

COVER PAGE

The following is the comprehensive hospital staffing
plan for _____ submitted to
the Washington State Department of Health in
accordance with [Revised Code of Washington](#)
[70.41.420](#) for the year _____ .

This area is intentionally left blank

Hospital Staffing Form

Attestation

Date:

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

As approved by:

Hospital Information

Name of Hospital:		
Hospital License #:		
Hospital Street Address:		
City/Town:	State:	Zip code:
Is this hospital license affiliated with more than one location?		Yes No
If "Yes" was selected, please provide the location name and address		
Review Type:	Annual	Review Date:
	Update	Next Review Date:
Effective Date:		
Date Approved:		

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

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

Description:

Terms of applicable collective bargaining agreement

Description:

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

Description:

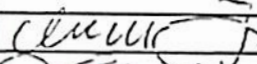

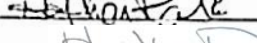

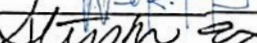
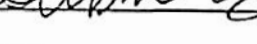
Hospital finances and resources

Description:

Other

Description:

Signature

CEO & Co-chairs Name:	Signature:	Date:
Alex Jackson, SVP		12-27-2024
Jennifer Graham, RN, CNE		12/27/2024
Heather Polk, RN Co-chair		12/30/24
New Hospital Leadership, January 2025		3/6/2025
Wade Hunt, CEO		3/6/2025
Stephanie Ellis, RN, Interim CNE		3/6/2025
Heather Polk, RN, Co-chair		

Total Votes	
# of Approvals	# of Denials
25	0

Access unit staffing matrices here.

This area is intentionally left blank

[illegible]

	Day	10	6	0	1	0
Wednesday						
	Day	10	6	0	1	0
Thursday						
	Day	10	6	0	1	0
Friday						
	Closed					
Saturday						
	Closed					

[illegible]



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Manager	X			
CANM	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:

DH Interventional Endoscopy (DH GI) serves both ambulatory and hospital patients. The majority of our patient population are ambulatory patients who are scheduled for elective procedures. We have the ability to add hospital in-patients and ED patients needing urgent and or emergent procedures during our operational hours.

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

Description:

RNs provide pre op, intra op, and post anesthesia care to the patients. Anesthesia provides sedation undergoing endoscopy procedures with the ASA physical status classification system being the best illustration of patient acuity in our hospital based endoscopy setting.

☒ Skill mix

Description:

RN, ENDO Tech, MD, DO, CRNA, PA-C, Rad tech(as needed for fluoro, RT for bronchoscopies.

☒ Level of experience of nursing and patient care staff

Description:

RN experience preference: Procedural experience, ICU, PACU, ER or >2 years med surg. ENDO Tech- NACrequired. BLS for all staff, ACLS for RN's.

☐ 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:

Pre op area rooms 1-7 and 15-19. PACU 8-14. Procedure rooms 1-5. Room 3- Bronchoscopy suite. Room 4- ERCP/advanced airway cases.

☒ Other

Description:

Hours of operation M-F 0630 to 1830. Call cases for urgent emergent after hours and weekends and holidays.

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.

[illegible]

		0	0	0	0	0	0.00	0.00	0.00	0.00	20.00
		0	0	0	0	0	0.00	0.00	0.00	0.00	
11	0630-1700	10	11	0	0	11	10.00	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	0630-1700	10	10	0	0	10	10.00	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	0630-1700	10	9	0	0	9	10.00	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	0630-1700	10	8	0	0	8	10.00	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	0630-1700	10	7	0	0	7	10.00	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
	0630-1900	12	6	0	0	6	12.00	0.00	0.00	#DIV/0!	
		0	0	0	0	0	0.00	0.00	0.00	#DIV/0!	

[illegible]



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Clinical assistant nurse manager	2	0	0	0
HUC	1	0	0	0
Coordinator	4	0	0	0
Unit manager	2	0	0	0
Director	1	0	0	0

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:

We run 14 rooms from 0730-1700. 6 rooms from 1700-1900.

- ☐ 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:

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:		Multicare Deaconess PACU									
Unit/ Clinic Type:		procedural									
Unit/ Clinic Address:		910 w 5th Spokane Wa 99204									
Average Daily Census:		35				Maximum # of Beds:			25		
Effective as of:		1/1/2025									
# 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)
1	Day	10	2	0	0	0	20.00	0.00	0.00	0.00	20.00
	Evening	0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	10	2	0	0	0	10.00	0.00	0.00	0.00	10.00
	Evening	0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	10	2	0	0	0	6.67	0.00	0.00	0.00	6.67
	Evening	0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
	Day	10	2	0	0	0	5.00	0.00	0.00	0.00	
	Evening	0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

[illegible]

[illegible]

[illegible]

[illegible]



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Clinical assistant nurse managers	1	0	0	0
Flex nurse	1			
Transport nurse	1	0	0	0
Hospital transport team		0	0	0
Unit manager	1	0	0	0
On call RN			2	2

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:

Average length of stay per patient is 90 minutes.

- ☐ 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:

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:		Multicare Deaconess Preop									
Unit/ Clinic Type:		Procedural									
Unit/ Clinic Address:		910 W 5th spokane WA 99204									
Average Daily Census:		35				Maximum # of Beds:			20		
Effective as of:		01/01/02025									
# 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)
1	Day	8	2	0	0	0	16.00	0.00	0.00	0.00	16.00
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	8	2	0	0	0	8.00	0.00	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	
3	Day	8	2	0	0	0	5.33	0.00	0.00	0.00	5.33
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
	Day	8	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	

[illegible]

[illegible]



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Clinical assistant nurse manager	1	0	0	0
HUC	1	0	0	0
PAT	2	0	0	0
Unit manager	1	0	0	0
NAC	2			

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:

Average Preop admission is 60 minuts.

- ☐ 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:

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:		Pulse Progressive Care Unit									
Unit/ Clinic Type:		Cardiovascular PCU									
Unit/ Clinic Address:		Deaconess 7 Tower 800 W 5th spokane, WA 99204									
Average Daily Census:		32				Maximum # of Beds:			34		
Effective as of:		1/1/2025									
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)
34	7pm)	12	9	0	4	0	3.18	0.00	1.41	0.00	9.18
	Nights (7pm-7am)	12	9	0	4	0	3.18	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	
33	Day (7am-7pm)	12	9	0	4	0	3.27	0.00	1.45	0.00	9.45
	Nights (7pm-7am)	12	9	0	4	0	3.27	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	
32	Day (7am-7pm)	12	9	0	4	0	3.38	0.00	1.50	0.00	9.75
	Nights (7pm-7am)	12	9	0	4	0	3.38	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	
	Day (7am-7pm)	12	9	0	4	0	3.48	0.00	1.55	0.00	

31	Nights (7pm-7am)	12	9	0	4	0	3.48	0.00	1.55	0.00	10.06
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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 (7am-7pm)	12	8	0	4	0	3.20	0.00	1.60	0.00	9.60
	Nights (7pm-7am)	12	8	0	4	0	3.20	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	
29	Day (7am-7pm)	12	8	0	4	0	3.31	0.00	1.66	0.00	9.93
	Nights (7pm-7am)	12	8	0	4	0	3.31	0.00	1.66	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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 (7am-7pm)	12	8	0	4	0	3.43	0.00	1.71	0.00	10.29
	Nights (7pm-7am)	12	8	0	4	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	
27	Day (7am-7pm)	12	8	0	4	0	3.56	0.00	1.78	0.00	10.67
	Nights (7pm-7am)	12	8	0	4	0	3.56	0.00	1.78	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
	Day (7am-7pm)	12	7	0	3	0	3.23	0.00	1.38	0.00	
	Nights (7pm-7am)	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	

[illegible]

