COVER PAGE

The following is the comprehensive hospital staffing plan for Kadlec Regional 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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Washington State Department of HEALTH

Hospital Staffing Form

Attestation

Date: 5/19/25

I, the undersigned with responsibility for Kadlec Regional 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: Reza Kaleel

Hospital Information

Name of Hospital: Kadlec Regional Medical Center		
Hospital License #: HAC.FS.00000161		
Hospital Street Address: 888 Swift Blvd		
City/Town: Richland	State: WA	Zip code: 99352
Is this hospital license affiliated with more than one location?	☑ Yes	☐ No
If "Yes" was selected, please provide the location name and address	FSED - 3290 W. 19th Ave., Kennewick, WA 99337 KCHO - 7360 W. Deschutes Ave., Kennewick, WA 99336	
Review Type:	☑ Annual	Review Date: 1/1/25
	☐ Update	Next Review Date: 1/1/26
Effective Date: 1/1/23		
Date Approved: 11/25/24		

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:
AWHONN and ASPAN Guidelines

☑ Terms of applicable collective bargaining agreement

Description:
Washington State Nurses Association and SEIU Healthcare 1199NW Collective Bargaining Agreements

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

Description:
RCW 70.41.420 (4)(a)

☑ Hospital finances and resources

Description:
2024 Hospital Budget and staffing policies

☐ Other

Description:

Signature

CEO & Co-chairs Name:	Signature:	Date:
Reza Kaleel, CEO		5/28/2025
Meri Bukovinsky, RN HSC Co-Chair		5-19-25
Kathy Christensen, RN, DNS, HSC Co-Chair		5/19/25

Total Votes	
# of Approvals	# of Denials
100% Committee Approval in 2023 prior to voting process	

Access unit staffing matrices here.

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Washington State Department of HEALTH

DOH 346-154

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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:	**3OP Acute Care Unit**		
Unit/ Clinic Type:	**Med-Surg Acute**		
Unit/ Clinic Address:	**888 Swift Blvd., Richland, WA 99352**		
Average Daily Census:	**20**	**Maximum # of Beds:**	**24**
Effective as of:	**7/1/2024**		
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)
24	Day 7am-730p	12	6	0	0	0	3.00	0.00	0.00	0.00	8.50
	NOC 7p-730a	12	6	0	0	0	3.00	0.00	0.00	0.00	
	Day 630a-7p	12	0	0	3	0	0.00	0.00	1.50	0.00	
	NOC 630p-7a	12	0	0	2	0	0.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
23	Day 7am-730p	12	6	0	0	0	3.13	0.00	0.00	0.00	8.87
	NOC 7p-730a	12	6	0	0	0	3.13	0.00	0.00	0.00	
	Day 630a-7p	12	0	0	3	0	0.00	0.00	1.57	0.00	
	NOC 630p-7a	12	0	0	2	0	0.00	0.00	1.04	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22	Day 7am-730p	12	6	0	0	0	3.27	0.00	0.00	0.00	9.27
	NOC 7p-730a	12	6	0	0	0	3.27	0.00	0.00	0.00	
	Day 630a-7p	12	0	0	3	0	0.00	0.00	1.64	0.00	
	NOC 630p-7a	12	0	0	2	0	0.00	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
21	Day 7am-730p	12	6	0	0	0	3.43	0.00	0.00	0.00	9.71
	NOC 7p-730a	12	6	0	0	0	3.43	0.00	0.00	0.00	
	Day 630a-7p	12	0	0	3	0	0.00	0.00	1.71	0.00	
	NOC 630p-7a	12	0	0	2	0	0.00	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20	Day 7am-730p	12	5	0	0	0	3.00	0.00	0.00	0.00	8.40
	NOC 7p-730a	12	5	0	0	0	3.00	0.00	0.00	0.00	
	Day 630a-7p	12	0	0	2	0	0.00	0.00	1.20	0.00	
	NOC 630p-7a	12	0	0	2	0	0.00	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
19	Day 7am-730p	12	5	0	0	0	3.16	0.00	0.00	0.00	8.84
	NOC 7p-730a	12	5	0	0	0	3.16	0.00	0.00	0.00	
	Day 630a-7p	12	0	0	2	0	0.00	0.00	1.26	0.00	
	NOC 630p-7a	12	0	0	2	0	0.00	0.00	1.26	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
18	Day 7am-730p	12	5	0	0	0	3.33	0.00	0.00	0.00	9.33
	NOC 7p-730a	12	5	0	0	0	3.33	0.00	0.00	0.00	
	Day 630a-7p	12	0	0	2	0	0.00	0.00	1.33	0.00	
	NOC 630p-7a	12	0	0	2	0	0.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
17	Day 7am-730p	12	4	0	0	0	2.82	0.00	0.00	0.00	8.47
	NOC 7p-730a	12	4	0	0	0	2.82	0.00	0.00	0.00	
	Day 630a-7p	12	0	0	2	0	0.00	0.00	1.41	0.00	
	NOC 630p-7a	12	0	0	2	0	0.00	0.00	1.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
16	Day 7am-730p	12	4	0	0	0	3.00	0.00	0.00	0.00	9.00
	NOC 7p-730a	12	4	0	0	0	3.00	0.00	0.00	0.00	
	Day 630a-7p	12	0	0	2	0	0.00	0.00	1.50	0.00	
	NOC 630p-7a	12	0	0	2	0	0.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
15	Day 7am-730p	12	4	0	0	0	3.20	0.00	0.00	0.00	8.00
	NOC 7p-730a	12	4	0	0	0	3.20	0.00	0.00	0.00	
	Day 630a-7p	12	0	0	1	0	0.00	0.00	0.80	0.00	
	NOC 630p-7a	12	0	0	1	0	0.00	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
14	Day 7am-730p	12	4	0	0	0	3.43	0.00	0.00	0.00	8.57
	NOC 7p-730a	12	4	0	0	0	3.43	0.00	0.00	0.00	
	Day 630a-7p	12	0	0	1	0	0.00	0.00	0.86	0.00	
	NOC 630p-7a	12	0	0	1	0	0.00	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
13	Day 7am-730p	12	4	0	0	0	3.69	0.00	0.00	0.00	9.23
	NOC 7p-730a	12	4	0	0	0	3.69	0.00	0.00	0.00	
	Day 630a-7p	12	0	0	1	0	0.00	0.00	0.92	0.00	
	NOC 630p-7a	12	0	0	1	0	0.00	0.00	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
12	Day 7am-730p	12	3	0	0	0	3.00	0.00	0.00	0.00	8.00
	NOC 7p-730a	12	3	0	0	0	3.00	0.00	0.00	0.00	
	Day 630a-7p	12	0	0	1	0	0.00	0.00	1.00	0.00	
	NOC 630p-7a	12	0	0	1	0	0.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
11	Day 7am-730p	12	3	0	0	0	3.27	0.00	0.00	0.00	8.73
	NOC 7p-730a	12	3	0	0	0	3.27	0.00	0.00	0.00	
	Day 630a-7p	12	0	0	1	0	0.00	0.00	1.09	0.00	
	NOC 630p-7a	12	0	0	1	0	0.00	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10	Day 7am-730p	12	2	0	0	0	2.40	0.00	0.00	0.00	7.20
	NOC 7p-730a	12	2	0	0	0	2.40	0.00	0.00	0.00	
	Day 630a-7p	12	0	0	1	0	0.00	0.00	1.20	0.00	
	NOC 630p-7a	12	0	0	1	0	0.00	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
9	Day 7am-730p	12	2	0	0	0	2.67	0.00	0.00	0.00	8.00
	NOC 7p-730a	12	2	0	0	0	2.67	0.00	0.00	0.00	
	Day 630a-7p	12	0	0	1	0	0.00	0.00	1.33	0.00	
	NOC 630p-7a	12	0	0	1	0	0.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
8	Day 7am-730p	12	2	0	0	0	3.00	0.00	0.00	0.00	9.00
	NOC 7p-730a	12	2	0	0	0	3.00	0.00	0.00	0.00	
	Day 630a-7p	12	0	0	1	0	0.00	0.00	1.50	0.00	
	NOC 630p-7a	12	0	0	1	0	0.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7	Day 7am-730p	12	2	0	0	0	3.43	0.00	0.00	0.00	6.86
	NOC 7p-730a	12	2	0	0	0	3.43	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
	Day 7am-730p	12	2	0	0	0	4.00	0.00	0.00	0.00	
	NOC 7p-730a	12	2	0	0	0	4.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
6		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day 7am-730p	12	2	0	0	0	4.80	0.00	0.00	0.00	
	NOC 7p-730a	12	2	0	0	0	4.80	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
5		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
	Day 7am-730p	12	2	0	0	0	6.00	0.00	0.00	0.00	
	NOC 7p-730a	12	2	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
4		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
	Day 7am-730p	12	2	0	0	0	8.00	0.00	0.00	0.00	
	NOC 7p-730a	12	2	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
3		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	0.00

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)
2	Day 7am-730p	12	2	0	0	0	12.00	0.00	0.00	0.00	24.00
	NOC 7p-730a	12	2	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
1	Day 7am-730p	12	2	0	0	0	24.00	0.00	0.00	0.00	48.00
	NOC 7p-730a	12	2	0	0	0	24.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	X			X
Phyisical Therapist	X			X
Occupational Therapist	X			
Speech Therapist	X			
Respiratory Therapy	X		X	X
Wound Care RN	X			
PICC RN	X			
Dietitian	X			
Chaplain	X		X	X
Telemetry	X		X	X
Sitter/RVM	X		X	X
Interpreter	X		X	X
Transport/EKG Tech	X		X	X
Case Management/Social Work	X			
Lab Phlebotomist	X		X	X
CT/MRI/X-Ray	X		X	X

Unit Information

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:

Refer to Acute Care and Surgical Units: Staffing Guidelines, 62.01.00
Guideline for Administration of Medicated IV Drips and STAT IVP Medications, 650.12.01

☑ 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:

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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:	**4RP Acute Neuro Unit**		
Unit/ Clinic Type:	**Med-Surg Acute**		
Unit/ Clinic Address:	**888 Swift Blvd., Richland, WA 99352**		
Average Daily Census:	**26**	**Maximum # of Beds:**	**28**
Effective as of:	**7/1/2024**		
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 (7a-7p)	12	7	0	0	0	3.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	7	0	0	0	3.00	0.00	0.00	0.00	
	Day(630a-630	12	0	0	3	0	0.00	0.00	1.29	0.00	
	NOC (630p-630a)	12	0	0	3	0	0.00	0.00	1.29	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.57
27	Day (7a-7p)	12	7	0	0	0	3.11	0.00	0.00	0.00	
	NOC(7p-7a)	12	7	0	0	0	3.11	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	3	0	0.00	0.00	1.33	0.00	
	NOC(630p-630a)	12	0	0	3	0	0.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.89
26	Day (7a-7p)	12	7	0	0	0	3.23	0.00	0.00	0.00	
	NOC(7p-7a)	12	7	0	0	0	3.23	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	3	0	0.00	0.00	1.38	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.77
25	Day (7a-7p)	12	6	0	0	0	2.88	0.00	0.00	0.00	
	NOC (7p-7a)	12	6	0	0	0	2.88	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	3	0	0.00	0.00	1.44	0.00	
	NOC (630p-630a)	12	0	0	3	0	0.00	0.00	1.44	0.00	
		0	0	0	0		0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.64

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)
24	Day (7a-7p)	12	6	0	0	0	3.00	0.00	0.00	0.00	8.50
	NOC(7p-7a)	12	6	0	0	0	3.00	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	3	0	0.00	0.00	1.50	0.00	
	NOC (630p-630a)	12	0	0	2	0	0.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
23	Day (7a-7p)	12	6	0	0	0	3.13	0.00	0.00	0.00	8.87
	NOC(7p-7a)	12	6	0	0	0	3.13	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	3	0	0.00	0.00	1.57	0.00	
	NOC (630p-630a)	12	0	0	2	0	0.00	0.00	1.04	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22	Day (7a-7p)	12	6	0	0	0	3.27	0.00	0.00	0.00	9.27
	NOC(7p-7a)	12	6	0	0	0	3.27	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	3	0	0.00	0.00	1.64	0.00	
	NOC (630p-630a)	12	0	0	2	0	0.00	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
21	Day (7a-7p)	12	6	0	0	0	3.43	0.00	0.00	0.00	9.71
	NOC(7p-7a)	12	6	0	0	0	3.43	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	3	0	0.00	0.00	1.71	0.00	
	NOC (630p-630a)	12	0	0	2	0	0.00	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20	Day (7a-7p)	12	5	0	0	0	3.00	0.00	0.00	0.00	8.40
	NOC(7p-7a)	12	5	0	0	0	3.00	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	2	0	0.00	0.00	1.20	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
19	Day (7a-7p)	12	5	0	0	0	3.16	0.00	0.00	0.00	8.84
	NOC(7p-7a)	12	5	0	0	0	3.16	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.26	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.26	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
18	Day (7a-7p)	12	5	0	0	0	3.33	0.00	0.00	0.00	9.33
	NOC(7p-7a)	12	5	0	0	0	3.33	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.33	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
17	Day (7a-7p)	12	5	0	0	0	3.53	0.00	0.00	0.00	9.88
	NOC(7p-7a)	12	5	0	0	0	3.53	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.41	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
16	Day (7a-7p)	12	5	0	0	0	3.75	0.00	0.00	0.00	10.50
	NOC(7p-7a)	12	5	0	0	0	3.75	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.50	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
15	Day (7a-7p)	12	4	0	0	0	3.20	0.00	0.00	0.00	8.00
	NOC(7p-7a)	12	4	0	0	0	3.20	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	0.80	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
14	Day (7a-7p)	12	4	0	0	0	3.43	0.00	0.00	0.00	8.57
	NOC(7p-7a)	12	4	0	0	0	3.43	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	0.86	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
13	Day (7a-7p)	12	4	0	0	0	3.69	0.00	0.00	0.00	9.23
	NOC(7p-7a)	12	4	0	0	0	3.69	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	0.92	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
12	Day (7a-7p)	12	3	0	0	0	3.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	3	0	0	0	3.00	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.00	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
11	Day (7a-7p)	12	3	0	0	0	3.27	0.00	0.00	0.00	
	NOC(7p-7a)	12	3	0	0	0	3.27	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.09	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.09	0.00	
		12	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.73
10	Day (7a-7p)	12	3	0	0	0	3.60	0.00	0.00	0.00	
	NOC(7p-7a)	12	3	0	0	0	3.60	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.20	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
9	Day (7a-7p)	12	2	0	0	0	2.67	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	2.67	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.33	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
8	Day (7a-7p)	12	2	0	0	0	3.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	3.00	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.50	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
7	Day (7a-7p)	12	2	0	0	0	3.43	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	3.43	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.86

