COVER PAGE

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

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Washington State Department of HEALTH

Hospital Staffing Form

Attestation

Date: 1/1/25

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

As approved by: J. Michael Marsh

Hospital Information

Name of Hospital: Overlake Hospital Medical Center		
Hospital License #: HAC.FS00000131		
Hospital Street Address: 1035 116th Ave NE		
City/Town: Bellevue	State: WA	Zip code: 98004
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: 12/16/24
	☐ Update	Next Review Date: 7/1/25
Effective Date: 1/1/25		
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:
Overlake utlizes data sets from multiple National Nursing Associations to ensure high-quality safe staffing matrices. Organizations such as; ANA, ENA, American Academny of Nursing (AAoN), and AWHONN.

☑ Terms of applicable collective bargaining agreement

Description:
We follow our CBA.

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

Description:
We have implemented (to date)the required SB5236 regulations. We also follow all regulatory requirements from state and federal agencies.

☑ Hospital finances and resources

Description:
We have provided the HSC with presentations on hospital finance, quality, patient experience and

☑ Other

Description:
Overlake Hospital is currently facing significant financial challenges, with losses exceeding $21 million for the beginning of fiscal year to date, this will double by year end. This substantial deficit places immense strain on the organization, impacting our ability to operate as we have in the past. Historically, we have relied on a robust budget to fund key initiatives and maintain the highest standards of care, but these hardships necessitate difficult decisions and reevaluation of our financial priorities to ensure the long-term sustainability of our mission. Washington State Hospital Association (WSHA) has shared hospitals across the state sustained $1.74 billion in operating losses over the course of the year. Wages and benefits continue to make up the largest expense for hospitals, with wages and benefits increasing nearly 16% between 2022 and 2023. " Hospitals are still suffering unsustainable losses. Though this year wasn' t as devastating as the past two years, hospitals have very little left in reserve to counteract the continuing losses without cutting services. WSHA Chief Financial Officer Eric Lewis said. " Eighty-five percent of our hospitals in the state are continuing to lose money."

Signature

CEO & Co-chairs Name:	Signature:	Date:
J. Michael Marsh		12/16/24
Darrin Mooneyham		12/16/2024
Kristin Barnett	Kristin E Barnett	12/16/2024

Total Votes	
# of Approvals	# of Denials
100% of voting members at the time of each staffing plan presentation	~~0%~~ mc
~~96.3%~~	~~3.7~~
12	0
mc	mc

Access unit staffing matrices here.

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Washington State Department of HEALTH

DOH 346-154

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Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:	**Medical Telemetry and Oncology (East 4)**		
Unit/ Clinic Type:	**Medical Telemetry and Oncology**		
Unit/ Clinic Address:	**1035 116th Ave NE (Building 1, Level 4 East) Bellevue, WA 98004**		
Average Daily Census:	**30**	**Maximum # of Beds:**	**36**
Effective as of:	**7/1/2024**		
Census			

Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
10	0645-1915	12	4	0	1	0	4.80	0.00	1.20	0.00	
	1845-0715	12	4	0	1	0	4.80	0.00	1.20	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	12.00
11	0645-1915	12	4	0	1	0	4.36	0.00	1.09	0.00	
	1845-0715	12	4	0	1	0	4.36	0.00	1.09	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	10.91
12	0645-1915	12	4	0	2	0	4.00	0.00	2.00	0.00	
	1845-0715	12	4	0	1	0	4.00	0.00	1.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	11.00
13	0645-1915	12	5	0	2	0	4.62	0.00	1.85	0.00	
	1845-0715	12	5	0	1	0	4.62	0.00	0.92	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	12.00
14	0645-1915	12	5	0	2	0	4.29	0.00	1.71	0.00	
	1845-0715	12	5	0	2	0	4.29	0.00	1.71	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	12.00
15	0645-1915	12	5	0	2	0	4.00	0.00	1.60	0.00	
	1845-0715	12	5	0	2	0	4.00	0.00	1.60	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	11.20
16	0645-1915	12	5	0	2	0	3.75	0.00	1.50	0.00	
	1845-0715	12	5	0	2	0	3.75	0.00	1.50	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	10.50

