</u>	_
												-	
													_
7	Patient acuity	level, inte	ensity of care needs, and the	type of care to	be de	livered on	each	shift					
We u	tilize HART, w	hich is a s	tructured professional judge	ement tool.									_
												_	
													_
													-

	7	Skill mi	x												
	Weu	itilize a t	eam-based app	roach w	here licensed and unlic	ensed staff	work	togeth	er to p	rovide ca	ire.				
	1	Level o	f experience of n	ursing a	and patient care staff										
	We o	ffer an i	n-training progra	m for u	nlicensed staff with litt	le to no psyc	hiatr	ic expe	rience						
	7		or specialized or			1				1 1				1	
	Pods	B,D, an	d E serve geriatr	ic patie	nts. Special equipment	includes pa	tient	lifets, c	oxyger	n concent	rators	. Admi	ssion v	vards have	
	equi	pment fo	or specialized as	sessme	ents to include bladder	scanner, pu	lse o)	kimeter	, ECG	equipme	nt, oto	scope	etc.		
F															

7			and geogr reas, and		the unit such ent	as placeme	ent of patier	t rooi	ms, tre	atmen	t ar	reas, n	ursing	station	is, mec	lication		
Pode	s B, D, ai	nd E ha	ave additi	onal sta	ff asigned to	the day roo	ms.											
 											_							
 7	Other																<u> </u>	
					not standard													
 		-	-						nal juc	Igment	<u>.</u> 0	ur tar	get nur	nbers	each d	ay are set for		
 earc	n ward,	eacn s	niπ by the	RN4 D	ased on our (current cen	sus and acl	lity.										
		_											_					



DOH 346-154

Patient Volume-based Staffing Matrix Formula Template

	Unit/ Clinic Na	me:					ES	ннин				
	Unit/ Clinic Typ	be:			Civ	il Commit	tment (H	labilitative l	Mental He	ealth)		
	Unit/ Clinic Ad	dress:			8	350 Maple	Street I	Medical Lake	e, WA 990)22		
ĺ	Average Daily (Census:	12				Maxim	um # of Bed	s:	12		
ĺ	Effective as of:		NA-Previously	Approve	ed Plan							
	Census		-									
	Census			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)
	12	Day	8.00	2.00	0.00	0.00	5.00	1.33	0.00	0.00	3.33	14.00
		Evening	8.00	2.00	0.00	0.00	5.00	1.33	0.00	0.00	3.33	
		Night	8.00	2.00	0.00	0.00	5.00	1.33	0.00	0.00	3.33	

D	12	Dav	8.00	1.00	1.00	0.00	5.00	0.67	0.67	0.00	3.33	44.00
В	12	Day										14.00
		Evening	8.00	1.00	1.00	0.00	5.00	0.67	0.67	0.00	3.33	
		Night	8.00	1.00	1.00	0.00	5.00	0.67	0.67	0.00	3.33	
												0.00
												0.00
												0.00
						ļ						

Washington State Department of HEALTH DOH 346-154			call 1-800-525 customers,	s document in another format, -0127. Deaf or hard of hearing please call 711 (Washington Relay) or email ormation@doh.wa.gov.
	Unit Informat	ion		
	Additional Care Team M	lembers		
		Shift Coverage	, <u> </u>	
Occupation	Day	Evening	Night	Weekend
Psychiatrist	X	Х	X	Х
Psychologist	Х			
Pharmacy	Х			
Medical Providers	Х			
Social Work	Х			
Recreational Staff	Х	Х		
OT/PT	Х			
Dentist	Х			
Housekeeping	Х	Х		Х
PERT	Х	Х		Х
BMT	Х	Х		
Food Service/Dietary	Х	Х		Х
Switchboard	Х	Х		Х
HIM	Х			
Central Supply	Х			
Security	Х	Х	Х	Х
Lab	Х			

			<u> </u>	Unit Inform	natio	on							
		Fac	ctors Considered in the (Che	e Developme eck all that a			nit St	affin	g Plar	ו	1		
7	Activity su	ch as patio	ent admissions, discharges, a	nd transfers									_
1N1,0	delta,1S1 are	admissior	wards. Discharge and trans	fers can occur	ron ai	ıy ward.						–	
												+	_
												+	
												<u>+</u>	_
												-	
													_
7	Patient acuity	level, inte	ensity of care needs, and the	type of care to	be de	livered on	each	shift					
₩e u	tilize HART, w	hich is a s	tructured professional judge	ement tool.									_
												_	
													_
													-