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)
6	Day (7a-7p)	12	2	0	0	0	0.86	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	0.86	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	1.71
5	Day (7a-7p)	12	2	0	0	0	4.80	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	4.80	0.00	0.00	0.00	
		12	0	0	0	0	0.00	0.00	0.00	0.00	
		12	0	0	0	0	0.00	0.00	0.00	0.00	
		12	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
4	Day (7a-7p)	12	2	0	0	0	6.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
3	Day (7a-7p)	12	2	0	0	0	0.86	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	0.86	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	1.71
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2	Day (7a-7p)	12	2	0	0	0	12.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00
1	Day (7a-7p)	12	2	0	0	0	24.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	24.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	48.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	X			X
Phyisical Therapist	X			X
Occupational Therapist	X			
Speech Therapist	X			
Respiratory Therapy	X		X	X
Wound Care RN	X			
PICC RN	X			
Dietitian	X			
Chaplain	X		X	X
Telemetry	X		X	X
Sitter/RVM	X		X	X
Interpreter	X		X	X
Transport/EKG Tech	X		X	X
Case Management/Social Work	X			
Lab Phlebotomist	X		X	X
CT/MRI/X-Ray	X		X	X

Unit Information

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:

Refer to Acute Care and Surgical Units: Staffing Guidelines, 62.01.00
Guideline for Administration of Medicated IV Drips and STAT IVP Medications, 650.12.01

☑ 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:

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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:	**6RP Acute Oncology Unit**		
Unit/ Clinic Type:	**Med-Surg Acute**		
Unit/ Clinic Address:	**888 Swift Blvd., Richland, WA 99352**		
Average Daily Census:	**26**	**Maximum # of Beds:**	**29**
Effective as of:	**7/1/2024**		
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)
29	Day (7a-7p)	12	7	0	0	0	2.90	0.00	0.00	0.00	8.28
	NOC(7p-7a)	12	7	0	0	0	2.90	0.00	0.00	0.00	
	Day(630a-630	12	0	0	3	0	0.00	0.00	1.24	0.00	
	NOC (630p-630a)	12	0	0	3	0	0.00	0.00	1.24	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
28	Day (7a-7p)	12	7	0	0	0	3.00	0.00	0.00	0.00	8.57
	NOC(7p-7a)	12	7	0	0	0	3.00	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	3	0	0.00	0.00	1.29	0.00	
	NOC(630p-630a)	12	0	0	3	0	0.00	0.00	1.29	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
27	Day (7a-7p)	12	7	0	0	0	3.11	0.00	0.00	0.00	8.89
	NOC(7p-7a)	12	7	0	0	0	3.11	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	3	0	0.00	0.00	1.33	0.00	
	NOC(630p-630a)	12	0	0	3	0	0.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
26	Day (7a-7p)	12	7	0	0	0	3.23	0.00	0.00	0.00	9.23
	NOC (7p-7a)	12	7	0	0	0	3.23	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	3	0	0.00	0.00	1.38	0.00	
	NOC (630p-630a)	12	0	0	3	0	0.00	0.00	1.38	0.00	
		0	0	0	0		0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
25	Day (7a-7p)	12	6	0	0	0	2.88	0.00	0.00	0.00	8.64
	NOC(7p-7a)	12	6	0	0	0	2.88	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	3	0	0.00	0.00	1.44	0.00	
	NOC (630p-630a)	12	0	0	3	0	0.00	0.00	1.44	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
24	Day (7a-7p)	12	6	0	0	0	3.00	0.00	0.00	0.00	9.00
	NOC(7p-7a)	12	6	0	0	0	3.00	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	3	0	0.00	0.00	1.50	0.00	
	NOC (630p-630a)	12	0	0	3	0	0.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
23	Day (7a-7p)	12	6	0	0	0	3.13	0.00	0.00	0.00	9.39
	NOC(7p-7a)	12	6	0	0	0	3.13	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	3	0	0.00	0.00	1.57	0.00	
	NOC (630p-630a)	12	0	0	3	0	0.00	0.00	1.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22	Day (7a-7p)	12	6	0	0	0	3.27	0.00	0.00	0.00	8.73
	NOC(7p-7a)	12	6	0	0	0	3.27	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	2	0	0.00	0.00	1.09	0.00	
	NOC (630p-630a)	12	0	0	2	0	0.00	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
21	Day (7a-7p)	12	6	0	0	0	3.43	0.00	0.00	0.00	9.14
	NOC(7p-7a)	12	6	0	0	0	3.43	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	2	0	0.00	0.00	1.14	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20	Day (7a-7p)	12	5	0	0	0	3.00	0.00	0.00	0.00	8.40
	NOC(7p-7a)	12	5	0	0	0	3.00	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.20	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
19	Day (7a-7p)	12	5	0	0	0	3.16	0.00	0.00	0.00	8.84
	NOC(7p-7a)	12	5	0	0	0	3.16	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.26	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.26	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
18	Day (7a-7p)	12	5	0	0	0	3.33	0.00	0.00	0.00	9.33
	NOC(7p-7a)	12	5	0	0	0	3.33	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.33	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
17	Day (7a-7p)	12	5	0	0	0	3.53	0.00	0.00	0.00	9.88
	NOC(7p-7a)	12	5	0	0	0	3.53	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.41	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
16	Day (7a-7p)	12	5	0	0	0	3.75	0.00	0.00	0.00	
	NOC(7p-7a)	12	5	0	0	0	3.75	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.50	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.50
15	Day (7a-7p)	12	4	0	0	0	3.20	0.00	0.00	0.00	
	NOC(7p-7a)	12	4	0	0	0	3.20	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	0.80	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
14	Day (7a-7p)	12	4	0	0	0	3.43	0.00	0.00	0.00	
	NOC(7p-7a)	12	4	0	0	0	3.43	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	0.86	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.57
13	Day (7a-7p)	12	4	0	0	0	3.69	0.00	0.00	0.00	
	NOC(7p-7a)	12	4	0	0	0	3.69	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	0.92	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.23
12	Day (7a-7p)	12	3	0	0	0	3.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	3	0	0	0	3.00	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.00	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.00	0.00	
		12	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00

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)
11	Day (7a-7p)	12	3	0	0	0	3.27	0.00	0.00	0.00	8.73
	NOC(7p-7a)	12	3	0	0	0	3.27	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.09	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10	Day (7a-7p)	12	3	0	0	0	3.60	0.00	0.00	0.00	9.60
	NOC(7p-7a)	12	3	0	0	0	3.60	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.20	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
9	Day (7a-7p)	12	2	0	0	0	2.67	0.00	0.00	0.00	8.00
	NOC(7p-7a)	12	2	0	0	0	2.67	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.33	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
8	Day (7a-7p)	12	2	0	0	0	3.00	0.00	0.00	0.00	9.00
	NOC(7p-7a)	12	2	0	0	0	3.00	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.50	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	0.00
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

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)
	Day (7a-7p)	12	2	0	0	0	3.43	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	3.43	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.86
	Day (7a-7p)	12	2	0	0	0	4.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	4.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
6		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	0.00
	Day (7a-7p)	12	2	0	0	0	4.80	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	4.80	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
5		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
	Day (7a-7p)	12	2	0	0	0	6.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
4		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
	Day (7a-7p)	12	2	0	0	0	8.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
3		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00

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)
2	Day (7a-7p)	12	2	0	0	0	12.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00
1	Day (7a-7p)	12	2	0	0	0	24.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	24.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	48.00

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DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	X			X
Phyisical Therapist	X			X
Occupational Therapist	X			
Speech Therapist	X			
Respiratory Therapy	X		X	X
Wound Care RN	X			
PICC RN	X			
Dietitian	X			
Chaplain	X		X	X
Telemetry	X		X	X
Sitter/RVM	X		X	X
Interpreter	X		X	X
Transport/EKG Tech	X		X	X
Case Management/Social Work	X			
Lab Phlebotomist	X		X	X
CT/MRI/X-Ray	X		X	X

Unit Information

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:

Refer to Acute Care and Surgical Units: Staffing Guidelines, 62.01.00
Guideline for Administration of Medicated IV Drips and STAT IVP Medications, 650.12.01

☑ 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:

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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:	**7RP Acute Care Cardiac Unit**		
Unit/ Clinic Type:	**Med-Surg Acute**		
Unit/ Clinic Address:	**888 Swift Blvd., Richland, WA 99352**		
Average Daily Census:	**25**	**Maximum # of Beds:**	**27**
Effective as of:	**7/1/2024**		
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)
27	Day (7a-7p)	12	7	0	0	0	3.11	0.00	0.00	0.00	8.89
	NOC(7p-7a)	12	7	0	0	0	3.11	0.00	0.00	0.00	
	Day(630a-630	12	0	0	3	0	0.00	0.00	1.33	0.00	
	NOC (630p-630a)	12	0	0	3	0	0.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
26	Day (7a-7p)	12	7	0	0	0	3.23	0.00	0.00	0.00	9.23
	NOC(7p-7a)	12	7	0	0	0	3.23	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	3	0	0.00	0.00	1.38	0.00	
	NOC(630p-630a)	12	0	0	3	0	0.00	0.00	1.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
25	Day (7a-7p)	12	6	0	0	0	2.88	0.00	0.00	0.00	8.16
	NOC(7p-7a)	12	6	0	0	0	2.88	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	3	0	0.00	0.00	1.44	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	0.96	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
24	Day (7a-7p)	12	6	0	0	0	3.00	0.00	0.00	0.00	8.50
	NOC (7p-7a)	12	6	0	0	0	3.00	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	3	0	0.00	0.00	1.50	0.00	
	NOC (630p-630a)	12	0	0	2	0	0.00	0.00	1.00	0.00	
		0	0	0	0		0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
23	Day (7a-7p)	12	6	0	0	0	3.13	0.00	0.00	0.00	8.87
	NOC(7p-7a)	12	6	0	0	0	3.13	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	3	0	0.00	0.00	1.57	0.00	
	NOC (630p-630a)	12	0	0	2	0	0.00	0.00	1.04	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22	Day (7a-7p)	12	6	0	0	0	3.27	0.00	0.00	0.00	9.27
	NOC(7p-7a)	12	6	0	0	0	3.27	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	3	0	0.00	0.00	1.64	0.00	
	NOC (630p-630a)	12	0	0	2	0	0.00	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
21	Day (7a-7p)	12	6	0	0	0	3.43	0.00	0.00	0.00	9.71
	NOC(7p-7a)	12	6	0	0	0	3.43	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	3	0	0.00	0.00	1.71	0.00	
	NOC (630p-630a)	12	0	0	2	0	0.00	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20	Day (7a-7p)	12	5	0	0	0	3.00	0.00	0.00	0.00	8.40
	NOC(7p-7a)	12	5	0	0	0	3.00	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	2	0	0.00	0.00	1.20	0.00	
	NOC (630p-630a)	12	0	0	2	0	0.00	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
19	Day (7a-7p)	12	5	0	0	0	3.16	0.00	0.00	0.00	8.84
	NOC(7p-7a)	12	5	0	0	0	3.16	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	2	0	0.00	0.00	1.26	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.26	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
18	Day (7a-7p)	12	5	0	0	0	3.33	0.00	0.00	0.00	9.33
	NOC(7p-7a)	12	5	0	0	0	3.33	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.33	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
17	Day (7a-7p)	12	5	0	0	0	3.53	0.00	0.00	0.00	9.88
	NOC(7p-7a)	12	5	0	0	0	3.53	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.41	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
16	Day (7a-7p)	12	5	0	0	0	3.75	0.00	0.00	0.00	10.50
	NOC(7p-7a)	12	5	0	0	0	3.75	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.50	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
15	Day (7a-7p)	12	4	0	0	0	3.20	0.00	0.00	0.00	8.00
	NOC(7p-7a)	12	4	0	0	0	3.20	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	0.80	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
14	Day (7a-7p)	12	4	0	0	0	3.43	0.00	0.00	0.00	8.57
	NOC(7p-7a)	12	4	0	0	0	3.43	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	0.86	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
13	Day (7a-7p)	12	4	0	0	0	3.69	0.00	0.00	0.00	9.23
	NOC(7p-7a)	12	4	0	0	0	3.69	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	0.92	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
12	Day (7a-7p)	12	3	0	0	0	3.00	0.00	0.00	0.00	8.00
	NOC(7p-7a)	12	3	0	0	0	3.00	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.00	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
11	Day (7a-7p)	12	3	0	0	0	3.27	0.00	0.00	0.00	8.73
	NOC(7p-7a)	12	3	0	0	0	3.27	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.09	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10	Day (7a-7p)	12	3	0	0	0	3.60	0.00	0.00	0.00	9.60
	NOC(7p-7a)	12	3	0	0	0	3.60	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.20	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.20	0.00	
		12	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
9	Day (7a-7p)	12	2	0	0	0	2.67	0.00	0.00	0.00	8.00
	NOC(7p-7a)	12	2	0	0	0	2.67	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.33	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
8	Day (7a-7p)	12	2	0	0	0	3.00	0.00	0.00	0.00	9.00
	NOC(7p-7a)	12	2	0	0	0	3.00	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.50	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7	Day (7a-7p)	12	2	0	0	0	3.43	0.00	0.00	0.00	6.86
	NOC(7p-7a)	12	2	0	0	0	3.43	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
6	Day (7a-7p)	12	2	0	0	0	4.00	0.00	0.00	0.00	8.00
	NOC(7p-7a)	12	2	0	0	0	4.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	0.00
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