17	0645-1915	12	6	0	2	0	4.24	0.00	1.41	0.00	
	1845-2315	4	6	0	2	0	1.41	0.00	0.47	0.00	
	2315-0715	8	6	0	1	0	2.82	0.00	0.47	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	10.82
18	0645-1915	12	6	0	2	0	4.00	0.00	1.33	0.00	
	1845-0715	12	6	0	2	0	4.00	0.00	1.33	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	10.67
19	0645-1915	12	6	0	2	0	3.79	0.00	1.26	0.00	
	1845-0715	12	6	0	2	0	3.79	0.00	1.26	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	10.11
	0645-1915	12	6	0	2	0	3.60	0.00	1.20	0.00	
	1845-0715	12	6	0	2	0	3.60	0.00	1.20	0.00	

20							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.60
21	0645-1915	12	7	0	2	0	4.00	0.00	1.14	0.00	
	1845-0715	12	7	0	2	0	4.00	0.00	1.14	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	10.29
22	0645-1915	12	7	0	3	0	3.82	0.00	1.64	0.00	
	1845-0715	12	7	0	2	0	3.82	0.00	1.09	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	10.36
	0645-1915	12	7	0	3	0	3.65	0.00	1.57	0.00	
	1845-0715	12	7	0	2	0	3.65	0.00	1.04	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

23							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.91
24	0645-1915	12	7	0	3	0	3.50	0.00	1.50	0.00	
	1845-0715	12	7	0	2	0	3.50	0.00	1.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.50
25	0645-1915	12	8	0	3	0	3.84	0.00	1.44	0.00	
	1845-0715	12	8	0	2	0	3.84	0.00	0.96	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	10.08
26	0645-1915	12	8	0	3	0	3.69	0.00	1.38	0.00	
	1845-2315	4	8	0	3	0	1.23	0.00	0.46	0.00	
	2315-0715	8	8	0	2	0	2.46	0.00	0.62	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.85
27	0645-1915	12	8	0	3	0	3.56	0.00	1.33	0.00	
	1845-0715	12	8	0	3	0	3.56	0.00	1.33	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.78
28	0645-1915	12	8	0	4	0	3.43	0.00	1.71	0.00	
	1845-0715	12	8	0	3	0	3.43	0.00	1.29	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.86
29	0645-1915	12	9	0	4	0	3.72	0.00	1.66	0.00	
	1845-0715	12	8	0	3	0	3.31	0.00	1.24	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.93
30	0645-1915	12	9	0	4	0	3.60	0.00	1.60	0.00	
	1845-0715	12	9	0	3	0	3.60	0.00	1.20	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	10.00
31	0645-1915	12	9	0	4	0	3.48	0.00	1.55	0.00	
	1845-2315	4	9	0	4	0	1.16	0.00	0.52	0.00	
	2315-0715	8	9	0	3	0	2.32	0.00	0.77	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.81
32	0645-1915	12	9	0	4	0	3.38	0.00	1.50	0.00	
	1845-0715	12	9	0	3	0	3.38	0.00	1.13	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.38

33	0645-1915	12	10	0	4	0	3.64	0.00	1.45	0.00	
	1845-0715	12	10	0	3	0	3.64	0.00	1.09	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.82
34	0645-1915	12	10	0	4	0	3.53	0.00	1.41	0.00	
	1845-0715	12	10	0	4	0	3.53	0.00	1.41	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.88
35	0645-1915	12	10	0	5	0	3.43	0.00	1.71	0.00	
	1845-0715	12	10	0	4	0	3.43	0.00	1.37	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.94
	0645-1915	12	10	0	5	0	3.33	0.00	1.67	0.00	
	1845-0715	12	10	0	4	0	3.33	0.00	1.33	0.00	

36							0.00	0.00	0.00	0.00	9.67
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Break Relief Nurse	X	X	X	X
Chaplain / Palliative Care	X	X		X
Clinical Nurse Specialist / Educator	X	X		
Health Unit Coordinator	X	X		X
IV Therapist	X	X	X	X
Nurse Manager / Supervisor	X	X	X	X
Nutritional Services	X	X		X
Pharmacy	X	X	X	X
Phlebotomist	X	X	X	X
hysical / Occupational / Speech Therap	X	X		X
Providers	X	X	X	X
Rapid Response / Code Blue Team	X	X	X	X
Respiratory Therapy	X	X	X	X
Security	X	X	X	X
al Work / Case Manager / Interpreter Ser	X	X		X
Transporter	X	X		X
rtual Monitor Tech / Monitor Tech / Sitte	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:

☐ 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:

Overlake Medical Telemetry Oncology Unit

Washington State Department of HEALTH

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:	**Cardiac Stroke Telemetry (South 4)**		
Unit/ Clinic Type:	**Cardiac Stroke Telemetry**		
Unit/ Clinic Address:	**1035 116th Ave NE (Building 1, Level 4 South) Bellevue, WA 98004**		
Average Daily Census:	**30**	**Maximum # of Beds:**	**36**
Effective as of:	**7/1/2024**		
Census			

Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
10	0645-1915	12	4	0	1	0	4.80	0.00	1.20	0.00	
	1845-0715	12	4	0	1	0	4.80	0.00	1.20	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	12.00
11	0645-1915	12	4	0	1	0	4.36	0.00	1.09	0.00	
	1845-0715	12	4	0	1	0	4.36	0.00	1.09	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	10.91
12	0645-1915	12	5	0	2	0	5.00	0.00	2.00	0.00	
	1845-0715	12	5	0	2	0	5.00	0.00	2.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	14.00
13	0645-1915	12	5	0	2	0	4.62	0.00	1.85	0.00	
	1845-0715	12	5	0	2	0	4.62	0.00	1.85	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	12.92
14	0645-1915	12	5	0	2	0	4.29	0.00	1.71	0.00	
	1845-0715	12	5	0	2	0	4.29	0.00	1.71	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	12.00
15	0645-1915	12	5	0	2	0	4.00	0.00	1.60	0.00	
	1845-0715	12	5	0	2	0	4.00	0.00	1.60	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	11.20
16	0645-1915	12	5	0	2	0	3.75	0.00	1.50	0.00	
	1845-0715	12	5	0	2	0	3.75	0.00	1.50	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	10.50

17	0645-1915	12	6	0	2	0	4.24	0.00	1.41	0.00	11.29
	1845-0715	12	6	0	2	0	4.24	0.00	1.41	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
18	0645-1915	12	6	0	2	0	4.00	0.00	1.33	0.00	10.67
	1845-0715	12	6	0	2	0	4.00	0.00	1.33	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
19	0645-1915	12	6	0	2	0	3.79	0.00	1.26	0.00	10.11
	1845-0715	12	6	0	2	0	3.79	0.00	1.26	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
	0645-1915	12	6	0	2	0	3.60	0.00	1.20	0.00	
	1845-0715	12	6	0	2	0	3.60	0.00	1.20	0.00	

20							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.60
21	0645-1915	12	7	0	2	0	4.00	0.00	1.14	0.00	
	1845-0715	12	7	0	2	0	4.00	0.00	1.14	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	10.29
22	0645-1915	12	7	0	3	0	3.82	0.00	1.64	0.00	
	1845-0715	12	7	0	2	0	3.82	0.00	1.09	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	10.36
	0645-1915	12	7	0	3	0	3.65	0.00	1.57	0.00	
	1845-0715	12	7	0	2	0	3.65	0.00	1.04	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

23							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.91
24	0645-1915	12	7	0	3	0	3.50	0.00	1.50	0.00	
	1845-0715	12	7	0	2	0	3.50	0.00	1.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.50
25	0645-1915	12	8	0	3	0	3.84	0.00	1.44	0.00	
	1845-0715	12	8	0	2	0	3.84	0.00	0.96	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	10.08
26	0645-1915	12	8	0	3	0	3.69	0.00	1.38	0.00	
	1845-2245	4	8	0	3	0	1.23	0.00	0.46	0.00	
	2245-0715	8	8	0	2	0	2.46	0.00	0.62	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.85
27	0645-1915	12	8	0	3	0	3.56	0.00	1.33	0.00	
	1845-0715	12	8	0	3	0	3.56	0.00	1.33	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.78
28	0645-1915	12	8	0	3	0	3.43	0.00	1.29	0.00	
	1845-0715	12	8	0	3	0	3.43	0.00	1.29	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.43
29	0645-1915	12	9	0	3	0	3.72	0.00	1.24	0.00	
	1845-0715	12	9	0	3	0	3.72	0.00	1.24	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.93
30	0645-1915	12	9	0	4	0	3.60	0.00	1.60	0.00	
	1845-0715	12	9	0	3	0	3.60	0.00	1.20	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	10.00
31	0645-1915	12	9	0	4	0	3.48	0.00	1.55	0.00	
	1845-0715	12	9	0	3	0	3.48	0.00	1.16	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.68
32	0645-1915	12	9	0	4	0	3.38	0.00	1.50	0.00	
	1845-0715	12	9	0	3	0	3.38	0.00	1.13	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.38