	7	Skill mi	x												
	Weu	itilize a t	eam-based app	roach w	here licensed and unlic	ensed staff	work	togeth	er to p	rovide ca	ire.				
	1	Level o	f experience of n	ursing a	and patient care staff										
	We o	ffer an i	n-training progra	m for u	nlicensed staff with litt	le to no psyc	hiatr	ic expe	rience						
	7		or specialized or			1				1 1				1	
	Pods	B,D, an	d E serve geriatr	ic patie	nts. Special equipment	includes pa	tient	lifets, c	oxyger	n concent	rators	. Admi	ssion v	vards have	
	equi	pment fo	or specialized as	sessme	ents to include bladder	scanner, pu	lse o)	kimeter	, ECG	equipme	nt, oto	scope	etc.		
F															

7			and geogr reas, and		the unit such ent	as placeme	ent of patier	t rooi	ms, tre	atmen	t ar	reas, n	ursing	station	is, mec	lication		
Pode	s B, D, ai	nd E ha	ave additi	onal sta	ff asigned to	the day roo	ms.											
 											_							
 7	Other																<u> </u>	
					not standard													
 		-	-						nal juc	Igment	<u>.</u> 0	ur tar	get nur	nbers	each d	ay are set for		
 earc	n ward,	eacn s	niπ by the	RN4 D	ased on our (current cen	sus and act	lity.										
		_											_					



DOH 346-154

Α

Patient Volume-based Staffing Matrix Formula Template

	Unit/ Clinic Na	me:					ES	H B-Pod				
	Unit/ Clinic Typ	pe:				Civil	Commi	ttment (Ger	iatric)			
	Unit/ Clinic Ad	dress:			8	350 Maple	Street N	Medical Lake	e, WA 990)22		
Ī	Average Daily	Census:	16				Maxim	um # of Bed	s:	30		
Ī	Effective as of:		NA-Previously	Approve	ed Plan							
Ī	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)
	30	Day	8.00	2.00	0.00	0.00	6.00	0.53	0.00	0.00	1.60	5.60
		Evening	8.00	2.00	0.00	0.00	6.00	0.53	0.00	0.00	1.60	
		Night	8.00	2.00	0.00	0.00	3.00	0.53	0.00	0.00	0.80	

D	30	Dav	8.00	1.00	1.00	0.00	6.00	0.27	0.27	0.00	1.60	5.00
В	30	Day	8.00	1.00	1.00	0.00	6.00	0.27	0.27	0.00	1.60	5.60
		Evening										
		Night	8.00	1.00	1.00	0.00	3.00	0.27	0.27	0.00	0.80	
												0.00
												0.00
												0.00
				ļ		ļ						0.00

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	Unit Informat	ion		
	Additional Care Team M	lembers		
		Shift Coverage	, <u> </u>	
Occupation	Day	Evening	Night	Weekend
Psychiatrist	X	Х	X	Х
Psychologist	Х			
Pharmacy	Х			
Medical Providers	Х			
Social Work	Х			
Recreational Staff	Х	Х		
OT/PT	Х			
Dentist	Х			
Housekeeping	Х	Х		Х
PERT	Х	Х		Х
BMT	Х	Х		
Food Service/Dietary	Х	Х		Х
Switchboard	Х	Х		Х
HIM	Х			
Central Supply	Х			
Security	Х	Х	Х	Х
Lab	Х			

			<u> </u>	Unit Inform	natio	on							
		Fac	ctors Considered in the (Che	e Developme eck all that a			nit St	affin	g Plar	ו	1		
I	Activity su	ch as patio	ent admissions, discharges, a	nd transfers									_
1N1,0	delta,1S1 are	admissior	wards. Discharge and trans	fers can occur	ron ai	ıy ward.						–	
												+	_
												+	
												<u>+</u>	_
												-	
													_
7	Patient acuity	level, inte	ensity of care needs, and the	type of care to	be de	livered on	each	shift					
We u	tilize HART, w	hich is a s	tructured professional judge	ement tool.									_
												_	
													_
													_