		0	0	0	0	0	0.00	0.00	0.00	0.00	10.29
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20	Day (7am-7pm)	12	5	0	3	0	3.00	0.00	1.80	0.00	9.60
	Nights (7pm-7am)	12	5	0	3	0	3.00	0.00	1.80	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	
19	Day (7am-7pm)	12	5	0	3	0	3.16	0.00	1.89	0.00	10.11
	Nights (7pm-7am)	12	5	0	3	0	3.16	0.00	1.89	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	5	0	3	0	3.33	0.00	2.00	0.00	10.67
	Nights (7pm-7am)	12	5	0	3	0	3.33	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	
17	Day (7am-7pm)	12	5	0	2	0	3.53	0.00	1.41	0.00	9.88
	Nights (7pm-7am)	12	5	0	2	0	3.53	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	
16	Day (7am-7pm)	12	4	0	2	0	3.00	0.00	1.50	0.00	9.00
	Nights (7pm-7am)	12	4	0	2	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	
	Day (7am-7pm)	12	4	0	2	0	3.20	0.00	1.60	0.00	

15	Nights (7pm-7am)	12	4	0	2	0	3.20	0.00	1.60	0.00	9.60
		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	
14	Day (7am-7pm)	12	4	0	2	0	3.43	0.00	1.71	0.00	10.29
	Nights (7pm-7am)	12	4	0	2	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	
13	Day (7am-7pm)	12	4	0	2	0	3.69	0.00	1.85	0.00	11.08
	Nights (7pm-7am)	12	4	0	2	0	3.69	0.00	1.85	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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-7pm)	12	3	0	2	0	1.06	0.00	0.71	0.00	3.53
	Nights (7pm-7am)	12	3	0	2	0	1.06	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	
11	Day (7am-7pm)	11	3	0	1	0	3.00	0.00	1.00	0.00	8.00
	Nights (7pm-7am)	11	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	
	Day (7am-7pm)	10	3	0	1	0	3.00	0.00	1.00	0.00	
	Nights (7pm-7am)	10	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	

[illegible]

		0	0	0	0	0	0.00	0.00	0.00	0.00	6.00
		0	0	0	0	0	0.00	0.00	0.00	0.00	
4	Day (7am-7pm)	4	2	0	1	0	2.00	0.00	1.00	0.00	6.00
	Nights (7pm-7am)	4	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	
3	Day (7am-7pm)	3	1	0	0	0	1.00	0.00	0.00	0.00	2.00
	Nights (7pm-7am)	3	1	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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 (7am-7pm)	2	1	0	0	0	1.00	0.00	0.00	0.00	2.00
	Nights (7pm-7am)	2	1	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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-7pm)	1	1	0	0	0	1.00	0.00	0.00	0.00	2.00
	Nights (7pm-7am)	1	1	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
CNAM	x		x	
Charge	x		x	x
PT/OT/ST	x			
IV Therapy RN	x			
Flex	x			x
HUC	x			x
Providers	x	x	x	x
Manager	x			
Chaplain	x			
Dietary	x			
RR RN	x	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:

Admission: Progressive Care Unit is where patients can obtain specialized monitoring care that cannot be obtained on a general medical/surgical floor. All RN's must successfully complete ACLS within 90 days of employment. Routine vital signs are monitored every four (4) hours. The major emphasis is on post ICU, PCU, cardiac, medical related pathology requiring telemetry monitoring, and post cardiac short stay unit patients. Admission to PCU 7 include direct and emergency admits, transfers in from other inhouse patient care departments, and routine admissions from the physicians office. Discharge: Discharge planning is initiated upon admission of the patient to a nursing unit. Physiologic state, level of self-care or independence from life support equipment of therapeutic measures, stable lab values, and reasonable coping ability of patient and family, will all be considered. If adequate levels on these areas are not met, social services and other ancillary departments will facilitate discharge via a discharge

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

Description:

See skill mix. PCU 7 is an acuity adaptable unit, depending on patient condition, ratio's may be 3:1 or 4:1.

☒ Skill mix

Description:

Patients admitted to PCU 7 include post-surgical, medical, and other unstable physiological conditions. Ratios are dependent upon patient acuity with a goal of consistent 4:1 assignments. Common admissions to PCU 7 are post procedure cardiac short stay or PACU patients such as post heart catheterization, pacemaker/ICD, ablation, TAVR's, vascular procedures and micro vascular patients. Patients with increased cardiac enzymes suggestive of an evolving myocardial infarction may stay on PCU 7 if stable. Drips not requiring frequent titration or continuous blood pressure monitor will be utilized on PCU 7. RN's are proficient in administering the following intravenous medications: Nitroglycerin, Diltiazem, Amiodarone, Furosemide, Lidocaine, Heparin, Argatroban, non-titrating Dopamine and Dobutamine. PCU 7 receives transfers from ICU, diagnoses include but are not limited to post cardiovascular surgery, post arrest and sepsis.

☒ Level of experience of nursing and patient care staff

Description:

BLS/ACLS, Annual Cardiac Rhythm assessment, Annual PCU Assessment, education by the Center associated with PCU population.

☒ Need for specialized or intensive equipment

Description:

PCU 7 will take patients on CPAP, BIPAP and high flow.

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

Description:

PCU 7 is a 34 bed unit with 30 private rooms and 4 semi-private rooms. All rooms have one bathroom. Patients admitted to PCU 7 with respiratory isolation should be placed in negative air pressure rooms. The following rooms are negative air pressure. 701, 702, 703, 729, 730, 731. Patients 707-716 are reserved for PCU patients needing closer monitoring due to higher acuity or post surgery. All rooms are equipped with oxygen and suction and have the capacity for telemetry monitoring. The unit is supported by Epic entry clinical documentation system. Individual computer workstations are in the central nurses station with wired workstations in each room. Staff facilities include a staff lockers room, conference room and 1 staff restroom. Family and visitor area include a waiting room and two public restrooms. Additional access to interpretive services is available including remote interpretive services available 24-hours a day, seven days a week.

☐ Other

Description:

Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:		Deaconess Med/Surg Intensive Care Unit									
Unit/ Clinic Type:		Intensive Care									
Unit/ Clinic Address:		800 W. 5th Ave., Spokane, WA 99206									
Average Daily Census:		14				Maximum # of Beds:			18		
Effective as of:		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)
18	7am-7:30pm	12	9	0	1	0	6.00	0.00	0.67	0.00	13.33
	7pm-7:30am	12	9	0	1	0	6.00	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	
17	7am-7:30pm	12	9	0	1	0	6.35	0.00	0.71	0.00	14.12
	7pm-7:30am	12	9	0	1	0	6.35	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	
16	7am-7:30pm	12	8	0	1	0	6.00	0.00	0.75	0.00	13.50
	7pm-7:30am	12	8	0	1	0	6.00	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	
	7am-7:30pm	12	8	0	1	0	6.40	0.00	0.80	0.00	
	7pm-7:30am	12	8	0	1	0	6.40	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	