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)
5	Day (7a-7p)	12	2	0	0	0	4.80	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	4.80	0.00	0.00	0.00	
		12	0	0	0	0	0.00	0.00	0.00	0.00	
		12	0	0	0	0	0.00	0.00	0.00	0.00	
		12	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
4	Day (7a-7p)	12	2	0	0	0	6.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	0.00
3	Day (7a-7p)	12	2	0	0	0	8.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00
2	Day (7a-7p)	12	2	0	0	0	12.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00
1	Day (7a-7p)	12	2	0	0	0	24.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	24.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	48.00

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DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	X			X
Phyisical Therapist	X			X
Occupational Therapist	X			
Speech Therapist	X			
Respiratory Therapy	X		X	X
Wound Care RN	X			
PICC RN	X			
Dietitian	X			
Chaplain	X		X	X
Telemetry	X		X	X
Sitter/RVM	X		X	X
Interpreter	X		X	X
Transport/EKG Tech	X		X	X
Case Management/Social Work	X			
Lab Phlebotomist	X		X	X
CT/MRI/X-Ray	X		X	X

Unit Information

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:

Refer to Acute Care and Surgical Units: Staffing Guidelines, 62.01.00
Guideline for Administration of Medicated IV Drips and STAT IVP Medications, 650.12.01

☑ 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:

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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:	**8RP Acute Care Cardiac Unit**		
Unit/ Clinic Type:	**Med-Surg Acute**		
Unit/ Clinic Address:	**888 Swift Blvd., Richland, WA 99352**		
Average Daily Census:	**25**	**Maximum # of Beds:**	**27**
Effective as of:	**7/1/2024**		
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)
27	Day (7a-7p)	12	7	0	0	0	3.11	0.00	0.00	0.00	
	NOC(7p-7a)	12	7	0	0	0	3.11	0.00	0.00	0.00	
	Day(630a-630	12	0	0	3	0	0.00	0.00	1.33	0.00	
	NOC (630p-630a)	12	0	0	3	0	0.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.89
26	Day (7a-7p)	12	7	0	0	0	3.23	0.00	0.00	0.00	
	NOC(7p-7a)	12	7	0	0	0	3.23	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	3	0	0.00	0.00	1.38	0.00	
	NOC(630p-630a)	12	0	0	3	0	0.00	0.00	1.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.23
25	Day (7a-7p)	12	6	0	0	0	2.88	0.00	0.00	0.00	
	NOC(7p-7a)	12	6	0	0	0	2.88	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	3	0	0.00	0.00	1.44	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	0.96	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.16
24	Day (7a-7p)	12	6	0	0	0	3.00	0.00	0.00	0.00	
	NOC (7p-7a)	12	6	0	0	0	3.00	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	3	0	0.00	0.00	1.50	0.00	
	NOC (630p-630a)	12	0	0	2	0	0.00	0.00	1.00	0.00	
		0	0	0	0		0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.50

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)
23	Day (7a-7p)	12	6	0	0	0	3.13	0.00	0.00	0.00	8.87
	NOC(7p-7a)	12	6	0	0	0	3.13	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	3	0	0.00	0.00	1.57	0.00	
	NOC (630p-630a)	12	0	0	2	0	0.00	0.00	1.04	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22	Day (7a-7p)	12	6	0	0	0	3.27	0.00	0.00	0.00	9.27
	NOC(7p-7a)	12	6	0	0	0	3.27	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	3	0	0.00	0.00	1.64	0.00	
	NOC (630p-630a)	12	0	0	2	0	0.00	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
21	Day (7a-7p)	12	6	0	0	0	3.43	0.00	0.00	0.00	9.71
	NOC(7p-7a)	12	6	0	0	0	3.43	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	3	0	0.00	0.00	1.71	0.00	
	NOC (630p-630a)	12	0	0	2	0	0.00	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20	Day (7a-7p)	12	5	0	0	0	3.00	0.00	0.00	0.00	8.40
	NOC(7p-7a)	12	5	0	0	0	3.00	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	2	0	0.00	0.00	1.20	0.00	
	NOC (630p-630a)	12	0	0	2	0	0.00	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
19	Day (7a-7p)	12	5	0	0	0	3.16	0.00	0.00	0.00	8.84
	NOC(7p-7a)	12	5	0	0	0	3.16	0.00	0.00	0.00	
	Day (630a-630p)	12	0	0	2	0	0.00	0.00	1.26	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.26	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
18	Day (7a-7p)	12	5	0	0	0	3.33	0.00	0.00	0.00	9.33
	NOC(7p-7a)	12	5	0	0	0	3.33	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.33	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
17	Day (7a-7p)	12	5	0	0	0	3.53	0.00	0.00	0.00	9.88
	NOC(7p-7a)	12	5	0	0	0	3.53	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.41	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
16	Day (7a-7p)	12	5	0	0	0	3.75	0.00	0.00	0.00	10.50
	NOC(7p-7a)	12	5	0	0	0	3.75	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.50	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
15	Day (7a-7p)	12	4	0	0	0	3.20	0.00	0.00	0.00	8.00
	NOC(7p-7a)	12	4	0	0	0	3.20	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	0.80	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
14	Day (7a-7p)	12	4	0	0	0	3.43	0.00	0.00	0.00	8.57
	NOC(7p-7a)	12	4	0	0	0	3.43	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	0.86	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
13	Day (7a-7p)	12	4	0	0	0	3.69	0.00	0.00	0.00	9.23
	NOC(7p-7a)	12	4	0	0	0	3.69	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	0.92	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
12	Day (7a-7p)	12	3	0	0	0	3.00	0.00	0.00	0.00	8.00
	NOC(7p-7a)	12	3	0	0	0	3.00	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.00	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
11	Day (7a-7p)	12	3	0	0	0	3.27	0.00	0.00	0.00	
	NOC(7p-7a)	12	3	0	0	0	3.27	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.09	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.73
10	Day (7a-7p)	12	3	0	0	0	3.60	0.00	0.00	0.00	
	NOC(7p-7a)	12	3	0	0	0	3.60	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.20	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.20	0.00	
		12	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
9	Day (7a-7p)	12	2	0	0	0	2.67	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	2.67	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.33	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
8	Day (7a-7p)	12	2	0	0	0	3.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	3.00	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.50	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
7	Day (7a-7p)	12	2	0	0	0	3.43	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	3.43	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.86
6	Day (7a-7p)	12	2	0	0	0	4.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	4.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00

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)
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	0.00
5	Day (7a-7p)	12	2	0	0	0	4.80	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	4.80	0.00	0.00	0.00	
		12	0	0	0	0	0.00	0.00	0.00	0.00	
		12	0	0	0	0	0.00	0.00	0.00	0.00	
		12	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
4	Day (7a-7p)	12	2	0	0	0	6.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	0.00
3	Day (7a-7p)	12	2	0	0	0	8.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00
2	Day (7a-7p)	12	2	0	0	0	12.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00
1	Day (7a-7p)	12	2	0	0	0	24.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	24.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	48.00

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DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	X			X
Phyisical Therapist	X			X
Occupational Therapist	X			
Speech Therapist	X			
Respiratory Therapy	X		X	X
Wound Care RN	X			
PICC RN	X			
Dietitian	X			
Chaplain	X		X	X
Telemetry	X		X	X
Sitter/RVM	X		X	X
Interpreter	X		X	X
Transport/EKG Tech	X		X	X
Case Management/Social Work	X			
Lab Phlebotomist	X		X	X
CT/MRI/X-Ray	X		X	X

Unit Information

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:

Refer to Acute Care and Surgical Units: Staffing Guidelines, 62.01.00
Guideline for Administration of Medicated IV Drips and STAT IVP Medications, 650.12.01

☑ 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:

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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:	**Kadlec Progressive Care Unit/9RP**		
Unit/ Clinic Type:	**Inpatient Nursing Unit**		
Unit/ Clinic Address:	**888 Swift Blvd., Richland, WA 99352**		
Average Daily Census:	**18**	**Maximum # of Beds:**	**20**
Effective as of:	**7/1/2024**		
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)
20	7pm)	12	6	0	2	0	3.60	0.00	1.20	0.00	9.60
	Night (7pm-7am)	12	6	0	2	0	3.60	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
19	Day (7am-7pm)	12	6	0	2	0	3.79	0.00	1.26	0.00	10.11
	Night (7pm-7am)	12	6	0	2	0	3.79	0.00	1.26	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
18	Day (7am-7pm)	12	6	0	2	0	4.00	0.00	1.33	0.00	10.67
	Night (7pm-7am)	12	6	0	2	0	4.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
17	Day (7am-7pm)	12	6	0	2	0	4.24	0.00	1.41	0.00	
	Night (7pm-7am)	12	6	0	2	0	4.24	0.00	1.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.29
16	Day (7am-7pm)	12	5	0	2	0	3.75	0.00	1.50	0.00	
	Night (7pm-7am)	12	5	0	2	0	3.75	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.50
15	Day (7am-7pm)	12	5	0	2	0	4.00	0.00	1.60	0.00	
	Night (7pm-7am)	12	5	0	2	0	4.00	0.00	1.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.20
14	Day (7am-7pm)	12	5	0	2	0	4.29	0.00	1.71	0.00	
	Night (7pm-7am)	12	5	0	2	0	4.29	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
13	Day (7am-7pm)	12	5	0	1	0	4.62	0.00	0.92	0.00	
	Night (7pm-7am)	12	5	0	1	0	4.62	0.00	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.08

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)
12	Day (7am-7pm)	12	4	0	1	0	4.00	0.00	1.00	0.00	
	Night (7pm-7am)	12	4	0	1	0	4.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.00
11	Day (7am-7pm)	12	4	0	1	0	4.36	0.00	1.09	0.00	
	Night (7pm-7am)	12	4	0	1	0	4.36	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.91
10	Day (7am-7pm)	12	4	0	0	0	4.80	0.00	0.00	0.00	
	Night (7pm-7am)	12	4	0	0	0	4.80	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
9	Day (7am-7pm)	12	4	0	0	0	5.33	0.00	0.00	0.00	
	Night (7pm-7am)	12	4	0	0	0	5.33	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.67
8	Day (7am-7pm)	12	3	0	0	0	4.50	0.00	0.00	0.00	
	Night (7pm-7am)	12	3	0	0	0	4.50	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00

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)
7	Day (7am-7pm)	12	2	0	0	0	3.43	0.00	0.00	0.00	
	Night (7pm-7am)	12	2	0	0	0	3.43	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.86
6	Day (7am-7pm)	12	2	0	0	0	4.00	0.00	0.00	0.00	
	Night (7pm-7am)	12	2	0	0	0	4.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
5	Day (7am-7pm)	12	2	0	0	0	4.80	0.00	0.00	0.00	
	Night (7pm-7am)	12	2	0	0	0	4.80	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
4	Day (7am-7pm)	12	2	0	0	0	6.00	0.00	0.00	0.00	
	Night (7pm-7am)	12	2	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
3	Day (7am-7pm)	12	2	0	0	0	8.00	0.00	0.00	0.00	
	Night (7pm-7am)	12	2	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00

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)
2	Day (7am-7pm)	12	2	0	0	0	12.00	0.00	0.00	0.00	
	Night (7pm-7am)	12	2	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00
1	Day (7am-7pm)	12	2	0	0	0	24.00	0.00	0.00	0.00	
	Night (7pm-7am)	12	2	0	0	0	24.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	48.00

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Respiratory Therapy	X		X	X
Physical Therapy	X			X
HUC	X			X
Speech Therapy	X			X
Occupational Therapy	X			X
Sitter/RVM	X		X	X

Unit Information

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:

Refer to Progressive Care Unit Standards of Care 62.03.00 – Part 2 Management of Patients
Guideline for Administration of Medicated IV Drips and Stat IVP Medications, 650.12.01

☑ 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:

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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:	**Birth Center - Labor**		
Unit/ Clinic Type:	**Labor and Delivery**		
Unit/ Clinic Address:	**888 Swift Blvd., Richland, WA 99352**		
Average Daily Census:	**7**	**Maximum # of Beds:**	**14**
Effective as of:	**7/1/2024**		
# of Rooms			

# of Rooms	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)
14	0600-1830	12	8	0	0	2	6.86	0.00	0.00	1.71	17.14
	1800-0630	12	8	0	0	2	6.86	0.00	0.00	1.71	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
13	0600-1830	12	8	0	0	2	7.38	0.00	0.00	1.85	18.46
	1800-0630	12	8	0	0	2	7.38	0.00	0.00	1.85	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
12	0600-1830	12	8	0	0	2	8.00	0.00	0.00	2.00	20.00
	1800-0630	12	8	0	0	2	8.00	0.00	0.00	2.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
11	0600-1830	12	8	0	0	2	8.73	0.00	0.00	2.18	21.82
	1800-0630	12	8	0	0	2	8.73	0.00	0.00	2.18	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

# of Rooms	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)
10	0600-1830	12	7	0	0	2	8.40	0.00	0.00	2.40	
	1800-0630	12	7	0	0	2	8.40	0.00	0.00	2.40	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	21.60
9	0600-1830	12	7	0	0	2	9.33	0.00	0.00	2.67	
	1800-0630	12	7	0	0	2	9.33	0.00	0.00	2.67	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00
8	0600-1830	12	6	0	0	2	9.00	0.00	0.00	3.00	
	1800-0630	12	6	0	0	2	9.00	0.00	0.00	3.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00
7	0600-1830	12	6	0	0	2	10.29	0.00	0.00	3.43	
	1800-0630	12	6	0	0	2	10.29	0.00	0.00	3.43	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	27.43
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
6	0600-1830	12	5	0	0	2	10.00	0.00	0.00	4.00	
	1800-0630	12	5	0	0	2	10.00	0.00	0.00	4.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	28.00