	7	Skill mi	x												
	Weu	itilize a t	eam-based app	roach w	here licensed and unlic	ensed staff	work	togeth	er to p	rovide ca	ire.				
	1	Level o	f experience of n	ursing a	and patient care staff										
	We o	ffer an i	n-training progra	m for u	nlicensed staff with litt	le to no psyc	hiatr	ic expe	rience						
	7		or specialized or			1				1 1				1	
	Pods	B,D, an	d E serve geriatr	ic patie	nts. Special equipment	includes pa	tient	lifets, c	oxyger	n concent	rators	. Admi	ssion v	vards have	
	equi	pment fo	or specialized as	sessme	ents to include bladder	scanner, pu	lse o)	kimeter	, ECG	equipme	nt, oto	scope	etc.		
F															

7			and geogr reas, and		the unit such ent	as placeme	ent of patier	t rooi	ms, tre	atmen	t ar	reas, n	ursing	station	is, mec	lication		
Pode	s B, D, ai	nd E ha	ave additi	onal sta	ff asigned to	the day roo	ms.											
 											_							
 7	Other																<u> </u>	
					not standard													
 		-	-						nal juc	Igment	<u>.</u> 0	ur tar	get nur	nbers	each d	ay are set for		
 earc	n ward,	eacn s	niπ by the	RN4 D	ased on our (current cen	sus and acl	lity.										
		_											_					



DOH 346-154

Α

Patient Volume-based Staffing Matrix Formula Template

	Unit/ Clinic Na	me:					ES	H D-Pod				
	Unit/ Clinic Typ	pe:				Civi	Commi	ttment (Ger	iatric)			
	Unit/ Clinic Ad	dress:			8	350 Maple	Street N	Medical Lake	e, WA 990)22		
Ī	Average Daily	Census:	19				Maxim	um # of Bed	s:	30		
ĺ	Effective as of:		NA-Previously	Approve	ed Plan							
Ī	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)
	30	Day	8.00	2.00	0.00	0.00	7.00	0.53	0.00	0.00	1.87	6.40
		Evening	8.00	2.00	0.00	0.00	7.00	0.53	0.00	0.00	1.87	
		Night	8.00	2.00	0.00	0.00	4.00	0.53	0.00	0.00	1.07	

D	30	Day	8.00	1.00	1.00	0.00	7.00	0.27	0.27	0.00	1.87	C 40
В	50	Day										6.40
		Evening	8.00	1.00	1.00	0.00	7.00	0.27	0.27	0.00	1.87	
		Night	8.00	1.00	1.00	0.00	4.00	0.27	0.27	0.00	1.07	
												0.00
												0.00

Washington State Department of HEALTH DOH 346-154			call 1-800-525 customers,	s document in another format, -0127. Deaf or hard of hearing please call 711 (Washington Relay) or email ormation@doh.wa.gov.
	Unit Informat	ion		
	Additional Care Team M	lembers		
		Shift Coverage	, <u> </u>	
Occupation	Day	Evening	Night	Weekend
Psychiatrist	X	Х	X	Х
Psychologist	Х			
Pharmacy	Х			
Medical Providers	Х			
Social Work	Х			
Recreational Staff	Х	Х		
OT/PT	Х			
Dentist	Х			
Housekeeping	Х	Х		Х
PERT	Х	Х		Х
BMT	Х	Х		
Food Service/Dietary	Х	Х		Х
Switchboard	Х	Х		Х
HIM	Х			
Central Supply	Х			
Security	Х	Х	Х	Х
Lab	Х			

			<u> </u>	Unit Inform	natio	on							
		Fac	ctors Considered in the (Che	e Developme eck all that a			nit St	affin	g Plar	ו	1		
7	Activity su	ch as patio	ent admissions, discharges, a	nd transfers									_
1N1,0	delta,1S1 are	admissior	wards. Discharge and trans	fers can occur	ron ai	ıy ward.						–	
												+	_
												+	
												<u>+</u>	_
												-	
													_
7	Patient acuity	level, inte	ensity of care needs, and the	type of care to	be de	livered on	each	shift					
₩e u	tilize HART, w	hich is a s	tructured professional judge	ement tool.									_
												_	
													_
													_