13			0	0	0	0	0.00	0.00	0.00	0.00	14.40
			0	0	0	0	0.00	0.00	0.00	0.00	
			0	0	0	0	0.00	0.00	0.00	0.00	
			0	0	0	0	0.00	0.00	0.00	0.00	
			0	0	0	0	0.00	0.00	0.00	0.00	
14	7am-7:30pm	12	7	0	1	0	6.00	0.00	0.86	0.00	13.71
	7pm-7:30am	12	7	0	1	0	6.00	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
13	7am-7:30pm	12	7	0	1	0	6.46	0.00	0.92	0.00	14.77
	7pm-7:30am	12	7	0	1	0	6.46	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	
12	7am-7:30pm	12	6	0	1	0	6.00	0.00	1.00	0.00	14.00
	7pm-7:30am	12	6	0	1	0	6.00	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	
11	7am-7:30pm	12	6	0	1	0	6.55	0.00	1.09	0.00	15.27
	7pm-7:30am	12	6	0	1	0	6.55	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	
10	7am-7:30pm	12	5	0	1	0	6.00	0.00	1.20	#DIV/0!	#DIV/0!
	7pm-7:30am	12	5	0	1	0	6.00	0.00	1.20	#DIV/0!	
		0	0	0	0	0	0.00	0.00	0.00	#DIV/0!	
		0	0	0	0	0	0.00	0.00	0.00	#DIV/0!	
		0	0	0	0	0	0.00	0.00	0.00	#DIV/0!	
		0	0	0	0	0	0.00	0.00	0.00	#DIV/0!	
		0	0	0	0	0	0.00	0.00	0.00	#DIV/0!	
		0	0	0	0	0	0.00	0.00	0.00	#DIV/0!	
		0	0	0	0	0	0.00	0.00	0.00	#DIV/0!	
9	7am-7:30pm	12	5	0	1	0	6.67	0.00	1.33	0.00	
	7pm-7:30am	12	5	0	1	0	6.67	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	16.00
		0	0	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	7am-7:30pm	12	4	0	1	0	6.00	0.00	1.50	0.00	15.00
	7pm-7:30am	12	4	0	1	0	6.00	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	
7	7am-7:30pm	12	4	0	1	0	6.86	0.00	1.71	0.00	17.14
	7pm-7:30am	12	4	0	1	0	6.86	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	
6	7am-7:30pm	12	3	0	1	0	6.00	0.00	2.00	0.00	16.00
	7pm-7:30am	12	3	0	1	0	6.00	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	
5	7am-7:30pm	12	3	0	1	0	7.20	0.00	2.40	0.00	19.20
	7pm-7:30am	12	3	0	1	0	7.20	0.00	2.40	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	
4	7am-7:30pm	12	2	0	0	0	6.00	0.00	0.00	0.00	12.00
	7pm-7:30am	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	
3	7am-7:30pm	12	2	0	0	0	8.00	0.00	0.00	0.00	
	7pm-7:30am	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	

[illegible]



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Clinical Assistant Nurse Manager	x	x	x	x
Charge Nurse	x	x	x	x
Flex Nurse	x	x	x	x
Respiratory Therapy	x	x	x	x
chaplain	x			
IV Therapy	x			
PT/OT	x			x
Intensivist	x	x	x	x
HUC	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:

Receive patients through direct admission, transfer needed for higher level of care, post OR procedure requiring intensive care monitoring.

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

Description:

Patients who are critically ill and in need of active, intensive treatments. Nurse to patient ratios – goal will be 1-2 patients per nurse, adjust as needed for acuity. The charge nurse will not routinely have a patient care assignment. Depending on patient acuity care may require mechanical ventilation, complex assistive devices (such as CRRT, Impella, IABP, ICP monitor, etc.), intensive cardiac monitoring, and other complex therapies required by critical conditions.

☒ Skill mix

Description:

Highly skilled RNs with extensive training on complex devices, hemodynamic monitoring, ACLS, post code resuscitation, astute critical thinking ability. Skill mix varies based on years of experience.

☒ Level of experience of nursing and patient care staff

Description:

Novice to expert – the critical care unit has registered nurse actively participating in residency, up to 40 years of critical care experience.

☒ Need for specialized or intensive equipment

Description:

patient dependent

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

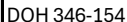
Description:

The critical care unit is comprised of 8 private rooms, two of which are negative air flow and 5 semiprivate rooms. We are a mixed ICU caring for a variety of specialties. Respiratory therapy has ventilator storage and a room dedicated to ABG labs. There is one main nursing station with nurse location outside of each room.

☐ Other

Description:

[illegible]



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Clinical Asst Nurse Manager	X	X	X	X
Respiratory Therapy	X	X	X	X
Chaplain	X	on call	on call	on call
IV Therapy	X			
PT/OT	X			X
Department HUC	X	X	X	X
Social Worker	X	X		X
RN Case Manager	X	X		
Registrar	X	X	X	X

Unit Information

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

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Activity such as patient admissions, discharges, and transfers |
|-------------------------------------|--|

Use of historical data on ER admissions in conjunction with anticipated growth in ER utilization by the community as it grows. In addition, the daily plan was built off of anticipated hour-by-hour patient census needs within the department.
--

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift |
|-------------------------------------|---|

[illegible]

[illegible]



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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:	Deaconess FSED					
Unit/ Clinic Type:	Free Standing Emergency Department					
Unit/ Clinic Address:	8202 N Division street Spokane, WA 99208					
Effective as of:	9/22/2024					
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
Sunday	Day (7a-7p)	12	4	0	2	0
	Evening (9a-9p)	12	1	0	0	0
	Evening (11a-11p)	12	1	0	0	0
	Evening (1p-1a)	12	1	0	0	0
	Evening (2p-2a)	12	1	0	0	0
	Night (7p-7a)	12	4	0	2	0
Monday	Day (7a-7p)	12	4	0	2	0
	Evening (9a-9p)	12	1	0	0	0
	Evening (11a-11p)	12	1	0	0	0
	Evening (1p-1a)	12	1	0	0	0
	Evening (2p-2a)	12	1	0	0	0
	Night (7p-7a)	12	4	0	2	0

Tuesday	Day (7a-7p)	12	4	0	2	0
	Evening (9a-9p)	12	1	0	0	0
	Evening (11a-11p)	12	1	0	0	0
	Evening (1p-1a)	12	1	0	0	0
	Evening (2p-2a)	12	1	0	0	0
	Night (7p-7a)	12	4	0	2	0
Wednesday	Day (7a-7p)	12	4	0	2	0
	Evening (9a-9p)	12	1	0	0	0
	Evening (11a-11p)	12	1	0	0	0
	Evening (1p-1a)	12	1	0	0	0
	Evening (2p-2a)	12	1	0	0	0
	Night (7p-7a)	12	4	0	2	0
Thursday	Day (7a-7p)	12	4	0	2	0
	Evening (9a-9p)	12	1	0	0	0
	Evening (11a-11p)	12	1	0	0	0
	Evening (1p-1a)	12	1	0	0	0
	Evening (2p-2a)	12	1	0	0	0
	Night (7p-7a)	12	4	0	2	0
Friday	Day (7a-7p)	12	4	0	2	0
	Evening (9a-9p)	12	1	0	0	0
	Evening (11a-11p)	12	1	0	0	0
	Evening (1p-1a)	12	1	0	0	0
	Evening (2p-2a)	12	1	0	0	0
	Night (7p-7a)	12	4	0	2	0
	Day (7a-7p)	12	4	0	2	0
	Evening (9a-9p)	12	1	0	0	0
	Evening (11a-11p)	12	1	0	0	0
	Evening (1p-1a)	12	1	0	0	0

[illegible]



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Registrar	X	X	X	X
Radiology tech	X	X	X	X
lab tech	X	X	X	X
Ultrasound	X	X	oncall	oncall
Respiratory therapis	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:

Staffing plan permitted to be adjusted according to acuity and census level permitting the usage of voluntary and mandatory low census.

☐ 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:

Staffing plan constructed to allow for the usage of alternative care spaces during peak census hours.