# of Rooms	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)
5	0600-1830	12	5	0	0	2	12.00	0.00	0.00	4.80	
	1800-0630	12	5	0	0	2	12.00	0.00	0.00	4.80	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	33.60
4	0600-1830	12	4	0	0	2	12.00	0.00	0.00	6.00	
	1800-0630	12	4	0	0	2	12.00	0.00	0.00	6.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	36.00
3	0600-1830	12	4	0	0	2	16.00	0.00	0.00	8.00	
	1800-0630	12	4	0	0	2	16.00	0.00	0.00	8.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	48.00
2	0600-1830	12	3	0	0	2	18.00	0.00	0.00	12.00	
	1800-0630	12	3	0	0	2	18.00	0.00	0.00	12.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	60.00
1	0600-1830	12	3	0	0	2	36.00	0.00	0.00	24.00	
	1800-0630	12	3	0	0	2	36.00	0.00	0.00	24.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	120.00

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Respiratory Therapy	X		X	X

Unit Information

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:

Refer to AWHONN Guidelines
Guidelines for Staffing, 26.02.01

☑ 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:

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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:	**Cardiac Cath Lab**
Unit/ Clinic Type:	**Procedural Care**
Unit/ Clinic Address:	**1OP | 888 Swift Blvd., Richland, WA 99352**
Effective as of:	**7/1/2024**
Room assignment	

Room assignment	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Cath Lab 1	Day (7a-7p)	12	1	0	0	0
Cath Lab 2	Day (7a-7p)	12	1	0	0	0

Room assignment	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Cath Lab 3	Day (7a-7p)	12	1	0	0	0
Cath Lab 4	Day (7a-7p)	12	1	0	0	0
Cath Lab 5	Day (7a-7p)	12	1	0	0	0
Procedure Room	Day (7a-5p)	10	1	0	0	0

Room assignment	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
CV Pre/Post	Day (6a-2p)	8	1	0	1	0
	Day (6a-4p)	10	2	0	0	0
	Day (6a-6p)	12	1	0	1	0
	Day (800a-6p)	10	1	0	0	0
	Day (700a-5p)	10	1	0	0	0

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Interventional Radiology Tech	X	X	X	X
Cardiac Cath Tech	X	X	X	X
Electrophysiology Tech	X	X	X	

Unit Information

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:

Refer to Cardiovascular Services: Master Staffing Plan, 48.02

☑ 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:

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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:	**CDU**		
Unit/ Clinic Type:	**Observation**		
Unit/ Clinic Address:	**888 Swift Blvd., Richland, WA 99352**		
Average Daily Census:	**14**	**Maximum # of Beds:**	**23**
Effective as of:	**7/1/2024**		
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)
23	Day (7a-7p)	12	6	0	0	0	3.13	0.00	0.00	0.00	8.35
	NOC(7p-7a)	12	6	0	0	0	3.13	0.00	0.00	0.00	
	Day(630a-630	12	0	0	2	0	0.00	0.00	1.04	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.04	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22	Day (7a-7p)	12	6	0	0	0	3.27	0.00	0.00	0.00	8.18
	NOC(7p-7a)	12	5	0	0	0	2.73	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.09	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.09	0.00	
		0	0	0	0		0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
21	Day (7a-7p)	12	6	0	0	0	3.43	0.00	0.00	0.00	8.57
	NOC(7p-7a)	12	5	0	0	0	2.86	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.14	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
20	Day (7a-7p)	12	5	0	0	0	3.00	0.00	0.00	0.00	8.40
	NOC(7p-7a)	12	5	0	0	0	3.00	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.20	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
19	Day (7a-7p)	12	5	0	0	0	3.16	0.00	0.00	0.00	8.84
	NOC(7p-7a)	12	5	0	0	0	3.16	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.26	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.26	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
18	Day (7a-7p)	12	5	0	0	0	3.33	0.00	0.00	0.00	9.33
	NOC(7p-7a)	12	5	0	0	0	3.33	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.33	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
17	Day (7a-7p)	12	5	0	0	0	3.53	0.00	0.00	0.00	9.18
	NOC(7p-7a)	12	4	0	0	0	2.82	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.41	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
16	Day (7a-7p)	12	4	0	0	0	3.00	0.00	0.00	0.00	9.00
	NOC(7p-7a)	12	4	0	0	0	3.00	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.50	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
15	Day (7a-7p)	12	4	0	0	0	3.20	0.00	0.00	0.00	9.60
	NOC(7p-7a)	12	4	0	0	0	3.20	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.60	0.00	
	NOC(630p-630a)	12	0	0	2	0	0.00	0.00	1.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
14	Day (7a-7p)	12	4	0	0	0	3.43	0.00	0.00	0.00	9.43
	NOC(7p-7a)	12	4	0	0	0	3.43	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	2	0	0.00	0.00	1.71	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
13	Day (7a-7p)	12	4	0	0	0	3.69	0.00	0.00	0.00	9.23
	NOC(7p-7a)	12	4	0	0	0	3.69	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	0.92	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
12	Day (7a-7p)	12	3	0	0	0	3.00	0.00	0.00	0.00	8.00
	NOC(7p-7a)	12	3	0	0	0	3.00	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.00	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
11	Day (7a-7p)	12	3	0	0	0	3.27	0.00	0.00	0.00	8.73
	NOC(7p-7a)	12	3	0	0	0	3.27	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.09	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
10	Day (7a-7p)	12	3	0	0	0	3.60	0.00	0.00	0.00	9.60
	NOC(7p-7a)	12	3	0	0	0	3.60	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.20	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
9	Day (7a-7p)	12	3	0	0	0	4.00	0.00	0.00	0.00	10.67
	NOC(7p-7a)	12	3	0	0	0	4.00	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.33	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
8	Day (7a-7p)	12	2	0	0	0	3.00	0.00	0.00	0.00	9.00
	NOC(7p-7a)	12	2	0	0	0	3.00	0.00	0.00	0.00	
	Day(630a-630p)	12	0	0	1	0	0.00	0.00	1.50	0.00	
	NOC(630p-630a)	12	0	0	1	0	0.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7	Day (7a-7p)	12	2	0	0	0	3.43	0.00	0.00	0.00	6.86
	NOC(7p-7a)	12	2	0	0	0	3.43	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
6	Day (7a-7p)	12	2	0	0	0	4.00	0.00	0.00	0.00	8.00
	NOC(7p-7a)	12	2	0	0	0	4.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
5	Day (7a-7p)	12	2	0	0	0	4.80	0.00	0.00	0.00	9.60
	NOC(7p-7a)	12	2	0	0	0	4.80	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
4	Day (7a-7p)	12	2	0	0	0	6.00	0.00	0.00	0.00	12.00
	NOC(7p-7a)	12	2	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
3	Day (7a-7p)	12	2	0	0	0	8.00	0.00	0.00	0.00	16.00
	NOC(7p-7a)	12	2	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
2	Day (7a-7p)	12	2	0	0	0	12.00	0.00	0.00	0.00	24.00
	NOC(7p-7a)	12	2	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
1	Day (7a-7p)	12	2	0	0	0	1.04	0.00	0.00	0.00	2.09
	NOC(7p-7a)	12	2	0	0	0	1.04	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	X			X
Phyisical Therapist	X			X
Occupational Therapist	X			
Speech Therapist	X			
Respiratory Therapy	X		X	X
Wound Care RN	X			
PICC RN	X			
Dietitian	X			
Chaplain	X		X	X
Telemetry	X		X	X
Sitter/RVM	X		X	X
Interpreter	X		X	X
Transport/EKG Tech	X		X	X
Case Management/Social Work	X			
Lab Phlebotomist	X		X	X
CT/MRI/X-Ray	X		X	X

Unit Information

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:

Refer to Staffing Requirements for CDU, 23.01.00
Guideline for Administration of Medicated IV Drips and Stat IVP Medications, 650.12.01

☑ 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:

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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:	**CDU**		
Unit/ Clinic Type:	**IVT**		
Unit/ Clinic Address:	**888 Swift Blvd., Richland, WA 99352**		
Average Daily Census:	**25**	**Maximum # of Beds:**	**12**
Effective as of:	**7/1/2024**		
# of Rooms			

# of Rooms	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)
12	Day (7a-7p)	12	3	0	0	0	3.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	3.00
11	Day (7a-7p)	12	3	0	0	0	3.27	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	3.27
10	Day (7a-7p)	12	3	0	0	0	3.60	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	3.60

# of Rooms	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)
9	Day (7a-7p)	12	3	0	0	0	4.00	0.00	0.00	0.00	4.00
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
8	Day (7a-7p)	12	2	0	0	0	3.00	0.00	0.00	0.00	3.00
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7	Day (7a-7p)	12	2	0	0	0	3.43	0.00	0.00	0.00	3.43
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
6	Day (7a-7p)	12	2	0	0	0	4.00	0.00	0.00	0.00	4.00
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
5	Day (7a-7p)	12	2	0	0	0	4.80	0.00	0.00	0.00	4.80
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

# of Rooms	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)
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4	Day (7a-7p)	12	2	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.00
3	Day (7a-7p)	12	2	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
2	Day (7a-7p)	12	2	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
1	Day (7a-7p)	12	2	0	0	0	24.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	X			X
Phyisical Therapist	X			X
Occupational Therapist	X			
Speech Therapist	X			
Respiratory Therapy	X		X	X
Wound Care RN	X			
PICC RN	X			
Dietitian	X			
Chaplain	X		X	X
Telemetry	X		X	X
Sitter/RVM	X		X	X
Interpreter	X		X	X
Transport/EKG Tech	X		X	X
Case Management/Social Work	X			
Lab Phlebotomist	X		X	X
CT/MRI/X-Ray	X		X	X

Unit Information

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:

Refer to Staffing Requirements for CDU, 23.01.00 and Guideline for Administration of Medicated IV Drips and STAT IVP Medications, 650.12.01

☑ 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:

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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:	**Imaging Nursing**
Unit/ Clinic Type:	**Procedural Care**
Unit/ Clinic Address:	**888 Swift Blvd., Richland, WA 99352**
Effective as of:	**7/1/2024**
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 (0800-1630)	8	2	0	0	0
Tuesday	Day (0800-1630)	8	2	0	0	0
Wednesday	Day (0800-1630)	8	2	0	0	0

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
Thursday	Day (0800-1630)	8	2	0	0	0
Friday	Day (0800-1630)	8	2	0	0	0
Saturday	Closed					
Sunday	Closed					

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
None				

Unit Information

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:

☑ 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:

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DOH 346-154

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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:	**Inpatient Dialysis**		
Unit/ Clinic Type:	**Procedural Care**		
Unit/ Clinic Address:	**888 Swift Blvd., Richland, WA 99352**		
Average Daily Census:	**6**	**Maximum # of Beds:**	**8**
Effective as of:	**7/1/2024**		
# of Procedures			

# of Procedures	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)
8	Day 6a-430p	10	1	0	0	1	1.25	0.00	0.00	1.25	8.50
	Day 6a-630p	12	3	0	0	1	4.50	0.00	0.00	1.50	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7	Day 6a-430p	10	1	0	0	1	1.43	0.00	0.00	1.43	8.00
	Day 6a-630p	12	2	0	0	1	3.43	0.00	0.00	1.71	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
6	Day 6a-430p	10	1	0	0	1	1.67	0.00	0.00	1.67	9.33
	Day 6a-630p	12	2	0	0	1	4.00	0.00	0.00	2.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

# of Procedures	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)
5	Day 6a-430p	10	1	0	0	0	2.00	0.00	0.00	0.00	9.20
	Day 6a-630p	12	2	0	0	1	4.80	0.00	0.00	2.40	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
4	Day 6a-430p	10	1	0	0	0	2.50	0.00	0.00	0.00	8.50
	Day 6a-630p	12	1	0	0	1	3.00	0.00	0.00	3.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
3	Day 6a-430p	10	1	0	0	0	3.33	0.00	0.00	0.00	11.33
	Day 6a-630p	12	1	0	0	1	4.00	0.00	0.00	4.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
2	Day 6a-430p	10	1	0	0	0	5.00	0.00	0.00	0.00	11.00
	Day 6a-630p	12	1	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
1	Day 6a-430p	10	1	0	0	0	10.00	0.00	0.00	0.00	22.00
	Day 6a-630p	12	1	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
None				

Unit Information

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:

☑ 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:

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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:	**Kadlec Emergency Department**
Unit/ Clinic Type:	**Emergency Department**
Unit/ Clinic Address:	**888 Swift Blvd., Richland, WA 99352**
Effective as of:	**1-Jul-24**
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
Sunday	Day (7am-7pm)	12	5	0	0	2
	Mid (9am-9pm)	12	1	0	0	0
	Mid (11am-11pm)	12	0	0	0	1
	Mid (12pm-12am)	12	1	0	0	0
	Mid (2pm - 2am)	12	1	0	0	0
	Night (7pm-7am)	12	5	0	0	2
Monday	Day (7am-7pm)	12	5	0	0	2
	Mid (9am-9pm)	12	1	0	0	0
	Mid (11am-11pm)	12	0	0	0	1
	Mid (12pm-12am)	12	1	0	0	0
	Mid (2pm - 2am)	12	1	0	0	0
	Night (7pm-7am)	12	5	0	0	2
Tuesday	Day (7am-7pm)	12	5	0	0	2
	Mid (9am-9pm)	12	1	0	0	0
	Mid (11am-11pm)	12	0	0	0	1
	Mid (12pm-12am)	12	1	0	0	0
	Mid (2pm - 2am)	12	1	0	0	0
	Night (7pm-7am)	12	5	0	0	2