	7	Skill mi	x												
	Weu	itilize a t	eam-based app	roach w	here licensed and unlic	ensed staff	work	togeth	er to p	rovide ca	ire.				
	1	Level o	f experience of n	ursing a	and patient care staff										
	We o	ffer an i	n-training progra	m for u	nlicensed staff with litt	le to no psyc	hiatr	ic expe	rience						
	7		or specialized or			1				1 1				1	
	Pods	B,D, an	d E serve geriatr	ic patie	nts. Special equipment	includes pa	tient	lifets, c	oxyger	n concent	rators	. Admi	ssion v	vards have	
	equi	pment fo	or specialized as	sessme	ents to include bladder	scanner, pu	lse o)	kimeter	, ECG	equipme	nt, oto	scope	etc.		
F															

7			and geogr reas, and		the unit such ent	as placeme	ent of patier	t rooi	ms, tre	atmen	t ar	reas, n	ursing	station	is, mec	lication		
Pode	s B, D, ai	nd E ha	ave additi	onal sta	ff asigned to	the day roo	ms.											
 											_							
 7	Other																<u> </u>	
					not standard													
 		-	-						nal juc	Igment	<u>.</u> 0	ur tar	get nur	nbers	each d	ay are set for		
 earc	n ward,	eacn s	niπ by the	RN4 D	ased on our (current cen	sus and act	lity.										
		_											_					



DOH 346-154

Α

Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Na	me:					ES	H E-Pod				
Unit/ Clinic Typ	be:				Civil	Commi	ttment (Ger	iatric)			
Unit/ Clinic Ad	dress:			8	850 Maple	Street N	Medical Lake	e, WA 990)22		
Average Daily	Census:	19				Maxim	um # of Bed	s:	30		
Effective as of:		NA-Previously	Approve	ed Plan							
Census											
Census			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)
30	Day	8.00	2.00	0.00	0.00	6.00	0.53	0.00	0.00	1.60	5.60
	Evening	8.00	2.00	0.00	0.00	6.00	0.53	0.00	0.00	1.60	
	Night	8.00	2.00	0.00	0.00	3.00	0.53	0.00	0.00	0.80	

D	30	Dav	8.00	1.00	1.00	0.00	6.00	0.27	0.27	0.00	1.60	F 00
В	30	Day	8.00	1.00	1.00	0.00	6.00	0.27	0.27	0.00	1.60	5.60
		Evening										
		Night	8.00	1.00	1.00	0.00	3.00	0.27	0.27	0.00	0.80	
												0.00
												0.00
												0.00
				ļ		ļ						0.00

Washington State Department of HEALTH DOH 346-154			call 1-800-525 customers,	s document in another format, -0127. Deaf or hard of hearing please call 711 (Washington Relay) or email ormation@doh.wa.gov.
	Unit Informat	ion		
	Additional Care Team M	lembers		
		Shift Coverage	, <u> </u>	
Occupation	Day	Evening	Night	Weekend
Psychiatrist	X	Х	X	Х
Psychologist	Х			
Pharmacy	Х			
Medical Providers	Х			
Social Work	Х			
Recreational Staff	Х	Х		
OT/PT	Х			
Dentist	Х			
Housekeeping	Х	Х		Х
PERT	Х	Х		Х
BMT	Х	Х		
Food Service/Dietary	Х	Х		Х
Switchboard	Х	Х		Х
HIM	Х			
Central Supply	Х			
Security	Х	Х	Х	Х
Lab	Х			

			<u> </u>	Unit Inform	natio	on							
		Fac	ctors Considered in the (Che	e Developme eck all that a			nit St	affin	g Plar	ו	1		
7	Activity su	ch as patio	ent admissions, discharges, a	nd transfers									_
1N1,0	delta,1S1 are	admissior	wards. Discharge and trans	fers can occur	ron ai	ıy ward.						–	
												+	_
												+	
												<u>+</u>	_
												-	
													_
7	Patient acuity	level, inte	ensity of care needs, and the	type of care to	be de	livered on	each	shift					
₩e u	tilize HART, w	hich is a s	tructured professional judge	ement tool.									_
												_	
													_
													-