☐ Other

Description:



Patient Volume-based Staffing Matrix Formula Template

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

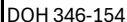
[illegible]

[illegible]

[illegible]

[illegible]

[illegible]



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members

			Shift Coverage			
			Day	Evening	Night	Weekend
Occupation						
Lead Nurse			2	0	0	0
Staff RN			11	0	0	0
		Medical Assistant	2	0	0	0

Unit Information

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

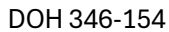
- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Activity such as patient admissions, discharges, and transfers |
|-------------------------------------|--|

[illegible]

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift |
|-------------------------------------|---|

[illegible]

[illegible]



Fixed Staffing Matrix

[illegible]



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend

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:

[illegible]



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Radiation Therapist	5			
MA	1			
Radiation Oncologist	2			
PA	1			
Scheduling Coordinator	2			
Dosimetrist	2.6			
Physicist	2			

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:

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:		Deaconess Wound Healing and Hyperbaric Center									
Unit/ Clinic Type:		Outpatient Wound Care									
Unit/ Clinic Address:		800 W. 5th Ave, Spokane, WA 99204									
Average Daily Census:		NA				Maximum # of Beds:		NA			
Effective as of:		10/1/2024									
# 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)
1	1730)	10	2	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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 (0700-1730)	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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 (0700-1730)	10	2	0	0	0	6.67	0.00	0.00	0.00	6.67
		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	
	Day (0700-1730)	10	2	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	

[illegible]

[illegible]

		0	0	0	0	0	0.00	0.00	0.00	0.00	1.33
		0	0	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 (0700-1730)	10	2	0	0	0	1.25	0.00	0.00	0.00	1.25
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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 (0700-1730)	10	2	0	0	0	1.18	0.00	0.00	0.00	1.18
		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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
18	Day (0700-1730)	10	2	0	0	0	1.11	0.00	0.00	0.00	1.11
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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 (0700-1730)	10	2	0	0	0	1.05	0.00	0.00	0.00	1.05
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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 (0700-1730)	10	2	0	0	0	1.00	0.00	0.00	0.00	1.00
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
	Day (0700-1730)	10	2	0	0	0	0.95	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Medical Secretary	X			
Medical Assistant/HBO 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:

New patients, patients requiring mechanical lift, patients treated with total contact casting

☐ Skill mix

Description:

☐ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

Mechanical lifts, Cast cutter

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

Description:

☐ Other

Description:

[illegible]

Wednesday	0500-1530	10	2	0	0	0
	1100-2130	10	2	0	0	0
Thursday	0500-1530	10	2	0	0	0
	1100-2130	10	2	0	0	0
Friday	0500-1530	10	2	0	0	0
	1100-2130	10	2	0	0	0
Saturday	Unit Closed					
	Unit Closed					

[illegible]



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
NAC	X			
RT	X	X		
CANM/Charge RN	X	X		
Manager	X			
RRT RN	X	C		

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:

THE UNIT ADMITS AND DISCHARGES OUTPATIENTS REQUIRING INTERVENTIONAL RADIOLOGY PROCEDURES AND CARDIAC PROCEDURES. ALSO RECOVERS INPATIENTS THAT HAVE RECEIVED SEDATION UNTIL APPROPRIATE TO TRANSFER TO ORIGINAL LEVEL OF CARE.

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

Description:

1:1 NURSING REQUIRED FOR ASSISTING WITH PROCEDURES REQUIRING SEDATION OR ANESTHESIA.

☒ Skill mix

Description:

CHARGE RN BOTH DAY AND EVENING SHIFT COVERAGE. START TIMES FOR ADDITIONAL RN OR NAC VARY BASED ON PATIENT SCHEDULE AND VOLUME OF PROCEDURES.

☐ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

Description:

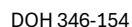
☐ Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:

☐ Other

Description:

[illegible]



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

[illegible]

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:

ADJUSTED HOURS ON WEEKENDS FOR DECREASED VOLUMES WITH NO OUTPATIENT PROCEDURES OR SURGERIES.

- ☐ 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:

[illegible]



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Exercise Physiologists (UAP)	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:

[illegible]

Wednesday	0700-1730 Mon- Fri	10	1			
Thursday	0700-1730 Mon- Fri	10	1			
Friday	0700-1730 Mon- Fri	10	1			



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Echo Tech	0630-1700 Mon- Fri			
Vascular Tech	0630-1700 Mon- Fri			
Nuclear Med Tech	0630-1700 Mon- Fri			
Front Desk	0630-1700 Mon- Fri			

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:

[illegible]

Wednesday	0700-1730 Mon- Fri	10	1			
Thursday	0700-1730 Mon- Fri	10	1			
Friday	0700-1730 Mon- Fri	10	1			
Sat-Sun	Closed					



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Echo Tech	0630-1700 Mon-Fri			
Vascular Tech	0630-1700 Mon-Fri			
Nuclear Med Tech	0630-1700 Mon-Fri			
Front Desk	0630-1700 Mon-Fri			

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:

[illegible]

Wednesday	0700-1730	10	1			
Thursday	0700-1730	10	1			
Friday	0700-1730	10	1			



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Echo Tech	0630-1700 Mon-Fri			
Vascular Tech	0630-1700 Mon-Fri			
Nuclear Med Tech	0630-1700 Mon-Fri			
Front Desk	0630-1700 Mon-Fri			

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:



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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:	Deaconess Medical Center					
Unit/ Clinic Type:	Cath Lab, IR, Vascular, and EP					
Unit/ Clinic Address:	800 W. 5th AVE Spokane, WA 99204					
Effective as of:	6/10/2024					
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-Friday	07-1730 M-F (RN)	10	7	0	0	0
	1730-07 Call M-F (RN)	14	1	0	0	0
	1730-2230 Call M-F (RN)	5	1	0	0	0
	1730-1930 M-F (RN)	2	1	0	0	0
Saturday-Sunday	07-07 Weekend Call (RN)	24	1	0	0	0
	07-1730 Weekend Call (RN)	10	1	0	0	0



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Charge Auditor	10 hours	0	0	0
Lab Coordinator	10 hours	0	0	0
IR Coordinator	10 hours	0	0	0
07-1730 M-F (CVT)	12 hours			
07-1730 M-F (XRT)	12 hours			
1730-2230 M-F (XRT)		5.5 hours		
0630-1700 M-F (EP)	10 hours			
1700-2200 M-F Call (EP)		Call		
Weekend Call (CVT)				Call
Weekend Call (CVT)				Call
Weekend Call (XRT)				Call
Weekend Call (XRT)				Call
Weekend Call (EP)				Call

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:

Variety of hours to accomodate paitent care from multiple ER's and communities.

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

Description:

All types of patients from outpatients to acute/emergent.

☒ Skill mix

Description:

RN, CVT, XRT, EP are all a skilled team that are trained in multiple areas in each modality that they provide care.

☒ Level of experience of nursing and patient care staff

Description:

College graduate in a specific modality and constantly updating with new technologies.

☒ Need for specialized or intensive equipment

Description:

Requires an assortment of specialized equipment for each modality of work. (Cath Lab, IR, Vascular, and EP)

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

Description:

Each Room is designed to be able to accomodate the majority of each modality. However, 4 of the 5 rooms are arranged with specific supplies to be effiecient throughout the day.

☐ Other

Description:

Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:		Deaconess Hospital									
Unit/ Clinic Type:		Orthopedic/neurology/ med tele unit									
Unit/ Clinic Address:		800 W. Fifth Ave, Spokane WA 99204									
Average Daily Census:		23				Maximum # of Beds:			30		
Effective as of:		1/1/2025									
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)
30	Day	12	5	2	3	0	2.00	0.80	1.20	0.00	7.60
	NOC	12	5	2	2	0	2.00	0.80	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	
29	Day	12	5	2	3	0	2.07	0.83	1.24	0.00	7.86
	Noc	12	5	2	2	0	2.07	0.83	0.83	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	5	2	3	0	2.14	0.86	1.29	0.00	8.14
	Noc	12	5	2	2	0	2.14	0.86	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	
	Day	12	5	2	3	0	2.22	0.89	1.33	0.00	
	Noc	12	5	2	2	0	2.22	0.89	0.89	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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		0	0	0	0	0	0.00	0.00	0.00	0.00	8.44
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	4	2	3	0	1.85	0.92	1.38	0.00	8.31
	Noc	12	5	2	2	0	2.31	0.92	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	
25	Day	12	4	2	3	0	1.92	0.96	1.44	0.00	8.16
	Noc	12	4	2	2	0	1.92	0.96	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
24	Day	12	4	2	3	0	2.00	1.00	1.50	0.00	8.50
	Noc	12	4	2	2	0	2.00	1.00	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	
23	Day	12	4	2	3	0	2.09	1.04	1.57	0.00	8.87
	Noc	12	4	2	2	0	2.09	1.04	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	
22	Day	12	4	2	3	0	2.18	1.09	1.64	0.00	9.27
	Noc	12	4	2	2	0	2.18	1.09	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	
21	Day	12	3	2	3	0	1.71	1.14	1.71	0.00	
	Noc	12	3	2	2	0	1.71	1.14	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	9.60
14	Day	12	2	2	2	0	1.71	1.71	1.71	0.00	10.29
	Noc	12	2	2	2	0	1.71	1.71	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	
13	Day	12	2	1	2	0	1.85	0.92	1.85	0.00	9.23
	Noc	12	2	1	2	0	1.85	0.92	1.85	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	2	1	1	0	2.00	1.00	1.00	0.00	8.00
	Noc	12	2	1	1	0	2.00	1.00	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	12	2	1	1	0	2.18	1.09	1.09	0.00	8.73
	Noc	12	2	1	1	0	2.18	1.09	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	12	1	1	1	0	1.20	1.20	1.20	0.00	7.20
	Noc	12	1	1	1	0	1.20	1.20	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	12	1	1	1	0	1.33	1.33	1.33	0.00	8.00
	Noc	12	1	1	1	0	1.33	1.33	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	
	Day	12	1	1	1	0	0.40	0.40	0.40	0.00	