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
Wednesday	Day (7am-7pm)	12	5	0	0	2
	Mid (9am-9pm)	12	1	0	0	0
	Mid (11am-11pm)	12	0	0	0	1
	Mid (12pm-12am)	12	1	0	0	0
	Mid (2pm - 2am)	12	1	0	0	0
	Night (7pm-7am)	12	5	0	0	2
Thursday	Day (7am-7pm)	12	5	0	0	2
	Mid (9am-9pm)	12	1	0	0	0
	Mid (11am-11pm)	12	0	0	0	1
	Mid (12pm-12am)	12	1	0	0	0
	Mid (2pm - 2am)	12	1	0	0	0
	Night (7pm-7am)	12	5	0	0	2
Friday	Day (7am-7pm)	12	5	0	0	2
	Mid (9am-9pm)	12	1	0	0	0
	Mid (11am-11pm)	12	0	0	0	1
	Mid (12pm-12am)	12	1	0	0	0
	Mid (2pm - 2am)	12	1	0	0	0
	Night (7pm-7am)	12	5	0	0	2
Saturday	Day (7am-7pm)	12	5	0	0	2
	Mid (9am-9pm)	12	1	0	0	0
	Mid (11am-11pm)	12	0	0	0	1
	Mid (12pm-12am)	12	1	0	0	0
	Mid (2pm - 2am)	12	1	0	0	0
	Night (7pm-7am)	12	5	0	0	2

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
CT Technologist	X		X	X
Ultrasound Tech	X		X	X
X-Ray Tech	X		X	X
Registration	X		X	X
Child Life Specialist	X			
Pharmacist	X			

Unit Information

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:

Refer to Staffing Plan, 24.00.08

☑ 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:

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Patient Volume-based 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:		**Endoscopy**									
Unit/ Clinic Type:		**Procedural Care**									
Unit/ Clinic Address:		**888 Swift Blvd., Richland, WA 99352**									
Average Daily Census:		**10**				**Maximum # of Beds:**			**3**		
Effective as of:		**7/1/2024**									
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)
3	M-F (0700-1530)	10	4	0	0	0	20.00	0.00	0.00	0.00	20.00
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
2	M-F (0700-1530)	10	3	0	0	0	15.00	0.00	0.00	0.00	15.00
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
1	M-F (0700-1530)	10	2	0	0	0	10.00	0.00	0.00	0.00	10.00
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Endo Tech	X			

Unit Information

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:

☑ 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:

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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:	**Kadlec Free Standing ED**
Unit/ Clinic Type:	**Emergency Department**
Unit/ Clinic Address:	**3290 W 19th Ave Kennewick, WA 99337**
Effective as of:	**1-Jul-24**
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
Sunday	Day (6am-6pm)	12	3	0	0	1
	Mid (12pm-12am)	12	1	0	0	1
	Night (6pm-6am)	12	3	0	0	1
Monday	Day (6am-6pm)	12	3	0	0	1
	Mid (12pm-12am)	12	1	0	0	1
	Night (6pm-6am)	12	3	0	0	1
Tuesday	Day (6am-6pm)	12	3	0	0	1
	Mid (12pm-12am)	12	1	0	0	1
	Night (6pm-6am)	12	3	0	0	1

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
Wednesday	Day (6am-6pm)	12	3	0	0	1
	Mid (12pm-12am)	12	1	0	0	1
	Night (6pm-6am)	12	3	0	0	1
Thursday	Day (6am-6pm)	12	3	0	0	1
	Mid (12pm-12am)	12	1	0	0	1
	Night (6pm-6am)	12	3	0	0	1
Friday	Day (6am-6pm)	12	3	0	0	1
	Mid (12pm-12am)	12	1	0	0	1
	Night (6pm-6am)	12	3	0	0	1
Saturday	Day (6am-6pm)	12	3	0	0	1
	Mid (12pm-12am)	12	1	0	0	1
	Night (6pm-6am)	12	3	0	0	1

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
CT/X-Ray Technologist	X		X	X
Ultrasound Technologist	X		X	X
Chaplain	X		X	X
Registration	X		X	X
Lab	X		X	X
Phlebotomist	X		X	X
Security	X		X	X
EVS	X		X	X
Telemetry	X		X	X
Virtual Interpreter	X		X	X
Virtual Respiratory Therapy	X		X	X

Unit Information

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:

Refer to Staffing Requirements, 54.04.00

☑ 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:

Washington State Department of HEALTH

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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:	**KRMC Intensive Care Unit**		
Unit/ Clinic Type:	**Inpatient Critical Care**		
Unit/ Clinic Address:	**10RP | 888 Swift Blvd., Richland, WA; 99532**		
Average Daily Census:	**18**	**Maximum # of Beds:**	**20**
Effective as of:	**7/1/2024**		
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)
20	Day (7a-7p)	12	11	0	1	0	6.60	0.00	0.60	0.00	
	NOC(7p-7a)	12	11	0	1	0	6.60	0.00	0.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
19	Day (7a-7p)	12	11	0	1	0	6.95	0.00	0.63	0.00	
	NOC(7p-7a)	12	11	0	1	0	6.95	0.00	0.63	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.16
18	Day (7a-7p)	12	10	0	1	0	6.67	0.00	0.67	0.00	
	NOC(7p-7a)	12	10	0	1	0	6.67	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.67

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)
17	Day (7a-7p)	12	10	0	1	0	7.06	0.00	0.71	0.00	
	NOC(7p-7a)	12	10	0	1	0	7.06	0.00	0.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.53
16	Day (7a-7p)	12	9	0	1	0	6.75	0.00	0.75	0.00	
	NOC(7p-7a)	12	9	0	1	0	6.75	0.00	0.75	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.00
15	Day (7a-7p)	12	9	0	1	0	7.20	0.00	0.80	0.00	
	NOC(7p-7a)	12	9	0	1	0	7.20	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00
14	Day (7a-7p)	12	8	0	1	0	6.86	0.00	0.86	0.00	
	NOC(7p-7a)	12	8	0	1	0	6.86	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.43
13	Day (7a-7p)	12	8	0	1	0	7.38	0.00	0.92	0.00	
	NOC(7p-7a)	12	8	0	1	0	7.38	0.00	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.62

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)
12	Day (7a-7p)	12	7	0	1	0	7.00	0.00	1.00	0.00	16.00
	NOC(7p-7a)	12	7	0	1	0	7.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
11	Day (7a-7p)	12	7	0	1	0	7.64	0.00	1.09	0.00	17.45
	NOC(7p-7a)	12	7	0	1	0	7.64	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10	Day (7a-7p)	12	6	0	1	0	7.20	0.00	1.20	0.00	16.80
	NOC(7p-7a)	12	6	0	1	0	7.20	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
9	Day (7a-7p)	12	6	0	1	0	8.00	0.00	1.33	0.00	18.67
	NOC(7p-7a)	12	6	0	1	0	8.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
8	Day (7a-7p)	12	5	0	1	0	7.50	0.00	1.50	0.00	18.00
	NOC(7p-7a)	12	5	0	1	0	7.50	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
7	Day (7a-7p)	12	5	0	1	0	8.57	0.00	1.71	0.00	
	NOC(7p-7a)	12	5	0	1	0	8.57	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	20.57
6	Day (7a-7p)	12	4	0	1	0	8.00	0.00	2.00	0.00	
	NOC(7p-7a)	12	4	0	1	0	8.00	0.00	2.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	20.00
5	Day (7a-7p)	12	4	0	0	0	9.60	0.00	0.00	0.00	
	NOC(7p-7a)	12	4	0	0	0	9.60	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	19.20
4	Day (7a-7p)	12	3	0	0	0	9.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	3	0	0	0	9.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	18.00
3	Day (7a-7p)	12	3	0	0	0	12.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	3	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00

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)
2	Day (7a-7p)	12	2	0	0	0	12.00	0.00	0.00	0.00	24.00
	NOC(7p-7a)	12	2	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
1	Day (7a-7p)	12	2	0	0	0	24.00	0.00	0.00	0.00	48.00
	NOC(7p-7a)	12	2	0	0	0	24.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Respiratory Therapy	X		X	X
Physical Therapy	X			X
HUC	X			X
Speech Therapy	X			X
Occupational Therapy	X			X
Sitter/RVM	X		X	X
Telemetry Tech	X		X	X
Child Life Specialist	X			
Chaplain	X			

Unit Information

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:

Refer to Acuity/Staffing for Intensive Care, 29.33.00
Guideline for Administration of Medicated IV Drips and Stat IVP Medications, 650.12.01

☑ 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:

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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:	**Kadlec Clinic Hematology & Oncology**
Unit/ Clinic Type:	**Outpatient Hematology & Oncology**
Unit/ Clinic Address:	**7360 W. Deschutes Avenue., Kennewick, WA 99336**
Effective as of:	**1-Jul-24**
Room assignment	

Room assignment	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
26	0800-1830	10	9	0	0	1
25	0800-1830	10	9	0	0	1
24	0800-1830	10	8	0	0	1

Room assignment	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
23	0800-1830	10	8	0	0	1
22	0800-1830	10	8	0	0	1
21	0800-1830	10	8	0	0	1
20	0800-1830	10	7	0	0	1
19	0800-1830	10	7	0	0	1

Room assignment	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
18	0800-1830	10	7	0	0	1
17	0800-1830	10	7	0	0	1
16	0800-1830	10	6	0	0	1
15	0800-1830	10	6	0	0	1
14	0800-1830	10	6	0	0	1
13	0800-1830	10	6	0	0	1

Room assignment	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
12	0800-1830	10	5	0	0	1
11	0800-1830	10	5	0	0	1
10	0800-1830	10	5	0	0	1
9	0800-1830	10	5	0	0	1
8	0800-1830	10	4	0	0	1
7	0800-1830	10	4	0	0	1

Room assignment	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
6	0800-1830	10	4	0	0	1
5	0800-1830	10	4	0	0	1
4	0800-1830	10	3	0	0	1
3	0800-1830	10	3	0	0	1
2	0800-1830	10	3	0	0	1
1	0800-1830	10	3	0	0	1

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Front Desk (check-in)	X			
Front Desk (check-out)	X			
Pharmacist	X			
Pharmacy Technician	X			
Provider Medical Assistant	X			

Unit Information

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:

Refer to Staffing Guidelines: KCHO, 76.30.73

☑ 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:

Washington State Department of HEALTH

DOH 346-154

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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:	**Kadlec Regional Medical Center - Kadlec Support Services**		
Unit/ Clinic Type:	**HEMATOLOGY & ONCOLOGY - PORT ACCESS/BLOOD DRAW**		
Unit/ Clinic Address:	**7350 W. Deschutes Avenue., Kennewick, WA 99336**		
Average Daily Census:	**60**	**Maximum # of Beds:**	**3**
Effective as of:	**1-Jul-24**		
# of Visits			

# of Visits	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)
70	DAY	10	4	0	0	0	0.57	0.00	0.00	0.00	0.57
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
60	DAY	10	4	0	0	0	0.67	0.00	0.00	0.00	0.67
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
50	DAY	10	3	0	0	0	0.60	0.00	0.00	0.00	0.60
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Check-In (PSR)	X			

Unit Information

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:

☑ 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:

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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:	**Kadlec Birth Center-Post Partum**		
Unit/ Clinic Type:	**Post partum**		
Unit/ Clinic Address:	**888 Swift Blvd Richland, WA 99352**		
Average Daily Census:	**30**	**Maximum # of Beds:**	**19**
Effective as of:	**7/1/2024**		
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)
38	0600-1830	12	7	0	1	0	2.21	0.00	0.32	0.00	
	1800-0630	12	7	0	1	0	2.21	0.00	0.32	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.05
37	0600-1830	12	7	0	1	0	2.27	0.00	0.32	0.00	
	1800-0630	12	7	0	1	0	2.27	0.00	0.32	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.19
36	0600-1830	12	6	0	1	0	2.00	0.00	0.33	0.00	
	1800-0630	12	6	0	1	0	2.00	0.00	0.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	4.67
35	0600-1830	12	6	0	1	0	2.06	0.00	0.34	0.00	
	1800-0630	12	6	0	1	0	2.06	0.00	0.34	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	4.80
34	0600-1830	12	6	0	1	0	2.12	0.00	0.35	0.00	
	1800-0630	12	6	0	1	0	2.12	0.00	0.35	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	4.94

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)
33	0600-1830	12	6	0	1	0	2.18	0.00	0.36	0.00	
	1800-0630	12	6	0	1	0	2.18	0.00	0.36	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.09
32	0600-1830	12	6	0	1	0	2.25	0.00	0.38	0.00	
	1800-0630	12	6	0	1	0	2.25	0.00	0.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.25
31	0600-1830	12	6	0	1	0	2.32	0.00	0.39	0.00	
	1800-0630	12	6	0	1	0	2.32	0.00	0.39	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.42
30	0600-1830	12	5	0	1	0	2.00	0.00	0.40	0.00	
	1800-0630	12	5	0	1	0	2.00	0.00	0.40	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	4.80
29	0600-1830	12	5	0	1	0	2.07	0.00	0.41	0.00	
	1800-0630	12	5	0	1	0	2.07	0.00	0.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	4.97
28	0600-1830	12	5	0	1	0	2.14	0.00	0.43	0.00	
	1800-0630	12	5	0	1	0	2.14	0.00	0.43	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.14

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)
27	0600-1830	12	5	0	1	0	2.22	0.00	0.44	0.00	
	1800-0630	12	5	0	1	0	2.22	0.00	0.44	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.33
26	0600-1830	12	5	0	1	0	2.31	0.00	0.46	0.00	
	1800-0630	12	5	0	1	0	2.31	0.00	0.46	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.54
25	0600-1830	12	5	0	1	0	2.40	0.00	0.48	0.00	
	1800-0630	12	5	0	1	0	2.40	0.00	0.48	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.76
24	0600-1830	12	4	0	1	0	2.00	0.00	0.50	0.00	
	1800-0630	12	4	0	1	0	2.00	0.00	0.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.00
23	0600-1830	12	4	0	1	0	2.09	0.00	0.52	0.00	
	1800-0630	12	4	0	1	0	2.09	0.00	0.52	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.22

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)
22	0600-1830	12	4	0	1	0	2.18	0.00	0.55	0.00	
	1800-0630	12	4	0	1	0	2.18	0.00	0.55	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.45
21	0600-1830	12	4	0	1	0	2.29	0.00	0.57	0.00	
	1800-0630	12	4	0	1	0	2.29	0.00	0.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.71
20	0600-1830	12	4	0	1	0	2.40	0.00	0.60	0.00	
	1800-0630	12	4	0	1	0	2.40	0.00	0.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.00
19	0600-1830	12	4	0	1	0	2.53	0.00	0.63	0.00	
	1800-0630	12	4	0	1	0	2.53	0.00	0.63	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.32
18	0600-1830	12	3	0	1	0	2.00	0.00	0.67	0.00	
	1800-0630	12	3	0	1	0	2.00	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.33