33	0645-1915	12	10	0	4	0	3.64	0.00	1.45	0.00	
	1845-0715	12	10	0	3	0	3.64	0.00	1.09	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.82
34	0645-1915	12	10	0	4	0	3.53	0.00	1.41	0.00	
	1845-0715	12	10	0	4	0	3.53	0.00	1.41	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.88
35	0645-1915	12	10	0	5	0	3.43	0.00	1.71	0.00	
	1845-0715	12	10	0	4	0	3.43	0.00	1.37	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.94
	0645-1915	12	10	0	5	0	3.33	0.00	1.67	0.00	
	1845-0715	12	10	0	4	0	3.33	0.00	1.33	0.00	

36							0.00	0.00	0.00	0.00	9.67
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Break Relief Nurse	X	X	X	X
Chaplain / Palliative Care	X	X		X
Clinical Nurse Specialist / Educator	X	X		
Health Unit Coordinator	X	X		X
IV Therapist / Pharmacist	X	X	X	X
Nurse Manager / Supervisor	X	X	X	X
Nutritional Services	X	X		X
EEG Tech	X	X	X	
Phlebotomist	X	X	X	X
Physical / Occupational / Speech Therap	X	X		X
Providers	X	X	X	X
Rapid Response / Code Blue Team	X	X	X	X
Respiratory Therapy	X	X	X	X
Security	X	X	X	X
al Work / Case Manager / Interpreter Ser	X	X		X
Transporter	X	X		X
rtual Monitor Tech / Monitor Tech / Sitte	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:

☐ 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:

Overlake Cardiac Stroke Telemetry Unit

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Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:	**Critical Care Unit (South 3)**		
Unit/ Clinic Type:	**Critical Care**		
Unit/ Clinic Address:	**1035 116th Ave NE (Building 1, Level 3 South) Bellevue, WA 98004**		
Average Daily Census:	**24**	**Maximum # of Beds:**	**31**
Effective as of:	**7/1/2024**		
Census			

Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
9	0645-1915	12	7	0	1	0	9.33	0.00	1.33	0.00	
	1845-0715	12	7	0	1	0	9.33	0.00	1.33	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	21.33
10	0645-1915	12	8	0	1	0	9.60	0.00	1.20	0.00	
	1845-0715	12	8	0	1	0	9.60	0.00	1.20	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	21.60
11	0645-1915	12	8	0	1	0	8.73	0.00	1.09	0.00	
	1845-0715	12	8	0	1	0	8.73	0.00	1.09	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	19.64
12	0645-1915	12	9	0	1	0	9.00	0.00	1.00	0.00	
	1845-0715	12	9	0	1	0	9.00	0.00	1.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	20.00
13	0645-1915	12	9	0	1	0	8.31	0.00	0.92	0.00	
	1845-0715	12	9	0	1	0	8.31	0.00	0.92	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	18.46
14	0645-1915	12	9	0	1	0	7.71	0.00	0.86	0.00	
	1845-0715	12	10	0	1	0	8.57	0.00	0.86	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	18.00
15	0645-1915	12	10	0	1	0	8.00	0.00	0.80	0.00	
	1845-0715	12	10	0	1	0	8.00	0.00	0.80	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	17.60

16	0645-1915	12	11	0	1	0	8.25	0.00	0.75	0.00	18.00
	1845-0715	12	11	0	1	0	8.25	0.00	0.75	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
17	0645-1915	12	12	0	1	0	8.47	0.00	0.71	0.00	17.65
	1845-0715	12	11	0	1	0	7.76	0.00	0.71	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
18	0645-1915	12	12	0	1	0	8.00	0.00	0.67	0.00	17.33
	1845-0715	12	12	0	1	0	8.00	0.00	0.67	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
	0645-1915	12	12	0	1	0	7.58	0.00	0.63	0.00	
	1845-0715	12	13	0	1	0	8.21	0.00	0.63	0.00	