8	Noc	12	1	1	1	0	0.40	0.40	0.40	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	
7	Day	12	1	1	0	0	1.71	1.71	0.00	0.00	6.86
	Noc	12	1	1	0	0	1.71	1.71	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	1	1	0	0	2.00	2.00	0.00	0.00	8.00
	Noc	12	1	1	0	0	2.00	2.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	0	1	0	0	0.00	0.40	0.00	0.00	0.80
	Noc	12	0	1	0	0	0.00	0.40	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	0	1	0	0	0.00	3.00	0.00	0.00	6.00
	Noc	12	0	1	0	0	0.00	3.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	0	1	0	0	0.00	4.00	0.00	0.00	8.00
	Noc	12	0	1	0	0	0.00	4.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
	Day	12	0	1	0	0	0.00	6.00	0.00	0.00	
	Noc	12	0	1	0	0	0.00	6.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

[illegible]

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Manager	x			
Flex nurse	x	x		
Clinical assistant nurse manager	x	x	x	x
charge nurse	x	x	x	x
HUC	x	x		x
Preceptors	x	x	x	x
Orientees	x	x	x	x
Physical therapists	x	x		x
Occupational Therapists	x	x		x
Speech Therapists	x	x		x
IV therapy	x			
Respiratory therapy	x	x	x	x
Spiratual care	x			
ACLS transport RN	x	x	x	x
Nurse Tech	x	x	x	x
Virtual nurse	x	x	x	x
Rapid response nurse	x	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:

Throuout the week this unit admits post op patients for scheduled procedures and those from the emergency department requiring telemetry who don't meet criteria for the PCU. Because of the specialty population, we transfer multiple patients off to both higher and lower levels of care on all shifts to assist in getting patients in the right level of care. Our surgical population consists of ortho & spine surgeries. We have stroke patients, EEG patients and medical telemetry.

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

Description:

We commonly see patients with acute strokes, seizure patients, patients with telemetry monitoring due to acute or worsening illness, post op surgical patients requiring frequent mobilization and pain intervention. Most of our population recieves vital signs every 4 hrs, frequent mobilization, pain intervention, neuro checks, cardiac rhythm interpretation, frequent medical interventions. Due to the increased acuity since the telemetry guidelines were implemented, we have asked to staff a flex/resource nurse from 09-2130 7 days a week. This nurse will assist with throughput and more importantly, assist with the more acute patients to help the novice staff learn skills to recognize deterioration. They will also partner with the charge nurse and the RR nurse to round on and closly communicate the status of patients and ultimately try and decrease emergent/urgent patient transfers from our unit

from our unit.

☒ Skill mix

Description:

RN, LPN, NAC, W/ occasional NT & NAR

☒ Level of experience of nursing and patient care staff

Description:

RN staff with 0 - 16 years of nursing experience. median = 5 years; however night median is = 3 years
LPN Staff with 2 - 18 years of experience (however 0 - 3 years hospital experience)
NAC staff with 0 - 30 years

☒ Need for specialized or intensive equipment

Description:

EEG, telemetry monitoring, Pupillometry, traction, CPM, BiPAP, plasma pheresis, Heated hi flow,

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

Description:

9th floor of Deaconess Tower, 28 patient rooms with 30 beds. 4 nurse stations, 2 staff break rooms, 2 medication rooms, 1 patient family lounge, 1 nutrition room, 1 provider dictation room, 1 therapy gym, 1 equipment room, 1 supply room.

☒ Other

Description:

Inpatient ADC = 24. + outpatients. ANA guidelines state general MS patients ratio = 5:1, Tele, EEG and stroke = 4:1 when the unit is full the staffing proposal includes 2 groups of 8:2 (RN, LPN and 8 patients) 1 RN in a 4:1 and 2 RN's in 5:1. We also have incorporated a flex, and 3 CNAs on day shift (1 as a patient care nac to focus on bathing, oral care, mobility and room cleanliness). The night will have a flex until 2130, and 2 CNAs. The breaks will be given on days by the nurse partner for those in an 8:2 and by the flex for those in a primary nurse assignment. The CNAs will break each other. For the night shift the staff rotates through taking breaks; to relieve each other.

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:		10 Tower Complex Surgical									
Unit/ Clinic Type:		InPatient Med/Surg									
Unit/ Clinic Address:		800 W. 5th Ave									
Average Daily Census:		26				Maximum # of Beds:		30			
Effective as of:		1-Jan-25									
Census											
Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
30	Day	12	5	5	1	0	2.00	2.00	0.40	0.00	8.80
	Night (7pm-7am)	12	5	5	1	0	2.00	2.00	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	
29	Day (7am-7pm)	12	5	5	1	0	2.07	2.07	0.41	0.00	9.10
	Night (7pm-7am)	12	5	5	1	0	2.07	2.07	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	
28	Day (7am-7pm)	12	5	5	1	0	2.14	2.14	0.43	0.00	9.43
	Night (7pm-7am)	12	5	5	1	0	2.14	2.14	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	
	Day (7am-7pm)	12	5	4	1	0	2.22	1.78	0.44	0.00	

27	Night (7pm-7am)	12	5	4	1	0	2.22	1.78	0.44	0.00	8.89
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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 (7am-7pm)	12	5	4	1	0	2.31	1.85	0.46	0.00	9.23
	Night (7pm-7am)	12	5	4	1	0	2.31	1.85	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	
25	Day (7am-7pm)	12	4	4	1	0	1.92	1.92	0.48	0.00	8.64
	Night (7pm-7am)	12	4	4	1	0	1.92	1.92	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	
24	Day (7am-7pm)	12	4	4	1	0	2.00	2.00	0.50	0.00	9.00
	Night (7pm-7am)	12	4	4	1	0	2.00	2.00	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	
23	Day (7am-7pm)	12	4	4	1	0	2.09	2.09	0.52	0.00	9.39
	Night (7pm-7am)	12	4	4	1	0	2.09	2.09	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	
	Day (7am-7pm)	12	4	4	1	0	2.18	2.18	0.55	0.00	
	Night (7pm-7am)	12	4	4	1	0	2.18	2.18	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	

[illegible]