	7	Skill mi	x												
	Weu	itilize a t	eam-based app	roach w	here licensed and unlic	ensed staff	work	togeth	er to p	rovide ca	ire.				
	1	Level o	f experience of n	ursing a	and patient care staff										
	We o	ffer an i	n-training progra	m for u	nlicensed staff with litt	le to no psyc	hiatr	ic expe	rience						
	7		or specialized or			1				1 1				1	
	Pods	B,D, an	d E serve geriatr	ic patie	nts. Special equipment	includes pa	tient	lifets, c	oxyger	n concent	rators	. Admi	ssion v	vards have	
	equi	pment fo	or specialized as	sessme	ents to include bladder	scanner, pu	lse o)	kimeter	, ECG	equipme	nt, oto	scope	etc.		
F															

7			and geogr reas, and		the unit such ent	as placeme	ent of patier	t rooi	ms, tre	atmen	t ar	reas, n	ursing	station	is, mec	lication		
Pode	s B, D, ai	nd E ha	ave additi	onal sta	ff asigned to	the day roo	ms.											
 											_							
 7	Other																<u> </u>	
					not standard													
 		-	-						nal juc	Igment	<u>.</u> 0	ur tar	get nur	nbers	each d	ay are set for		
 earc	n ward,	eacn s	niπ by the	RN4 D	ased on our (current cen	sus and acl	lity.										
		_											_					



DOH 346-154

Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Na	me:					E	SH 1N3				
Unit/ Clinic Typ	be:			C	Competen	cy Servic	es (General	Populati	on)		
Unit/ Clinic Ad	dress:			8	350 Maple	Street I	Medical Lake	e, WA 990)22		
Average Daily (Census:	23				Maxim	um # of Bed	s:	25		
Effective as of:		NA-Previously	/ Approve	d Plan							
Census											
Census			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)
25	Day	8.00	2.00	0.00	0.00	6.00	0.64	0.00	0.00	1.92	6.72
	Evening	8.00	2.00	0.00	0.00	6.00	0.64	0.00	0.00	1.92	
	Night	8.00	2.00	0.00	0.00	3.00	0.64	0.00	0.00	0.96	

В	25	Day	8.00	1.00	1.00	0.00	6.00	0.32	0.32	0.00	1.92	6.72
		Evening	8.00	1.00	1.00	0.00	6.00	0.32	0.32	0.00	1.92	
		Night	8.00	1.00	1.00	0.00	3.00	0.32	0.32	0.00	0.96	
												0.00
												0.00
												0.00

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	Unit Informat	ion		
	Additional Care Team M	lembers		
		Shift Coverage	, <u> </u>	
Occupation	Day	Evening	Night	Weekend
Psychiatrist	X	Х	X	Х
Psychologist	Х			
Pharmacy	Х			
Medical Providers	Х			
Social Work	Х			
Recreational Staff	Х	Х		
OT/PT	Х			
Dentist	Х			
Housekeeping	Х	Х		Х
PERT	Х	Х		Х
BMT	Х	Х		
Food Service/Dietary	Х	Х		Х
Switchboard	Х	Х		Х
HIM	Х			
Central Supply	Х			
Security	Х	Х	Х	Х
Lab	Х			

			<u> </u>	Unit Inform	natio	on							
		Fac	ctors Considered in the (Che	e Developme eck all that a			nit St	affin	g Plar	ו	1		
I	Activity su	ch as patio	ent admissions, discharges, a	nd transfers									_
1N1,0	delta,1S1 are	admissior	wards. Discharge and trans	fers can occur	ron ai	ıy ward.						–	
												+	_
												+	
												<u>+</u>	_
												-	
													_
7	Patient acuity	level, inte	ensity of care needs, and the	type of care to	be de	livered on	each	shift					
₩e u	tilize HART, w	hich is a s	tructured professional judge	ement tool.									_
												_	
													_
													_

	7	Skill mi	x												
	Weu	itilize a t	eam-based app	roach w	here licensed and unlic	ensed staff	work	togeth	er to p	rovide ca	ire.				
	1	Level o	f experience of n	ursing a	and patient care staff										
	We o	ffer an i	n-training progra	m for u	nlicensed staff with litt	le to no psyc	hiatr	ic expe	rience						
	7		or specialized or			1				1 1				1	
	Pods	B,D, an	d E serve geriatr	ic patie	nts. Special equipment	includes pa	tient	lifets, c	oxyger	n concent	rators	. Admi	ssion v	vards have	
	equi	pment fo	or specialized as	sessme	ents to include bladder	scanner, pu	lse o)	kimeter	, ECG	equipme	nt, oto	scope	etc.		
F															