19							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	17.05
20	0645-1915	12	13	0	1	0	7.80	0.00	0.60	0.00	
	1845-0715	12	14	0	1	0	8.40	0.00	0.60	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	17.40
21	0645-1915	12	14	0	1	0	8.00	0.00	0.57	0.00	
	1845-0715	12	15	0	2	0	8.57	0.00	1.14	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	18.29
	0645-1915	12	15	0	2	0	8.18	0.00	1.09	0.00	
	1845-0715	12	15	0	2	0	8.18	0.00	1.09	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

22							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	18.55
23	0645-1915	12	16	0	2	0	8.35	0.00	1.04	0.00	
	1845-0715	12	16	0	2	0	8.35	0.00	1.04	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	18.78
24	0645-1915	12	16	0	3	0	8.00	0.00	1.50	0.00	
	1845-0715	12	16	0	3	0	8.00	0.00	1.50	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	19.00
25	0645-1915	12	16	0	3	0	7.68	0.00	1.44	0.00	
	1845-0715	12	16	0	3	0	7.68	0.00	1.44	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	18.24
26	0645-1915	12	17	0	3	0	7.85	0.00	1.38	0.00	
	1845-0715	12	17	0	3	0	7.85	0.00	1.38	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	18.46
27	0645-1915	12	18	0	3	0	8.00	0.00	1.33	0.00	
	1845-0715	12	18	0	3	0	8.00	0.00	1.33	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	18.67
28	0645-1915	12	18	0	3	0	7.71	0.00	1.29	0.00	
	1845-0715	12	18	0	3	0	7.71	0.00	1.29	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	18.00
29	0645-1915	12	19	0	3	0	7.86	0.00	1.24	0.00	
	1845-0715	12	19	0	3	0	7.86	0.00	1.24	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	18.21
30	0645-1915	12	19	0	3	0	7.60	0.00	1.20	0.00	
	1845-0715	12	19	0	3	0	7.60	0.00	1.20	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	17.60
31	0645-1915	12	20	0	3	0	7.74	0.00	1.16	0.00	
	1845-0715	12	20	0	3	0	7.74	0.00	1.16	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	17.81

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Break Relief Nurse	X	X	X	X
Chaplain / Palliative Care	X	X		X
Clinical Nurse Specialist / Educator	X	X		
Health Unit Coordinator	X	X		X
IV Therapist	X	X	X	X
Nurse Manager / Supervisor	X	X	X	X
Nutritional Services	X	X		X
Pharmacy	X	X	X	X
Phlebotomist	X	X	X	X
hysical / Occupational / Speech Therap	X	X		X
Providers	X	X	X	X
Rapid Response / Code Blue Team	X	X	X	X
Respiratory Therapy	X	X	X	X
Security	X	X	X	X
al Work / Case Manager / Interpreter Ser	X	X		X
Transporter	X	X		X
rtual Monitor Tech / Monitor Tech / Sitte	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:

☐ 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:

Overlake Critical Care Unit

Washington State Department of HEALTH

DOH 346-154

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Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:	**Medical Unit (West 4)**		
Unit/ Clinic Type:	**Medical**		
Unit/ Clinic Address:	**1035 116th Ave NE (Building 2, Level 4) Bellevue, WA 98004**		
Average Daily Census:	**30**	**Maximum # of Beds:**	**40**
Effective as of:	**7/1/2024**		
Census			