		0	0	0	0	0	0.00	0.00	0.00	0.00	7.06
16	Day (7am-7pm)	12	3	2	0	0	2.25	1.50	0.00	0.00	7.50
	Night (7pm-7am)	12	3	2	0	0	2.25	1.50	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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-7pm)	12	3	2	0	0	2.40	1.60	0.00	0.00	8.00
	Night (7pm-7am)	12	3	2	0	0	2.40	1.60	0.00	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	
		0	0	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-7pm)	12	2	2	0	0	1.71	1.71	0.00	0.00	6.86
	Night (7pm-7am)	12	2	2	0	0	1.71	1.71	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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-7pm)	12	2	2	0	0	1.85	1.85	0.00	0.00	7.38
	Night (7pm-7am)	12	2	2	0	0	1.85	1.85	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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-7pm)	12	2	2	0	0	2.00	2.00	0.00	0.00	8.00
	Night (7pm-7am)	12	2	2	0	0	2.00	2.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
	Day (7am-7pm)	12	2	2	0	0	2.18	2.18	0.00	0.00	
	Night (7pm-7am)	12	2	2	0	0	2.18	2.18	0.00	0.00	

11		0	0	0	0	0	0.00	0.00	0.00	0.00	8.73
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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-7pm)	12	1	2	0	0	1.20	2.40	0.00	0.00	7.20
	Night (7pm-7am)	12	1	2	0	0	1.20	2.40	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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-7pm)	12	1	2	0	0	1.33	2.67	0.00	0.00	8.00
	Night (7pm-7am)	12	1	2	0	0	1.33	2.67	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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-7pm)	12	1	1	0	0	0.40	0.40	0.00	0.00	1.60
	Night (7pm-7am)	12	1	1	0	0	0.40	0.40	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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-7pm)	12	1	1	0	0	1.71	1.71	0.00	0.00	6.86
	Night (7pm-7am)	12	1	1	0	0	1.71	1.71	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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 (7am-7pm)	12	1	1	0	0	2.00	2.00	0.00	0.00	
	Night (7pm-7am)	12	1	1	0	0	2.00	2.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

[illegible]



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Nurse Manager	X			
REsource/Flex RN	x	x		x
Clinical ANM/Charge Nurse	x		x	x
HUC	x			x
Preceptors	x		x	x
Orientees	x		x	x
Physical Therapists	x			x
Occupational Therapists	x			x
Speech/Language Pathologist	x			
IV Therapy	x			x
Respiratory Therapy	x		x	x
Chaplain	x			
ACLS Transport	x		x	x
RRT RN	x		x	x
Nurse Techs	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:

High patient churn. Weekdays 30-50% churn.

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

Description:

Med/Surg level care. Higher number of independent patients than typical in med/surg. Large number of drains. Larger number of IV medications given due to NPO status. Complex surgical patients with step down needs.

☒ Skill mix

Description:

Post-surgical assessment.

☒ Level of experience of nursing and patient care staff

Description:

Higher ratio of novice/beginner staff. Greater than 50% less than 2 years in acute care.

☒ Need for specialized or intensive equipment

Description:

Lift equipment available for all patients.

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

Description:

30 patient rooms and nursing stations at four corners.

☐ Other

Description:

Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:		11 Tower									
Unit/ Clinic Type:		Medical Oncology. Deaconess									
Unit/ Clinic Address:		800 West 5th Ave, Spokane WA									
Average Daily Census:		32				Maximum # of Beds:			34		
Effective as of:		1/1/2025									
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)
34	D 0700-1930	12	6	5	3	0	2.12	1.76	1.06	0.00	9.18
	N 1900-0730	12	5	4	2	0	1.76	1.41	0.71	0.00	
	FLEX 1100-2230	12	1	0	0	0	0.35	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	D 0700-1930	12	5	5	3	0	1.82	1.82	1.09	0.00	9.09
	N 1900-0730	12	5	4	2	0	1.82	1.45	0.73	0.00	
	FLEX 1100-2230	12	1	0	0	0	0.36	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	D 0700-1930	12	5	4	3	0	1.88	1.50	1.13	0.00	9.00
	N 1900-0730	12	5	4	2	0	1.88	1.50	0.75	0.00	
	FLEX 1100-2230	12	1	0	0	0	0.38	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
	D 0700-1930	12	5	4	3	0	1.94	1.55	1.16	0.00	
	N 1900-0730	12	5	4	2	0	1.94	1.55	0.77	0.00	

31	FLEX 1100-2230	12	1	0	0	0	0.39	0.00	0.00	0.00	9.29
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	D 0700-1930	12	5	4	3	0	2.00	1.60	1.20	0.00	9.20
	N 1900-0730	12	4	4	2	0	1.60	1.60	0.80	0.00	
	FLEX 1100-2230	12	1	0	0	0	0.40	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
29	D 0700-1930	12	5	4	3	0	2.07	1.66	1.24	0.00	9.52
	N 1900-0730	12	4	4	2	0	1.66	1.66	0.83	0.00	
	FLEX 1100-2230	12	1	0	0	0	0.41	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	D 0700-1930	12	5	4	3	0	2.14	1.71	1.29	0.00	9.43
	N 1900-0730	12	4	3	2	0	1.71	1.29	0.86	0.00	
	FLEX 1100-2230	12	1	0	0	0	0.43	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	
27	D 0700-1930	12	4	4	3	0	1.78	1.78	1.33	0.00	8.89
	N 1900-0730	12	4	3	2	0	1.78	1.33	0.89	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	D 0700-1930	12	4	4	3	0	1.85	1.85	1.38	0.00	9.23
	N 1900-0730	12	4	3	2	0	1.85	1.38	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	
	D 0700-1930	12	4	3	2	0	1.92	1.44	0.96	0.00	

25	N 1900-0730	12	4	3	2	0	1.92	1.44	0.96	0.00	8.64
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	D 0700-1930	12	4	3	2	0	2.00	1.50	1.00	0.00	9.00
	N 1900-0730	12	4	3	2	0	2.00	1.50	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	
23	D 0700-1930	12	4	3	2	0	2.09	1.57	1.04	0.00	9.39
	N 1900-0730	12	4	3	2	0	2.09	1.57	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	
22	D 0700-1930	12	4	3	2	0	2.18	1.64	1.09	0.00	9.27
	N 1900-0730	12	3	3	2	0	1.64	1.64	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	
21	D 0700-1930	12	4	3	2	0	2.29	1.71	1.14	0.00	9.71
	N 1900-0730	12	3	3	2	0	1.71	1.71	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	
20	D 0700-1930	12	4	3	2	0	2.40	1.80	1.20	0.00	9.60
	N 1900-0730	12	3	2	2	0	1.80	1.20	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	
	D 0700-1930	12	3	3	2	0	1.89	1.89	1.26	0.00	
	N 1900-0730	12	3	2	2	0	1.89	1.26	1.26	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

19		0	0	0	0	0	0.00	0.00	0.00	0.00	9.47
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	D 0700-1930	12	3	2	2	0	2.00	1.33	1.33	0.00	9.33
	N 1900-0730	12	3	2	2	0	2.00	1.33	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	
17	D 0700-1930	12	3	2	2	0	2.12	1.41	1.41	0.00	9.88
	N 1900-0730	12	3	2	2	0	2.12	1.41	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	
16	D 0700-1930	12	3	2	2	0	2.25	1.50	1.50	0.00	9.75
	N 1900-0730	12	3	2	1	0	2.25	1.50	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	D 0700-1930	12	3	2	2	0	2.40	1.60	1.60	0.00	10.40
	N 1900-0730	12	3	2	1	0	2.40	1.60	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	D 0700-1930	12	3	2	1	0	2.57	1.71	0.86	0.00	10.29
	N 1900-0730	12	3	2	1	0	2.57	1.71	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	
13	D 0700-1930	12	2	2	1	0	1.85	1.85	0.92	0.00	
	N 1900-0730	12	2	2	1	0	1.85	1.85	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	9.23
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	D 0700-1930	12	2	2	1	0	0.71	0.71	0.35	0.00	3.53
	N 1900-0730	12	2	2	1	0	0.71	0.71	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	
11	D 0700-1930	12	2	2	0	0	2.18	2.18	0.00	0.00	8.73
	N 1900-0730	12	2	2	0	0	2.18	2.18	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	D 0700-1930	12	2	1	0	0	2.40	1.20	0.00	0.00	7.20
	N 1900-0730	12	2	1	0	0	2.40	1.20	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	D 0700-1930	12	2	1	0	0	0.71	0.35	0.00	0.00	2.12
	N 1900-0730	12	2	1	0	0	0.71	0.35	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	D 0700-1930	12	2	0	1	0	3.00	0.00	1.50	0.00	7.50
	N 1900-0730	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	
7	D 0700-1930	12	2	0	0	0	3.43	0.00	0.00	0.00	
	N 1900-0730	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	6.86
		0	0	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	D 0700-1930	12	2	0	0	0	4.00	0.00	0.00	0.00	8.00
	N 1900-0730	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	
5	D 0700-1930	12	2	0	0	0	4.80	0.00	0.00	0.00	9.60
	N 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	
4	D 0700-1930	12	1	0	0	0	3.00	0.00	0.00	0.00	6.00
	N 1900-0730	12	1	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	
3	D 0700-1930	12	1	0	0	0	4.00	0.00	0.00	0.00	8.00
	N 1900-0730	12	1	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	
2	D 0700-1930	12	1	0	0	0	6.00	0.00	0.00	0.00	12.00
	N 1900-0730	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	
1	D 0700-1930	12	1	0	0	0	12.00	0.00	0.00	0.00	
	N 1900-0730	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	