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)
17	0600-1830	12	3	0	1	0	2.12	0.00	0.71	0.00	
	1800-0630	12	3	0	1	0	2.12	0.00	0.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.65
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	0.00
16	0600-1830	12	3	0	1	0	2.25	0.00	0.75	0.00	
	1800-0630	12	3	0	1	0	2.25	0.00	0.75	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.00
15	0600-1830	12	3	0	1	0	2.40	0.00	0.80	0.00	
	1800-0630	12	3	0	1	0	2.40	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.40
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	0.00

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)
14	0600-1830	12	3	0	1	0	2.57	0.00	0.86	0.00	
	1800-0630	12	3	0	1	0	2.57	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.86
13	0600-1830	12	3	0	1	0	2.77	0.00	0.92	0.00	
	1800-0630	12	3	0	1	0	2.77	0.00	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.38
12	0600-1830	12	2	0	1	0	2.00	0.00	1.00	0.00	
	1800-0630	12	2	0	1	0	2.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.00
11	0600-1830	12	2	0	1	0	2.18	0.00	1.09	0.00	
	1800-0630	12	2	0	1	0	2.18	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.55
10	0600-1830	12	2	0	1	0	2.40	0.00	1.20	0.00	
	1800-0630	12	2	0	1	0	2.40	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20

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)
9	0600-1830	12	2	0	1	0	2.67	0.00	1.33	0.00	
	1800-0630	12	2	0	1	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
8	0600-1830	12	2	0	1	0	3.00	0.00	1.50	0.00	
	1800-0630	12	2	0	1	0	3.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
7	0600-1830	12	2	0	1	0	3.43	0.00	1.71	0.00	
	1800-0630	12	2	0	1	0	3.43	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.29
6	0600-1830	12	1	0	1	0	2.00	0.00	2.00	0.00	
	1800-0630	12	1	0	1	0	2.00	0.00	2.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
5	0600-1830	12	1	0	1	0	2.40	0.00	2.40	0.00	
	1800-0630	12	1	0	1	0	1.33	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.47
4	0600-1830	12	1	0	1	0	3.00	0.00	3.00	0.00	
	1800-0630	12	1	0	1	0	3.00	0.00	3.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
3	0600-1830	12	1	0	1	0	4.00	0.00	4.00	0.00	
	1800-0630	12	1	0	1	0	4.00	0.00	4.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00

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)
2	0600-1830	12	1	0	1	0	6.00	0.00	6.00	0.00	
	1800-0630	12	1	0	1	0	6.00	0.00	6.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00
1	0600-1830	12	1	0	1	0	12.00	0.00	12.00	0.00	
	1800-0630	12	1	0	1	0	12.00	0.00	12.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	48.00

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Lactation RNs	X			X
Case Management	X			X

Unit Information

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:

Refer to AWHONN Guidelines
Guidelines for Staffing, 26.02.01

☑ 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:

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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:	**Kadlec Regional Medical Center - Neonatal ICU**		
Unit/ Clinic Type:	**NICU**		
Unit/ Clinic Address:	**888 Swift Blvd., Richland, WA 99352**		
Average Daily Census:	**22**	**Maximum # of Beds:**	**28**
Effective as of:	**7/1/2024**		
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	0700-1930	12	11	0	0	0	4.71	0.00	0.00	0.00	9.43
	1900-0730	12	11	0	0	0	4.71	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
27	0700-1930	12	10	0	0	0	4.44	0.00	0.00	0.00	8.89
	1900-0730	12	10	0	0	0	4.44	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
26	0700-1930	12	10	0	0	0	4.62	0.00	0.00	0.00	9.23
	1900-0730	12	10	0	0	0	4.62	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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	0700-1930	12	10	0	0	0	4.80	0.00	0.00	0.00	9.60
	1900-0730	12	10	0	0	0	4.80	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
24	0700-1930	12	9	0	0	0	4.50	0.00	0.00	0.00	9.00
	1900-0730	12	9	0	0	0	4.50	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
23	0700-1930	12	9	0	0	0	4.70	0.00	0.00	0.00	9.39
	1900-0730	12	9	0	0	0	4.70	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22	0700-1930	12	9	0	0	0	4.91	0.00	0.00	0.00	9.82
	1900-0730	12	9	0	0	0	4.91	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
21	0700-1930	12	8	0	0	0	4.57	0.00	0.00	0.00	9.14
	1900-0730	12	8	0	0	0	4.57	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
20	0700-1930	12	8	0	0	0	4.80	0.00	0.00	0.00	9.60
	1900-0730	12	8	0	0	0	4.80	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
19	0700-1930	12	8	0	0	0	5.05	0.00	0.00	0.00	10.11
	1900-0730	12	8	0	0	0	5.05	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
18	0700-1930	12	7	0	0	0	4.67	0.00	0.00	0.00	9.33
	1900-0730	12	7	0	0	0	4.67	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
17	0700-1930	12	7	0	0	0	4.94	0.00	0.00	0.00	9.88
	1900-0730	12	7	0	0	0	4.94	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
16	0700-1930	12	7	0	0	0	5.25	0.00	0.00	0.00	10.50
	1900-0730	12	7	0	0	0	5.25	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
15	0700-1930	12	6	0	0	0	4.80	0.00	0.00	0.00	
	1900-0730	12	6	0	0	0	4.80	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
14	0700-1930	12	6	0	0	0	5.14	0.00	0.00	0.00	
	1900-0730	12	6	0	0	0	5.14	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.29
13	0700-1930	12	6	0	0	0	5.54	0.00	0.00	0.00	
	1900-0730	12	6	0	0	0	5.54	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.08
12	0700-1930	12	5	0	0	0	5.00	0.00	0.00	0.00	
	1900-0730	12	5	0	0	0	5.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.00
11	0700-1930	12	5	0	0	0	5.45	0.00	0.00	0.00	
	1900-0730	12	5	0	0	0	5.45	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.91

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)
10	0700-1930	12	5	0	0	0	6.00	0.00	0.00	0.00	12.00
	1900-0730	12	5	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
9	0700-1930	12	4	0	0	0	5.33	0.00	0.00	0.00	10.67
	1900-0730	12	4	0	0	0	5.33	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
8	0700-1930	12	4	0	0	0	6.00	0.00	0.00	0.00	12.00
	1900-0730	12	4	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7	0700-1930	12	4	0	0	0	6.86	0.00	0.00	0.00	13.71
	1900-0730	12	4	0	0	0	6.86	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	0.00
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

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)
6	0700-1930	12	3	0	0	0	6.00	0.00	0.00	0.00	
	1900-0730	12	3	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
5	0700-1930	12	3	0	0	0	7.20	0.00	0.00	0.00	
	1900-0730	12	3	0	0	0	7.20	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	0.00
4	0700-1930	12	3	0	0	0	9.00	0.00	0.00	0.00	
	1900-0730	12	3	0	0	0	9.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	18.00
3	0700-1930	12	2	0	0	0	8.00	0.00	0.00	0.00	
	1900-0730	12	2	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00

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)
2	0700-1930	12	2	0	0	0	12.00	0.00	0.00	0.00	24.00
	1900-0730	12	2	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
1	0700-1930	12	2	0	0	0	24.00	0.00	0.00	0.00	48.00
	1900-0730	12	2	0	0	0	24.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	X		X	X
Speech Therapy	X			X
Respiratory Therapy	X		X	X
OT	X			X
Lactation RN	X			X
Physical Therapy	X			X
Dietitican	X			
Case Management	X			X

Unit Information

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:

Refer to NICU Guidelines for Staffing, 43.05.01

☑ 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:

Washington State Department of HEALTH

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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:	**Operating Room**		
Unit/ Clinic Type:	**Procedural Care**		
Unit/ Clinic Address:	**888 Swift Blvd Richland WA 99352**		
Average Daily Census:	**35**	**Maximum # of Beds:**	**12**
Effective as of:	**5/6/2024**		
Census			

# of Rooms	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)
12	M-F 0630-1500	8	13	0	0	0	8.67	0.00	0.00	0.00	16.67
	M-F 1430-2300	8	12	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
11	M-F 0630-1500	8	12	0	0	0	8.00	0.00	0.00	0.00	15.33
	M-F 1430-2300	8	11	0	0	0	7.33	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10	M-F 0630-1500	8	11	0	0	0	7.33	0.00	0.00	0.00	14.00
	M-F 1430-2300	8	10	0	0	0	6.67	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
9	M-F 0630-1500	8	10	0	0	0	6.67	0.00	0.00	0.00	12.67
	M-F 1430-2300	8	9	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
8	M-F 0630-1500	8	9	0	0	0	6.00	0.00	0.00	0.00	11.33
	M-F 1430-2300	8	8	0	0	0	5.33	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

# of Rooms	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)
7	M-F 0630-1500	8	8	0	0	0	5.33	0.00	0.00	0.00	
	M-F 1430-2300	8	7	0	0	0	4.67	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.00
6	M-F 0630-1500	8	7	0	0	0	4.67	0.00	0.00	0.00	
	M-F 1430-2300	8	6	0	0	0	4.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.67
5	M-F 0630-1500	8	6	0	0	0	4.00	0.00	0.00	0.00	
	M-F 1430-2300	8	5	0	0	0	3.33	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.33
4	M-F 0630-1500	8	5	0	0	0	3.33	0.00	0.00	0.00	
	M-F 1430-2300	8	4	0	0	0	2.67	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.00
3	M-F 0630-1500	8	4	0	0	0	2.67	0.00	0.00	0.00	
	M-F 1430-2300	8	3	0	0	0	2.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	4.67
2	M-F 0630-1500	8	3	0	0	0	2.00	0.00	0.00	0.00	
	M-F 1430-2300	8	2	0	0	0	1.33	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	3.33
1	M-F 0630-1500	8	2	0	0	0	1.33	0.00	0.00	0.00	
	M-F 1430-2300	8	1	0	0	0	0.67	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	2.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Surgical Tech	X	X	X	X
Scheduler	X	X		X
Anesthesia Tech	X	X		X
Operating Room Assistant	X	X	X	X
Perfusion	X			
RNFA	X			

Unit Information

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:

☐ 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:

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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:	**PreAdmission Services**		
Unit/ Clinic Type:	**Procedural Care**		
Unit/ Clinic Address:	**888 Swift Blvd., Richland, WA 99352**		
Average Daily Census:	**40**	**Maximum # of Beds:**	**5**
Effective as of:	**7/1/2024**		
# of Rooms			

# of Rooms	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)
5	M-F Day (0800-1630)	8	5	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
4	M-F Day (0800-1630)	8	4	0	0	0	6.40	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.40
3	M-F Day (0800-1630)	8	3	0	0	0	4.80	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	4.80
2	M-F Day (0800-1630)	8	2	0	0	0	3.20	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	3.20
1	M-F Day (0800-1630)	8	1	0	0	0	1.60	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	1.60

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
XRAY	X			
EKG	X			
LAB	X			

Unit Information

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:

Refer to ASPAN Guidelines
Refer to Pre-Admission Services: Organizational Plan, 67.01.00

☑ 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:

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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:		**PERI-Anesthesia Unit**									
Unit/ Clinic Type:		**Procedural Care**									
Unit/ Clinic Address:		**888 Swift Blvd Richland WA 99352**									
Average Daily Census:		**45**				**Maximum # of Beds:**			**20**		
Effective as of:		**6/13/2024**									
# of Rooms											
# of Rooms	**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)
20	M-F Day Shift (0600-1630) (Follow ASPAN Standards)	10	6	0	1	0	3.00	0.00	0.50	0.00	
	M-F Eve shift (1400-0030) (Follow ASPAN Standards)	10	4	0	0	0	2.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.50
19	M-F Day Shift (0600-1630) (Follow ASPAN Standards)	10	6	0	1	0	3.00	0.00	0.50	0.00	
	M-F Eve shift (1400-0030) (Follow ASPAN Standards)	10	4	0	0	0	2.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.50
18	M-F Day Shift (0600-1630) (Follow ASPAN Standards)	10	6	0	1	0	3.00	0.00	0.50	0.00	
	M-F Eve shift (1400-0030) (Follow ASPAN Standards)	10	4	0	0	0	2.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.50
17	M-F Day Shift (0600-1630) (Follow ASPAN Standards)	10	6	0	1	0	3.00	0.00	0.50	0.00	
	M-F Eve shift (1400-0030) (Follow ASPAN Standards)	10	4	0	0	0	2.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.50
16	M-F Day Shift (0600-1630) (Follow ASPAN Standards)	10	5	0	1	0	2.50	0.00	0.50	0.00	
	M-F Eve shift (1400-0030) (Follow ASPAN Standards)	10	4	0	0	0	2.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.00

# of Rooms	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)
15	M-F Day Shift (0600-1630) (Follow ASPAN Standards)	10	5	0	1	0	2.50	0.00	0.50	0.00	
	M-F Eve shift (1400-0030) (Follow ASPAN Standards)	10	3	0	0	0	1.50	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	4.50
14	M-F Day Shift (0600-1630) (Follow ASPAN Standards)	10	5	0	1	0	2.50	0.00	0.50	0.00	
	M-F Eve shift (1400-0030) (Follow ASPAN Standards)	10	3	0	0	0	1.50	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	4.50
13	M-F Day Shift (0600-1630) (Follow ASPAN Standards)	10	5	0	1	0	2.50	0.00	0.50	0.00	
	M-F Eve shift (1400-0030) (Follow ASPAN Standards)	10	3	0	0	0	1.50	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	4.50
12	M-F Day Shift (0600-1630) (Follow ASPAN Standards)	10	4	0	1	0	2.00	0.00	0.50	0.00	
	M-F Eve shift (1400-0030) (Follow ASPAN Standards)	10	3	0	0	0	1.50	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	4.00
11	M-F Day Shift (0600-1630) (Follow ASPAN Standards)	10	4	0	1	0	2.00	0.00	0.50	0.00	
	M-F Eve shift (1400-0030) (Follow ASPAN Standards)	10	3	0	0	0	1.50	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	4.00
10	M-F Day Shift (0600-1630) (Follow ASPAN Standards)	10	4	0	1	0	2.00	0.00	0.50	0.00	
	M-F Eve shift (1400-0030) (Follow ASPAN Standards)	10	2	0	0	0	1.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	3.50
9	M-F Day Shift (0600-1630) (Follow ASPAN Standards)	10	3	0	1	0	1.50	0.00	0.50	0.00	
	M-F Eve shift (1400-0030) (Follow ASPAN Standards)	10	2	0	0	0	1.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	3.00