Census	**Shift Type**	**Shift Length in Hours**	**Min # of RN's**	**Min # of LPN's**	**Min # of CNA's**	**Min # of UAP's**	**Min # of RN HPUS**	**Min # of LPN HPUS**	**Min # of CNA HPUS**	**Min # of UAP HPUS**	**Total Minimum Direct Pt. Care HPUS** (hours per unit of service)
10	0645-1915	12	3	0	1	0	3.60	0.00	1.20	0.00	
	1845-0715	12	3	0	1	0	3.60	0.00	1.20	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.60
11	0645-1915	12	3	0	1	0	3.27	0.00	1.09	0.00	
	1845-0715	12	3	0	1	0	3.27	0.00	1.09	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.73
12	0645-1915	12	3	0	2	0	3.00	0.00	2.00	0.00	
	1845-0715	12	2	0	1	0	2.00	0.00	1.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.00
13	0645-1915	12	3	0	2	0	2.77	0.00	1.85	0.00	
	1845-0715	12	3	0	2	0	2.77	0.00	1.85	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.23
14	0645-1915	12	4	0	2	0	3.43	0.00	1.71	0.00	
	1845-0715	12	4	0	2	0	3.43	0.00	1.71	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	10.29
15	0645-1915	12	4	0	2	0	3.20	0.00	1.60	0.00	
	1845-0715	12	4	0	2	0	3.20	0.00	1.60	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.60
16	0645-1915	12	5	0	2	0	3.75	0.00	1.50	0.00	
	1845-0715	12	4	0	2	0	3.00	0.00	1.50	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.75

17	0645-1915	12	5	0	2	0	3.53	0.00	1.41	0.00	9.88
	1845-0715	12	5	0	2	0	3.53	0.00	1.41	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
18	0645-1915	12	5	0	2	0	3.33	0.00	1.33	0.00	9.33
	1845-0715	12	5	0	2	0	3.33	0.00	1.33	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
19	0645-1915	12	5	0	2	0	3.16	0.00	1.26	0.00	8.84
	1845-0715	12	5	0	2	0	3.16	0.00	1.26	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
	0645-1915	12	6	0	2	0	3.60	0.00	1.20	0.00	
	1845-0715	12	5	0	2	0	3.00	0.00	1.20	0.00	

20							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.00
21	0645-1915	12	6	0	2	0	3.43	0.00	1.14	0.00	
	1845-0715	12	6	0	2	0	3.43	0.00	1.14	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.14
22	0645-1915	12	6	0	2	0	3.27	0.00	1.09	0.00	
	1845-0715	12	6	0	2	0	3.27	0.00	1.09	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.73
	0645-1915	12	6	0	3	0	3.13	0.00	1.57	0.00	
	1845-0715	12	6	0	3	0	3.13	0.00	1.57	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

23							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.39
24	0645-1915	12	6	0	3	0	3.00	0.00	1.50	0.00	
	1845-0715	12	6	0	3	0	3.00	0.00	1.50	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.00
25	0645-1915	12	7	0	3	0	3.36	0.00	1.44	0.00	
	1845-0715	12	6	0	3	0	2.88	0.00	1.44	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.12
26	0645-1915	12	7	0	3	0	3.23	0.00	1.38	0.00	
	1845-0715	12	7	0	3	0	3.23	0.00	1.38	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.23
27	0645-1915	12	7	0	3	0	3.11	0.00	1.33	0.00	
	1845-0715	12	7	0	3	0	3.11	0.00	1.33	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.89
28	0645-1915	12	8	0	3	0	3.43	0.00	1.29	0.00	
	1845-0715	12	7	0	3	0	3.00	0.00	1.29	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.00
29	0645-1915	12	8	0	3	0	3.31	0.00	1.24	0.00	
	1845-0715	12	8	0	3	0	3.31	0.00	1.24	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.10
30	0645-1915	12	8	0	3	0	3.20	0.00	1.20	0.00	
	1845-0715	12	8	0	3	0	3.20	0.00	1.20	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.80
31	0700-1900	12	8	0	3	0	3.10	0.00	1.16	0.00	
	1900-0700	12	8	0	3	0	3.10	0.00	1.16	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.52
32	0645-1915	12	9	0	3	0	3.38	0.00	1.13	0.00	
	1845-0715	12	9	0	3	0	3.38	0.00	1.13	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.00

33	0645-1915	12	9	0	3	0	3.27	0.00	1.09	0.00	
	1845-0715	12	9	0	3	0	3.27	0.00	1.09	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.73
34	0645-1915	12	9	0	4	0	3.18	0.00	1.41	0.00	
	1845-0715	12	9	0	3	0	3.18	0.00	1.06	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.82
35	0645-1915	12	9	0	4	0	3.09	0.00	1.37	0.00	
	1845-0715	12	9	0	4	0	3.09	0.00	1.37	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.91
	0645-1915	12	9	0	4	0	3.00	0.00	1.33	0.00	
	1845-0715	12	9	0	4	0	3.00	0.00	1.33	0.00	