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Nurse Manager	X			
REsource/Flex RN	x	x		x
Clinical ANM/Charge Nurse	x		x	x
HUC	x			x
Preceptors	x		x	x
Orientees	x		x	x
Physical Therapists	x			x
Occupational Therapists	x			x
Speech/Language Pathologist	x			
IV Therapy	x			x
Respiratory Therapy	x		x	x
Chaplain	x			
ACLS Transport	x		x	x
RRT RN	x		x	x
Nurse Techs	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:

Every shift, this unit admits medical patients which include behavioral, CIWA, respiratory patients, etc. This unit often admits oncology and overflow post op patients. Patient acuity leads to multiple patients being transferred to higher level of care.

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

Description:

Every shift, the staff members in the unit are responsible for the care of behavioral, oncology, alcohol and drug withdrawal patients. Most of the patient population require frequent medical interventions e.g. total nursing care including ADLs and frequent mobilization. The oncology patient population requires frequent medical interventions and close monitoring e.g. Q4 hrs, vital signs, daily blood product infusion, daily electrolyte replacement and high acuity symptom management such as nausea/emesis management and frequent bowel management.

☒ Skill mix

Description:

RN, LPN, CNA, HUC

☒ Level of experience of nursing and patient care staff

Description:

Most Rns have less than 5 years of RN expereince. Most LPNs have no acute care experience. Most Nacs have less than 5 years of experience.

☒ Need for specialized or intensive equipment

Description:

BiPAPs

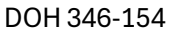
☒ Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:

The unit is on the 11th floor of MultiCare Deaconess Hosptial. The unit is a 34-bed unt with 4 nursing stations, 1 break room, 2 medication rooms, 1 relaxation room, 1 nutrtnion room, 2 negative pressure rooms and 2 equipment rooms.

☐ Other

Description:



Fixed Staffing Matrix

[illegible]

Wednesday	0700-1930	12	6		7	4
	1900-0730	12	4		6	4
Thursday	0700-1930	12	6		7	4
	1900-0730	12	4		6	4
Friday	0700-1930	12	6		7	4
	1900-0730	12	4		6	4
Saturday	0700-1930	12	6		7	4
	1900-0730	12	4		6	4
	0700-1930	12	6		7	4
	1900-0730	12	4		6	4

Sunday						



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Clinical ANM	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:
The Float Pool staff consists of registered nurses, certified nursing assistants, and mental health assistants. Float Pool staff fill staffing needs throughout the organization's patient care areas created due to illness, vacations, or leave of absence. Float Pool staff are trained to provide care throughout all medical/surgical units, with some ability to assist in fulfilling the needs in the following areas: Cardiac/Progressive Care Unit, Intensive Care Unit, Emergency Room, and Mother/Baby Unit.

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

Description:

--

☒ Skill mix

Description:

Mixed acute care experience

☒ Level of experience of nursing and patient care staff

Description:

Ask for 1-year clinical experience in an acute care/hospital setting.

☐ Need for specialized or intensive equipment

Description:

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

Description:

☐ Other

Description:



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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:		Mother-Baby Unit/MultiCare Deaconess Hospital									
Unit/ Clinic Type:		Mother-Baby Unit/OB Postpartum									
Unit/ Clinic Address:		Mother-Baby Unit/800 West Fifth Ave Spokane, WA 99204									
Average Daily Census:		14.58				Maximum # of Beds:			23		
Effective as of:		10/30/2024									
# 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)
1	Day(7a-730p)	12	1	0	0	0	12.00	0.00	0.00	0.00	24.00
	Night (7p-730a)	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	
2	Day(7a-730p)	12	1	0	0	0	6.00	0.00	0.00	0.00	12.00
	Night (7p-730a)	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	
3	Day(7a-730p)	12	1	0	0	0	4.00	0.00	0.00	0.00	8.00
	Night (7p-730a)	12	1	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	
	Day(7a-730p)	12	1	0	0	0	3.00	0.00	0.00	0.00	

4	Night (7p-730a)	12	1	0	0	0	3.00	0.00	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	
5	Day(7a-730p)	12	1	0	0	0	2.40	0.00	0.00	0.00	4.80
	Night (7p-730a)	12	1	0	0	0	2.40	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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-730p)	12	2	0	0	0	4.00	0.00	0.00	0.00	8.00
	Night (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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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-730p)	12	2	0	0	0	3.43	0.00	0.00	0.00	6.86
	Night (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	
8	Day(7a-730p)	12	3	0	0	0	4.50	0.00	0.00	0.00	9.00
	Night (7p-730a)	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	
	Day(7a-730p)	12	3	0	0	0	4.00	0.00	0.00	0.00	
	Night (7p-730a)	12	3	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	

[illegible]

		0	0	0	0	0	0.00	0.00	0.00	0.00	8.57
		0	0	0	0	0	0.00	0.00	0.00	0.00	
15	Day(7a-730p)	12	5	0	0	0	4.00	0.00	0.00	0.00	8.00
	Night (7p-730a)	12	5	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	
16	Day(7a-730p)	12	6	0	0	0	4.50	0.00	0.00	0.00	9.00
	Night (7p-730a)	12	6	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	
17	Day(7a-730p)	12	6	0	0	0	4.24	0.00	0.00	0.00	8.47
	Night (7p-730a)	12	6	0	0	0	4.24	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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-730p)	12	6	0	0	0	4.00	0.00	0.00	0.00	8.00
	Night (7p-730a)	12	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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-730p)	12	7	0	0	0	4.42	0.00	0.00	0.00	8.84
	Night (7p-730a)	12	7	0	0	0	4.42	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
	Day(7a-730p)	12	7	0	0	0	4.20	0.00	0.00	0.00	

20	Night (7p-730a)	12	7	0	0	0	4.20	0.00	0.00	0.00	8.40
		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	Day(7a-730p)	12	7	0	0	0	4.00	0.00	0.00	0.00	8.00
	Night (7p-730a)	12	7	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	
22	Day(7a-730p)	12	8	0	0	0	4.36	0.00	0.00	0.00	8.73
	Night (7p-730a)	12	8	0	0	0	4.36	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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-730p)	12	8	0	0	0	96.00	0.00	0.00	0.00	192.00
	Night (7p-730a)	12	8	0	0	0	96.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Clinical ANM/Charge RN	x		x	x
HUC	x	x		x
Social Worker	x			
Nurse Tech	x		x	
Opioid Use Disorder RN Navigator	x			
Childbirth Educators	x			
Chaplain	x			
RRT RN	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:

Our census includes a variety of patients - all postpartum vaginal and c-section deliveries, antepartum patients, pre-eclampsia patients on Magnesium, late preterm babies including 35 week babies, readmission patients (for pre-eclampsia, retained placenta, infections, etc), babies on phototherapy, GBS positive, Eat Sleep Console NAS, etc.
Other note - *Less than 4 couplets on unit = Charge nurse uses algorithm to determine closing MBU.