7			and geogr reas, and		the unit such ent	as placeme	ent of patier	t rooi	ms, tre	atmen	t ar	reas, n	ursing	station	is, mec	lication		
Pode	s B, D, ai	nd E ha	ave additi	onal sta	ff asigned to	the day roo	ms.											
 											_							
 7	Other																<u> </u>	
					not standard													
 		-	-						nal juc	Igment	<u>.</u> 0	ur tar	get nur	nbers	each d	ay are set for		
 earc	n ward,	eacn s	niπ by the	RN4 D	ased on our (current cen	sus and acl	lity.										
		_											_					



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DOH 346-154

Α

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 Na	me:					E	SH 2N3				
	Unit/ Clinic Ty	pe:			C	Competen	cy Servio	es (General	Populatio	on)		
	Unit/ Clinic Ad	dress:			8	350 Maple	Street I	Medical Lake	e, WA 990)22		
	Average Daily	Census:	19				Maxim	um # of Bed	s:	30		
ĺ	Effective as of:		NA-Previously	, Approve	ed Plan							
	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)
	25	Day	8.00	2.00	0.00	0.00	6.00	0.64	0.00	0.00	1.92	6.72
		Evening	8.00	2.00	0.00	0.00	6.00	0.64	0.00	0.00	1.92	
		Night	8.00	2.00	0.00	0.00	3.00	0.64	0.00	0.00	0.96	

В	25	Day	8.00	1.00	1.00	0.00	6.00	0.32	0.32	0.00	1.92	6.72
		Evening	8.00	1.00	1.00	0.00	6.00	0.32	0.32	0.00	1.92	
		Night	8.00	1.00	1.00	0.00	3.00	0.32	0.32	0.00	0.96	
												0.00
												0.00
												0.00

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	Unit Informat	ion		
	Additional Care Team M	lembers		
		Shift Coverage	, <u> </u>	
Occupation	Day	Evening	Night	Weekend
Psychiatrist	X	Х	X	Х
Psychologist	Х			
Pharmacy	Х			
Medical Providers	Х			
Social Work	Х			
Recreational Staff	Х	Х		
OT/PT	Х			
Dentist	Х			
Housekeeping	Х	Х		Х
PERT	Х	Х		Х
BMT	Х	Х		
Food Service/Dietary	Х	Х		Х
Switchboard	Х	Х		Х
HIM	Х			
Central Supply	Х			
Security	Х	Х	Х	Х
Lab	Х			

			<u> </u>	Unit Inform	natio	on							
		Fac	ctors Considered in the (Che	e Developme eck all that a			nit St	affin	g Plar	ו	1		
I	Activity su	ch as patio	ent admissions, discharges, a	nd transfers									_
1N1,0	delta,1S1 are	admissior	wards. Discharge and trans	fers can occur	ron ai	ıy ward.						–	
												+	_
												+	
												<u>+</u>	_
												-	
													_
7	Patient acuity	level, inte	ensity of care needs, and the	type of care to	be de	livered on	each	shift					
₩e u	tilize HART, w	hich is a s	tructured professional judge	ement tool.									_
												_	
													_
													_

	7	Skill mi	x												
	Weu	itilize a t	eam-based app	roach w	here licensed and unlic	ensed staff	work	togeth	er to p	rovide ca	ire.				
	1	Level o	f experience of n	ursing a	and patient care staff										
	We o	ffer an i	n-training progra	m for u	nlicensed staff with litt	le to no psyc	hiatr	ic expe	rience						
	7		or specialized or			1				1 1				1	
	Pods	B,D, an	d E serve geriatr	ic patie	nts. Special equipment	includes pa	tient	lifets, c	oxyger	n concent	rators	. Admi	ssion v	vards have	
	equi	pment fo	or specialized as	sessme	ents to include bladder	scanner, pu	lse o)	kimeter	, ECG	equipme	nt, oto	scope	etc.		
F															