# of Rooms	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)
8	M-F Day Shift (0600-1630) (Follow ASPAN Standards)	10	3	0	1	0	1.50	0.00	0.50	0.00	
	M-F Eve shift (1400-0030) (Follow ASPAN Standards)	10	2	0	0	0	1.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	3.00
7	M-F Day Shift (0600-1630) (Follow ASPAN Standards)	10	3	0	1	0	1.50	0.00	0.50	0.00	
	M-F Eve shift (1400-0030) (Follow ASPAN Standards)	10	2	0	0	0	1.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	3.00
6	M-F Day Shift (0600-1630) (Follow ASPAN Standards)	10	3	0	1	0	1.50	0.00	0.50	0.00	
	M-F Eve shift (1400-0030) (Follow ASPAN Standards)	10	2	0	0	0	1.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	3.00
5	M-F Day Shift (0600-1630) (Follow ASPAN Standards)	10	2	0	1	0	1.00	0.00	0.50	0.00	
	M-F Eve shift (1400-0030) (Follow ASPAN Standards)	10	2	0	0	0	1.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	2.50
4	M-F Day Shift (0600-1630) (Follow ASPAN Standards)	10	2	0	1	0	1.00	0.00	0.50	0.00	
	M-F Eve shift (1400-0030) (Follow ASPAN Standards)	10	2	0	0	0	1.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	2.50
3	M-F Day Shift (0600-1630) (Follow ASPAN Standards)	10	2	0	1	0	1.00	0.00	0.50	0.00	
	M-F Eve shift (1400-0030) (Follow ASPAN Standards)	10	2	0	0	0	1.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	2.50
2	M-F Day Shift (0600-1630) (Follow ASPAN Standards)	10	2	0	1	0	1.00	0.00	0.50	0.00	
	M-F Eve shift (1400-0030) (Follow ASPAN Standards)	10	2	0	0	0	1.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	2.50
1	M-F Day Shift (0600-1630) (Follow ASPAN Standards)	10	2	0	1	0	1.00	0.00	0.50	0.00	
	M-F Eve shift (1400-0030) (Follow ASPAN Standards)	10	2	0	0	0	1.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	2.50

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	X			
PT	X			
OT	X			
Respiratory Therapy	X	X		
EKG/Transport	X	X		
Lab	X	X		
XRAY	X	X		
CT	X	X		
MRI	X	X		

Unit Information

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:

Refer to Staffing Requirements, 80.05.01

☐ 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:

Staffed according to ASPAN Standards -
Minimum Staffing:
PreOp - 1:1 while being actively prepped for surgery. After prep is complete and patient is waiting for procedure to begin a ratio of 1:4-5 is sufficient.
Phase 1: 1:1 until critical elements are met; once critical elements have been met, ratio is 1:2.
Phase 2: 1:3
Extended Care: 1:3-5

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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:	**Kadlec Regional Medical Center - Pediatrics**		
Unit/ Clinic Type:	**Pediatrics**		
Unit/ Clinic Address:	**888 Swift Blvd., Richland, WA 99352**		
Average Daily Census:	**7**	**Maximum # of Beds:**	**20**
Effective as of:	**7/1/2024**		
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)
20	0700-1930	12	6	0	1	0	3.60	0.00	0.60	0.00	8.40
	1900-0730	12	6	0	1	0	3.60	0.00	0.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
19	0700-1930	12	6	0	1	0	3.79	0.00	0.63	0.00	8.84
	1900-0730	12	6	0	1	0	3.79	0.00	0.63	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
18	0700-1930	12	6	0	1	0	4.00	0.00	0.67	0.00	9.33
	1900-0730	12	6	0	1	0	4.00	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
17	0700-1930	12	5	0	1	0	3.53	0.00	0.71	0.00	8.47
	1900-0730	12	5	0	1	0	3.53	0.00	0.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
16	0700-1930	12	5	0	1	0	3.75	0.00	0.75	0.00	9.00
	1900-0730	12	5	0	1	0	3.75	0.00	0.75	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
15	0700-1930	12	5	0	1	0	4.00	0.00	0.80	0.00	
	1900-0730	12	5	0	1	0	4.00	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
14	0700-1930	12	4	0	1	0	3.43	0.00	0.86	0.00	
	1900-0730	12	4	0	1	0	3.43	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.57
13	0700-1930	12	4	0	1	0	3.69	0.00	0.92	0.00	
	1900-0730	12	4	0	1	0	3.69	0.00	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.23
12	0700-1930	12	4	0	1	0	4.00	0.00	1.00	0.00	
	1900-0730	12	4	0	1	0	4.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.00
11	0700-1930	12	3	0	1	0	3.27	0.00	1.09	0.00	
	1900-0730	12	3	0	1	0	3.27	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.73
10	0700-1930	12	3	0	1	0	3.60	0.00	1.20	0.00	
	1900-0730	12	3	0	1	0	3.60	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
9	0700-1930	12	3	0	1	0	4.00	0.00	1.33	0.00	
	1900-0730	12	3	0	1	0	4.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.67

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)
8	0700-1930	12	2	0	1	0	3.00	0.00	1.50	0.00	
	1900-0730	12	2	0	1	0	3.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
7	0700-1930	12	2	0	1	0	3.43	0.00	1.71	0.00	
	1900-0730	12	2	0	1	0	3.43	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.29
6	0700-1930	12	2	0	1	0	4.00	0.00	2.00	0.00	
	1900-0730	12	2	0	1	0	4.00	0.00	2.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
5	0700-1930	12	2	0	0	0	4.80	0.00	0.00	0.00	
	1900-0730	12	2	0	0	0	4.80	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
4	0700-1930	12	2	0	0	0	6.00	0.00	0.00	0.00	
	1900-0730	12	2	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
3	0700-1930	12	2	0	0	0	8.00	0.00	0.00	0.00	
	1900-0730	12	2	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00
2	0700-1930	12	2	0	0	0	12.00	0.00	0.00	0.00	
	1900-0730	12	2	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00

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	0700-1930	12	2	0	0	0	24.00	0.00	0.00	0.00	48.00
	1900-0730	12	2	0	0	0	24.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Child Life Specialist	X			
Respiratory Therapy	X		X	X
OT	X			X
Speech Therapy	X			X
Physical Therapy	X			X
Dietitican	X			
Case Management	X			X

Unit Information

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:

Refer to Pediatric Guidelines for Staffing, 70.05.01

☑ 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:

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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:	**4OP Acute Care Surgical Unit**		
Unit/ Clinic Type:	**Med-Surg Acute**		
Unit/ Clinic Address:	**888 Swift Blvd., Richland, WA 99352**		
Average Daily Census:	**32**	**Maximum # of Beds:**	**37**
Effective as of:	**5/28/2025**		
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)
37	Day (7a-7p)	12	9	0	4	0	2.92	0.00	1.30	0.00	8.43
	NOC(7p-7a)	12	9	0	4	0	2.92	0.00	1.30	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
36	Day (7a-7p)	12	9	0	4	0	3.00	0.00	1.33	0.00	8.67
	NOC(7p-7a)	12	9	0	4	0	3.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
35	Day (7a-7p)	12	8	0	4	0	2.74	0.00	1.37	0.00	8.23
	NOC(7p-7a)	12	8	0	4	0	2.74	0.00	1.37	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
34	Day (7a-7p)	12	8	0	4	0	2.82	0.00	1.41	0.00	8.47
	NOC(7p-7a)	12	8	0	4	0	2.82	0.00	1.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
33	Day (7a-7p)	12	8	0	4	0	2.91	0.00	1.45	0.00	8.73
	NOC(7p-7a)	12	8	0	4	0	2.91	0.00	1.45	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
32	Day (7a-7p)	12	8	0	4	0	3.00	0.00	1.50	0.00	9.00
	NOC(7p-7a)	12	8	0	4	0	3.00	0.00	1.50	0.00	
		12	0	0	0	0	0.00	0.00	0.00	0.00	
		12	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
31	Day (7a-7p)	12	8	0	4	0	3.10	0.00	1.55	0.00	9.29
	NOC(7p-7a)	12	8	0	4	0	3.10	0.00	1.55	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
30	Day (7a-7p)	12	7	0	3	0	2.80	0.00	1.20	0.00	8.00
	NOC(7p-7a)	12	7	0	3	0	2.80	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
29	Day (7a-7p)	12	7	0	3	0	2.90	0.00	1.24	0.00	8.28
	NOC(7p-7a)	12	7	0	3	0	2.90	0.00	1.24	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
28	Day (7a-7p)	12	7	0	3	0	3.00	0.00	1.29	0.00	8.57
	NOC(7p-7a)	12	7	0	3	0	3.00	0.00	1.29	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
27	Day (7a-7p)	12	7	0	3	0	3.11	0.00	1.33	0.00	8.89
	NOC(7p-7a)	12	7	0	3	0	3.11	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
26	Day (7a-7p)	12	7	0	3	0	3.23	0.00	1.38	0.00	9.23
	NOC(7p-7a)	12	7	0	3	0	3.23	0.00	1.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
25	Day (7a-7p)	12	6	0	3	0	2.88	0.00	1.44	0.00	8.64
	NOC(7p-7a)	12	6	0	3	0	2.88	0.00	1.44	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
24	Day (7a-7p)	12	6	0	3	0	3.00	0.00	1.50	0.00	8.50
	NOC(7p-7a)	12	6	0	2	0	3.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
23	Day (7a-7p)	12	6	0	3	0	3.13	0.00	1.57	0.00	8.87
	NOC(7p-7a)	12	6	0	2	0	3.13	0.00	1.04	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22	Day (7a-7p)	12	6	0	3	0	3.27	0.00	1.64	0.00	9.27
	NOC(7p-7a)	12	6	0	2	0	3.27	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
21	Day (7a-7p)	12	5	0	3	0	2.86	0.00	1.71	0.00	8.57
	NOC(7p-7a)	12	5	0	2	0	2.86	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20	Day (7a-7p)	12	5	0	2	0	3.00	0.00	1.20	0.00	8.40
	NOC(7p-7a)	12	5	0	2	0	3.00	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
19	Day (7a-7p)	12	5	0	2	0	3.16	0.00	1.26	0.00	
	NOC(7p-7a)	12	5	0	2	0	3.16	0.00	1.26	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.84
18	Day (7a-7p)	12	5	0	2	0	3.33	0.00	1.33	0.00	
	NOC(7p-7a)	12	5	0	2	0	3.33	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.33
17	Day (7a-7p)	12	4	0	1	0	2.82	0.00	0.71	0.00	
	NOC(7p-7a)	12	4	0	1	0	2.82	0.00	0.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.06
16	Day (7a-7p)	12	4	0	1	0	3.00	0.00	0.75	0.00	
	NOC(7p-7a)	12	4	0	1	0	3.00	0.00	0.75	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.50
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	0.00

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)
15	Day (7a-7p)	12	4	0	1	0	3.20	0.00	0.80	0.00	8.00
	NOC(7p-7a)	12	4	0	1	0	3.20	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
14	Day (7a-7p)	12	4	0	1	0	3.43	0.00	0.86	0.00	8.57
	NOC(7p-7a)	12	4	0	1	0	3.43	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	0.00
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
13	Day (7a-7p)	12	4	0	1	0	3.69	0.00	0.92	0.00	9.23
	NOC(7p-7a)	12	4	0	1	0	3.69	0.00	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
12	Day (7a-7p)	12	3	0	1	0	3.00	0.00	1.00	0.00	8.00
	NOC(7p-7a)	12	3	0	1	0	3.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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)
11	Day (7a-7p)	12	3	0	1	0	3.27	0.00	1.09	0.00	
	NOC(7p-7a)	12	3	0	1	0	3.27	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.73
10	Day (7a-7p)	12	2	0	1	0	2.40	0.00	1.20	0.00	
	NOC(7p-7a)	12	2	0	1	0	2.40	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20
9	Day (7a-7p)	12	2	0	0	0	2.67	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	2.67	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.33
8	Day (7a-7p)	12	2	0	0	0	3.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	3.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.00
7	Day (7a-7p)	12	2	0	0	0	3.43	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	3.43	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.86

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)
6	Day (7a-7p)	12	2	0	0	0	4.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	4.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
5	Day (7a-7p)	12	2	0	0	0	4.80	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	4.80	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							0.00	0.00	0.00	0.00	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4	Day (7a-7p)	12	2	0	0	0	6.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
3	Day (7a-7p)	12	2	0	0	0	8.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00

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)
2	Day (7a-7p)	12	2	0	0	0	12.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00
1	Day (7a-7p)	12	2	0	0	0	24.00	0.00	0.00	0.00	
	NOC(7p-7a)	12	2	0	0	0	24.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	48.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Virtual RN	X		X	X
HUC	X			X
Phyisical Therapist	X			
Occupational Therapist	X			
Speech Therapist	X			
Respiratory Therapy	X		X	X
Wound Care RN	X			
PICC RN	X			
Dietitian	X			
Chaplain	X		X	X
Telemetry	X		X	X
Sitter/RVM	X		X	X
Interpreter	X		X	X
Transport/EKG Tech	X		X	X
Case Management/Social Work	X			
Lab Phlebotomist	X		X	X
CT/MRI/X-Ray	X		X	X