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

Description:

Couplet care is staffed 1:3-4 couplets nurse patient ratio. The following higher acuity patients are 1:3 nurse patient ratio:

cept care received are 1:1 nurse patient ratio. The following higher acuity patients are 1:1 nurse patient ratio: Antepartums and patients on Magnesium IV. Late preterm babies and Covid patients are 1:4 nurse patient ratio. These are all following AWHONN staffing recommendations.

☒ Skill mix

Description:

A trained charge nurse or Clinical Assistant Manager must be staffed every shift.

☒ Level of experience of nursing and patient care staff

Description:

As stated on previous section.

☐ 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:

Lactation nurses are scheduled 7 days per week and holidays for inpatient care. They provide outpatient lactation appointments Mon-Fri.

[illegible]

	Day (8-4:30)	8	2	0	1	0
Wednesday						
Thursday	Day (8-4:30)	8	2	0	1	0
Friday	(closed)					
Saturday	(closed)					
	(closed)					

[illegible]



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Perinatal sonographer	3	closed	closed	closed
Genetic counselor	1	closed	closed	closed
Diabetes educator	1	closed	closed	closed

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:

Outpatient setting.

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

Description:

High risk OB patients receive Level 3 ultrasound scans, diabetes education, genetic counseling and lab draws, nursing assessment and fetal monitoring.

☒ Skill mix

Description:

Nursing staff is 2 Nurse Navigators, 1 CMA, 2-3 Perinatal sonographers, 1 Genetic counselor, 1-2 Diabetes educators, and 2 Medical Secretaries.

☒ Level of experience of nursing and patient care staff

Description:

Nursing staff has 15-25 years of RN OB experience, all certified in High Risk OB nursing, Advanced external fetal monitoring certified. CMA has 8 years of OB/GYN and MFM experience. Perinatal sonographers are all certified with AIUM, CLEAR, and NT and have between 10-30 years of sonography experience.

☒ Need for specialized or intensive equipment

Description:

Level 3 ultrasounds are performed on MFM GE ultrasound machines, 3 NST machines for fetal monitoring.

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

Description:

Radiology/sonography reading room is located near ultrasound patient rooms, exam rooms and NST fetal monitoring room is located near nursing station. Anticipate with MFM clinic expansion the need for additional ultrasound rooms, exam rooms, and offices.

☐ Other

Description:

Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:		Family Birth Center, L&D									
Unit/ Clinic Type:		Procedure, OB-ED, Outpatient, OR									
Unit/ Clinic Address:		MultiCare Deaconess Hospital, 800 W. Fifth Ave. Spokane, WA 99204									
Average Daily Census:		7					Maximum # of Beds:		16, PLUS 3 OR'S		
Effective as of:		10/30/2024									
# 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)
0	Day	12	2	0	0	2	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Nights	12	2	0	0	2	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
1	Day	12	2	0	0	2	24.00	0.00	0.00	24.00	96.00
	Nights	12	2	0	0	2	24.00	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	
2	Day	12	4	0	0	2	24.00	0.00	0.00	12.00	72.00
	Nights	12	4	0	0	2	24.00	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	
3	Day	12	5	0	0	2	20.00	0.00	0.00	8.00	
	Nights	12	5	0	0	2	20.00	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	34.67
		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	
10	Day	12	12	0	0	2	14.40	0.00	0.00	2.40	33.60
	Nights	12	12	0	0	2	14.40	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	
11	Day	12	13	0	0	2	14.18	0.00	0.00	2.18	32.73
	Nights	12	13	0	0	2	14.18	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	
12	Day	12	14	0	0	2	14.00	0.00	0.00	2.00	32.00
	Nights	12	14	0	0	2	14.00	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	
13	Day	12	15	0	0	2	13.85	0.00	0.00	1.85	31.38
	Nights	12	15	0	0	2	13.85	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	
14	Day	12	16	0	0	2	13.71	0.00	0.00	1.71	30.86
	Nights	12	16	0	0	2	13.71	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	
15	Day	12	17	0	0	2	13.60	0.00	0.00	1.60	
	Nights	12	17	0	0	2	13.60	0.00	0.00	1.60	
		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	



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC/OB Tech	X		X	X
Clinical ANM/Charge RN	X		X	X
ZNICU ALS RN	X		X	X
Social Worker	X			
Nurse Tech	X		X	
Chaplain	X			
RRT RN	X		X	X
Opioid Use Disorder RN NAV	X			
Childbirth Educator	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:

Staffing in L&D is dependant upon acuity to meet AWHONN standards of care. Charge RN not included in staffing matrix. Procedures scheduled include surgical births (cesarean section) inductions of labor, and medical interruptions of pregnancy which then include perinatal bereavement care. Outpatient scheduled procedures may include: cerclage placements, external cephalic versions, fetal surveillance, and other testing for maternal/fetal wellbeing. OB-ED provides care for ≥ 20 weeks gestation and above with obstetrical complaints. Staffing needs to account for walk in laboring patients that need to be triaged and evaluated as well. All staffing is based on patient acuity and is evaluated hourly.

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

Description:

Hourly acuity reviewed by the charge nurse and staffing is based on AWHONN standards for staffing a perinatal obstetrical unit. Acuity ranges: 1:1 (nurse:patient) during active phase of labor, to 2:1 during a delivery, during OB emergencies (remains 2:1 until stable, can be multiple hours), with acceptance of a transport for the first hour, if complications arise during delivery such as a postpartum hemorrhage would remain 2:1 ratio until stable. 1:2 (cervical ripening or early labor without complications) to 1:3 (normal postpartum couplet or stable antepartums) or 1:1 unstable antepartum. OB-ED or triage patients staffed 1:1 for minimum of first hour of care, can be 2:1 depending on level of labor or emergency level that patient arrives and average of 3.5 hours of care per patient.

☐ Skill mix

Description:

☐ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

Description:

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

Description:

☐ Other

Description:



Patient Volume-based Staffing Matrix Formula Template

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]



DOH 346-154

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	X		X	X
Clinical ANM/Charge RN	X		X	X
Respiratory Therapy	X		X	X
Discharge Coordinator	X			
Nurse Tech	X			
Opioid Use Disorder RN Nav	X			
Childbirth Educators	X			
Chaplain	X			
Social Work	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

Based on bed availability/acuity levels in NICU the Intermediate Nursery (ICN) will open with a minimum of 6 appropriate acuity patients. This requires a minimum of 2 RNs to staff on all shifts. Two HUCs are required for days once the ICN is open. NICU accepts transfers from all of Eastern WA and Northern ID.

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

NICU follows AWHONN standards of care for staffing needs/ratios. Intermediate care babies are 2-3:1 RN, Intensive care babies are 2:1 and babies requiring multisystem support or complex critical care are 1:1 ratio.

☒ Skill mix

Advanced Skill Nurse (ALS) scheduled to be on the unit for each day and night shift. This role attends high-risk deliveries and can perform emergency newborn stabilization including intubation and emergency central line placement. Unit staffs (4) vent trained/level III skilled RNs per shift. Additionally, PICC trained RNs carry full assignments and manage line placement when needed.

☒ Level of experience of nursing and patient care staff

Not all nurses are vent or level III trained due to years of experience.

☒ Need for specialized or intensive equipment

NICU care provided is Level III, which included Volume Ventilation, High Frequency Oscillating Ventilation, Inhaled Nitric Oxide, and Total Body Cooling Protocol, as well as care down to 22 weeks gestation.

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

Open unit/bay layout, 11 bays including ICN.

☐ Other