7			and geogr reas, and		the unit such ent	as placeme	ent of patier	t rooi	ms, tre	atmen	t ar	reas, n	ursing	station	is, mec	lication		
Pode	s B, D, ai	nd E ha	ave additi	onal sta	ff asigned to	the day roo	ms.											
 											_							
 7	Other																<u> </u>	
					not standard													
 		-	-						nal juc	Igment	<u>.</u> 0	ur tar	get nur	nbers	each d	ay are set for		
 earc	n ward,	eacn s	niπ by the	RN4 D	ased on our (current cen	sus and act	lity.										
		_											_					



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DOH 346-154

Α

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 Na	me:					E	SH 3N3				
Unit/ Clinic Typ	pe:			C	Competen	cy Servic	es (General	Populati	on)		
Unit/ Clinic Ad	dress:			8	350 Maple	Street I	Medical Lake	e, WA 990)22		
Average Daily	Census:	19				Maxim	um # of Bed	s:	25		
Effective as of:		NA-Previously	/ Approve	d Plan							
Census											
Census			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)
25	Day	8.00	2.00	0.00	0.00	6.00	0.64	0.00	0.00	1.92	6.72
	Evening	8.00	2.00	0.00	0.00	6.00	0.64	0.00	0.00	1.92	
	Night	8.00	2.00	0.00	0.00	3.00	0.64	0.00	0.00	0.96	

В	25	Day	8.00	1.00	1.00	0.00	6.00	0.32	0.32	0.00	1.92	6.72
		Evening	8.00	1.00	1.00	0.00	6.00	0.32	0.32	0.00	1.92	
		Night	8.00	1.00	1.00	0.00	3.00	0.32	0.32	0.00	0.96	
												0.00
												0.00
												0.00

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	Unit Informat	ion								
	Additional Care Team M									
	Shift Coverage									
Occupation	Day	Evening	Night	Weekend						
Psychiatrist	X	Х	X	Х						
Psychologist	Х									
Pharmacy	Х									
Medical Providers	Х									
Social Work	Х									
Recreational Staff	Х	Х								
OT/PT	Х									
Dentist	Х									
Housekeeping	Х	Х		Х						
PERT	Х	Х		Х						
BMT	Х	Х								
Food Service/Dietary	Х	Х		Х						
Switchboard	Х	Х		Х						
HIM	Х									
Central Supply	Х									
Security	Х	Х	Х	Х						
Lab	Х									

			<u> </u>	Unit Inform	natio	on								
Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):														
7	Activity su	ch as patio	ent admissions, discharges, a	nd transfers										_
1N1,0	delta,1S1 are	admissior	wards. Discharge and trans	fers can occur	ron ai	ıy ward.							–	
													+	_
													+	
													<u>+</u>	_
														_
7	Patient acuity	level, inte	ensity of care needs, and the	type of care to	be de	livered on	each	shift						
₩e u	tilize HART, w	hich is a s	tructured professional judge	ement tool.										_
														-
													_	
					1									
														_
														_

	7	Skill mi	x												
	Weu	itilize a t	eam-based app	roach w	here licensed and unl	censed staff	work	togeth	er to p	rovide ca	ire.				
															+
1															
	7				and patient care staff		1					1		1	
	Weo	offer an i	n-training progra	am for u	Inlicensed staff with lit	tle to no psyc	hiatr	ic expe	rience						
															<u>_</u>
															<u></u>
-															
															+
					•										<u> </u>
			or specialized or												
	Pods	<u>B,D, an</u>	d <u>E serve geriati</u> ar spocialized as	ic patie	nts. Special equipmen ents to include bladde	t includes pa	tient	lifets, vimoto	oxyger	oguipme	rators	. Admi	SSION V	vards have	
	equi		n specialized as	2622111		scanner, pu	136 07	linete	I, ECG	equipme	, UI	scope			
															<u> </u>
															<u> </u>
															1
															<u> </u>

	7	 Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment 																
	Pode	B, D, a	nd E ha	ave additi	onal sta	ff asigned to	the day roo	ms.										
\square																		
	7	Other																
						not standard												
			-	-				. .		nal juc	lgment	:. Q	our tar	get nur	nbers	each d	ay are set for	
	earc	h ward,	each s	hift by the	RN4 b	ased on our	current cen	sus and act	iity.									
\square																		