Unit Information

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:

Refer to Acute Care and Surgical Units: Staffing Guidelines, 62.01.00
Guideline for Administration of Medicated IV Drips and STAT IVP Medications, 650.12.01

☑ 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:

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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:	**Cardio Pulmonary Rehab Clinic**
Unit/ Clinic Type:	**Clinic**
Unit/ Clinic Address:	**1268 Lee Blvd Richland WA 99352**
Effective as of:	**1/29/2025**
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	8.00	1.00			
Tuesday	Day	8.00	1.00			

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
Wednesday	Day	8.00	1.00			
Thursday	Day	8.00	1.00			
Friday	Day	8.00	1.00			

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Registration	X			
Dietician	X			
Exercise Physiologist	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☐ Skill mix

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other

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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:	**Cardiothoracic**
Unit/ Clinic Type:	**Clinic**
Unit/ Clinic Address:	**1100 Goethals, Suite E, Richland WA 99352**
Effective as of:	**1/1/2025**
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	10.00	1.00	0.00	0.00	0.00
Tuesday	Day	10.00	1.00	0.00	0.00	0.00

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
Wednesday	Day	10.00	1.00	0.00	0.00	0.00
Thursday	Day	10.00	1.00	0.00	0.00	0.00
Friday	Day	0.00	0.00	0.00	0.00	0.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Medical Assistant	X			
Patient Care Coordinator	X			
Clinic Manager	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☑ Skill mix

If at any time if an RN is not available, APP cover RN duties

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other

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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:	**Coumadin Clinic**
Unit/ Clinic Type:	**Clinic**
Unit/ Clinic Address:	**1268 Lee Blvd Richland WA 99352**
Effective as of:	**1/29/2025**
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	8.00	1.00			
Tuesday	Day	8.00	1.00			
Wednesday	Day	8.00	1.00			
Thursday	Day	8.00	1.00			
Friday	Day	8.00	1.00			

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Registration	X			
Scheduling	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☑ Skill mix

If at any time an RN is not available, APP covers RN duties

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other

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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:	**Ear Nose and Throat**					
Unit/ Clinic Type:	**Clinic**					
Unit/ Clinic Address:	**780 Swift Blvd, ste 301 Richland WA 99352**					
Effective as of:	**1/1/2025**					
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	8.00	1.00	0.00	0.00	0.00
	Day	5.50	1.00	0.00	0.00	0.00
Tuesday	Day	8.00	1.00	0.00	0.00	0.00
	Day	5.50	1.00	0.00	0.00	0.00

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
Wednesday	Day	8.00	1.00	0.00	0.00	0.00
	Day	5.50	1.00	0.00	0.00	0.00
Thursday	Day	8.00	1.00	0.00	0.00	0.00
	Day	5.50	1.00	0.00	0.00	0.00
Friday	Day	8.00	1.00	0.00	0.00	0.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Patient Care Coordinator	X			
Medical Assistant	X			
Patient Financial Counselor	X			
Clinic Manager	X			
Senior Patient Care Coordinator	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☑ Skill mix

If at any time if an RN is not available, the provider covers RN duties.

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other

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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:	**Family Medicine Residency**
Unit/ Clinic Type:	**Clinic**
Unit/ Clinic Address:	**940 Northgate Dr, Richland, WA 99352**
Effective as of:	**1/1/2025**
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	9.00	1.00	0.00	0.00	0.00
		8.00	1.00	0.00	0.00	0.00
Tuesday	Day	9.00	1.00	0.00	0.00	0.00
		8.00	1.00	0.00	0.00	0.00

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
Wednesday	Day	4.00	1.00	0.00	0.00	0.00
		8.00	1.00	0.00	0.00	0.00
Thursday	Day	9.00	1.00	0.00	0.00	0.00
		8.00	1.00	0.00	0.00	0.00
Friday	Day	9.00	1.00	0.00	0.00	0.00
		8.00	1.00	0.00	0.00	0.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Lead Patient Care Coordinator	X			
Medical Assistant	X			
Patient Care Coordinator	X			
Senior Manager Clinic Operations	X			
Senior Patient Care Coordinator	X			
Licensed Social Worker	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☑ Skill mix

If at any time if an RN is not available, provider will cover RN duties

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other

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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:	**General Surgery**
Unit/ Clinic Type:	**Clinic**
Unit/ Clinic Address:	**780 Swift Blvd Ste 101, Richland wa 99352**
Effective as of:	**1/1/2025**
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	8.00	2.00	0.00	0.00	0.00
Tuesday	Day	8.00	2.00	0.00	0.00	0.00

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
Wednesday	Day	8.00	2.00	0.00	0.00	0.00
Thursday	Day	8.00	2.00	0.00	0.00	0.00
Friday	Day	8.00	2.00	0.00	0.00	0.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Manager Clinic Operations	X			
Patient Care Coordinator	X			
Patient Financial Counselor	X			
Senior Patient Care Coordinator	X			
Medical Assistant	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☑ Skill mix

If at any time if an RN is not available, provider will cover RN duties

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other

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Fixed Staffing Matrix

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Unit/ Clinic Name:	**Infectious Disease Clinic**
Unit/ Clinic Type:	**Clinic**
Unit/ Clinic Address:	**833 Swift Blvd Richland WA 99352**
Effective as of:	**1/1/2025**
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	8.00	1.00	0.00	0.00	0.00
Tuesday	Day	8.00	1.00	0.00	0.00	0.00

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
Wednesday	Day	8.00	1.00	0.00	0.00	0.00
Thursday	Day	8.00	1.00	0.00	0.00	0.00
Friday	Day	8.00	1.00	0.00	0.00	0.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Clinic Manager	X			
Senior Patient Care Coordinator	X			
Patient Care Coordinator	X			
Medical Assistant	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☑ Skill mix

If at any time if an RN is not available, provider will cover RN duties

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other

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Fixed Staffing Matrix

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Unit/ Clinic Name:	**Inland Cardiology**
Unit/ Clinic Type:	**Clinic**
Unit/ Clinic Address:	**1100 Goethals Dr. Ste F, Richland WA, 99352**
Effective as of:	**1/1/2025**
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	9.00	5.00	0.00	0.00	0.00
Tuesday	Day	9.00	6.00	0.00	0.00	0.00

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
Wednesday	Day	9.00	6.00	0.00	0.00	0.00
Thursday	Day	9.00	6.00	0.00	0.00	0.00
Friday	Day	4.00	5.00	0.00	0.00	0.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Patient Care Coordinator	X			
Senior Patient Care Coordinator	X			
Medical Assistant	X			
Supervisor clinic Ops	X			
Patient Financial Counselor	X			
Clinic Manager	X			
Echocardiograph Technologist	X			
EKG Tech	X			
Nuclear Tech	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☑ Skill mix

If at any time if an RN is not available, APP will cover RN duties

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other

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Fixed Staffing Matrix

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Unit/ Clinic Name:	**Interventional Radiology**
Unit/ Clinic Type:	**Clinic**
Unit/ Clinic Address:	**1100 Goethals Dr. Ste 101 Richland wa, 99352**
Effective as of:	**1/1/2025**
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	9.00	1.00	0.00	0.00	0.00
Tuesday	Day	9.00	1.00	0.00	0.00	0.00

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
Wednesday	Day	9.00	1.00	0.00	0.00	0.00
Thursday	Day	9.00	1.00	0.00	0.00	0.00
Friday	Day	4.00	1.00	0.00	0.00	0.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Medical Assistant	X			
Clinic Manager	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☑ Skill mix

If at any time if an RN is not available,

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other

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Fixed Staffing Matrix

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Unit/ Clinic Name:	**Neurology**
Unit/ Clinic Type:	**Clinic**
Unit/ Clinic Address:	**1100 Goethals Dr. Ste D Richland wa, 99352**
Effective as of:	**1/1/2025**
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	8.75	2.00	0.00	0.00	0.00
Tuesday	Day	8.75	2.00	0.00	0.00	0.00

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
Wednesday	Day	8.75	2.00	0.00	0.00	0.00
Thursday	Day	8.75	2.00	0.00	0.00	0.00
Friday	Day	5.00	2.00	0.00	0.00	0.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Manager Clinic Operations	X			
Patient Care Coordinator	X			
Medical Assistant	X			
Senior Patient Care Coordinator	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☑ Skill mix

If at any time if an RN is not available, patients are rescheduled to a day when we have appropriate staffing

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other

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Fixed Staffing Matrix

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Unit/ Clinic Name:	**Neurosurgery**
Unit/ Clinic Type:	**Clinic**
Unit/ Clinic Address:	**1100 Goethals Dr. Ste B Richland wa, 99352**
Effective as of:	**1/1/2025**
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	10.00	1.00	0.00	0.00	0.00
Tuesday	Day	10.00	1.00	0.00	0.00	0.00
Wednesday	Day	10.00	1.00	0.00	0.00	0.00
Thursday	Day	10.00	0.00	0.00	0.00	0.00
	No RN Scheduled on this day but clinic is open					
Friday	Day	10.00	1.00	0.00	0.00	0.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Medical Assistant	X			
Senior Manager Clinic Operations	X			
Senior Patient Care Coordinator	X			
Patient Care Coordinator	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☑ Skill mix

If at any time if an RN is not available, patients are rescheduled to a day with appropriate RN staffing

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other

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Fixed Staffing Matrix

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Unit/ Clinic Name:	**Pain Management**
Unit/ Clinic Type:	**Clinic**
Unit/ Clinic Address:	**1100 Goethals Dr. Ste B Richland wa, 99352**
Effective as of:	**1/1/2025**
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	10.00	7.00	0.00	0.00	2.00
Tuesday	Day	10.00	7.00	0.00	0.00	2.00
Wednesday	Day	10.00	0.00	0.00	0.00	0.00
	No RN Scheduled on this day but clinic is open					
Thursday	Day	10.00	7.00	0.00	0.00	2.00
Friday	Day	10.00	7.00	0.00	0.00	2.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Medical Assistant	X			
Patient Financial Counselor	X			
Paitent Care Coordinator	X			
Radiology Interventional Technologist	X			
Senior Patient Care Coordinator	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☑ Skill mix

If at any time if an RN is not available, the patients are rescheduled to a day with appropriate staffing

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other

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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:	**Kadlec Clinic Rheumatology**
Unit/ Clinic Type:	**Out-patient**
Unit/ Clinic Address:	**6710 W. Okanogan Pl Kennewick, WA 99336**
Effective as of:	**5/19/2025**
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- 7-5:00	10	2	0	0	0
Tuesday	Day- 7-5:00	10	2	0	0	0
Wednesday	Day- 7-5:00	10	2	0	0	0
Thursday	Day- 7-5:00	10	2	0	0	0
Friday	Day- 7-3:00	8	2	0	0	0

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
PCC- Front Office	X			
PCC- Front Office	X			
Sr PCC- Infusion Scheduler	X			
Pharmacist	X			
Pharmacy Technician	X			

Unit Information

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:

☑ Skill mix

Description:

If at any time an RN is not available for triage, the providers covers the RN duties.

☐ 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:

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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:	**Senior Clinic**
Unit/ Clinic Type:	**Clinic**
Unit/ Clinic Address:	**560 Gage Blvd. Ste 102 Richland WA, 99352**
Effective as of:	**1/1/2025**
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	8.00	2.00	0.00	0.00	0.00
Tuesday	Day	8.00	2.00	0.00	0.00	0.00

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
Wednesday	Day	8.00	2.00	0.00	0.00	0.00
Thursday	Day	8.00	2.00	0.00	0.00	0.00
Friday	Day	8.00	2.00	0.00	0.00	0.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Medical Assistant	X			
Patient Care Coordinator	X			
Senior Patient Care Coordinator	X			
Manager Clinic Operations	X			
LICSW	X			
Clinical Pharmacist	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☑ Skill mix

If at any time if an RN is not available, providers will cover RN duties

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

preparation areas, and equipment

☐ Other

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Fixed Staffing Matrix

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Unit/ Clinic Name:	**Urology**
Unit/ Clinic Type:	**Clinic**
Unit/ Clinic Address:	**780 Swift Blvd, Ste 201, Richland WA, 99352**
Effective as of:	**1/1/2025**
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	10.00	2.00	0.00	0.00	0.00
Tuesday	Day	10.00	3.00	0.00	0.00	0.00

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
Wednesday	Day	10.00	3.00	0.00	0.00	0.00
Thursday	Day	10.00	3.00	0.00	0.00	0.00
Friday	Day	10.00	2.00	0.00	0.00	0.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Medical Assistant	x			
Patient Financial Counselor	x			
Patient Care Coordinator	x			
Senior Patient Care Coordinator	x			
Manager Clinic RN	x			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☑ Skill mix

If at any time if an RN is not available, providers and MA will divide RN duties

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other

Washington State Department of HEALTH

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:	**Vascular**
Unit/ Clinic Type:	**Clinic**
Unit/ Clinic Address:	**1100 Goethals, Suite E, Richland WA 99352**
Effective as of:	**1/1/2025**
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	8.50	2.00	0.00	0.00	0.00
Tuesday	Day	8.50	2.00	0.00	0.00	0.00

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
Wednesday	Day	8.50	2.00	0.00	0.00	0.00
Thursday	Day	8.50	2.00	0.00	0.00	0.00
Friday	Day	6.00	2.00	0.00	0.00	0.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Medical Assistant	X			
Patient Care Coordinator	X			
Clinic Manager	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☑ Skill mix

If at any time if an RN is not available, APP covers RN duties

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other

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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:	**Kadlec Wound Healing Center**
Unit/ Clinic Type:	**Clinic**
Unit/ Clinic Address:	**1268 Lee Blvd Richland WA 99352**
Effective as of:	**1/29/2025**
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	8.00	3.00			
Tuesday	Day	8.00	3.00			

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
Wednesday	Day	8.00	3.00			
Thursday	Day	8.00	3.00			
Friday	Day	8.00	3.00			

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
FAA	X			
HBO Tech	X			
Clinic Manager	X			
Registration	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☐ Skill mix

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other