36							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.67
37	0645-1915	12	10	0	4	0	3.24	0.00	1.30	0.00	
	1845-0715	12	10	0	4	0	3.24	0.00	1.30	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.08
38	0645-1915	12	10	0	4	0	3.16	0.00	1.26	0.00	
	1845-0715	12	10	0	4	0	3.16	0.00	1.26	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.84
	0645-1915	12	10	0	4	0	3.08	0.00	1.23	0.00	
	1845-0715	12	10	0	4	0	3.08	0.00	1.23	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

39							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.62
40	0645-1915	12	10	0	4	0	3.00	0.00	1.20	0.00	
	1845-0715	12	10	0	4	0	3.00	0.00	1.20	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.40

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Break Relief Nurse	X	X	X	X
Chaplain / Palliative Care	X	X		X
Clinical Nurse Specialist / Educator	X	X		
Health Unit Coordinator	X	X		X
IV Therapist	X	X	X	X
Nurse Manager / Supervisor	X	X	X	X
Nutritional Services	X	X		X
Pharmacy	X	X	X	X
Phlebotomist	X	X	X	X
Physical / Occupational / Speech Therap	X	X		X
Providers	X	X	X	X
Rapid Response / Code Blue Team	X	X	X	X
Respiratory Therapy	X	X	X	X
Security	X	X	X	X
al Work / Case Manager / Interpreter Ser	X	X		X
Transporter	X	X		X
Virtual Monitor Tech / Sitters	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:

☐ 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:

Overlake Medical Unit

Washington State Department of HEALTH

DOH 346-154

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Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:	**General Surgery & Bariatric Unit (South 5)**		
Unit/ Clinic Type:	**General Surgery & Bariatric**		
Unit/ Clinic Address:	**1035 116th Ave NE (Building 1, Level 5 South) Bellevue, WA 98004**		
Average Daily Census:	**29**	**Maximum # of Beds:**	**36**
Effective as of:	**7/1/2024**		
Census			

Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
10	0645-1915	12	3	0	1	0	3.60	0.00	1.20	0.00	
	1845-0715	12	3	0	1	0	3.60	0.00	1.20	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.60
11	0645-1915	12	4	0	1	0	4.36	0.00	1.09	0.00	
	1845-0715	12	3	0	1	0	3.27	0.00	1.09	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.82
12	0645-1915	12	4	0	1	0	4.00	0.00	1.00	0.00	
	1845-0715	12	4	0	1	0	4.00	0.00	1.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	10.00
13	0645-1915	12	4	0	1	0	3.69	0.00	0.92	0.00	
	1845-0715	12	4	0	1	0	3.69	0.00	0.92	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	9.23
14	0645-1915	12	4	0	2	0	3.43	0.00	1.71	0.00	
	1845-0715	12	4	0	2	0	3.43	0.00	1.71	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	10.29
15	0645-1915	12	4	0	2	0	3.20	0.00	1.60	0.00	
	1845-0715	12	4	0	2	0	3.20	0.00	1.60	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.60
16	0645-1915	12	5	0	2	0	3.75	0.00	1.50	0.00	
	1845-0715	12	4	0	2	0	3.00	0.00	1.50	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.75
	0645-1915	12	5	0	2	0	3.53	0.00	1.41	0.00	
	1845-0715	12	5	0	2	0	3.53	0.00	1.41	0.00	

17							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.88
18	0645-1915	12	5	0	2	0	3.33	0.00	1.33	0.00	
	1845-0715	12	5	0	2	0	3.33	0.00	1.33	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.33
19	0645-1915	12	5	0	2	0	3.16	0.00	1.26	0.00	
	1845-0715	12	5	0	2	0	3.16	0.00	1.26	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.84
20	0645-1915	12	6	0	2	0	3.60	0.00	1.20	0.00	
	1845-0715	12	5	0	2	0	3.00	0.00	1.20	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

20							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.00
21	0645-1915	12	6	0	2	0	3.43	0.00	1.14	0.00	
	1845-0715	12	6	0	2	0	3.43	0.00	1.14	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.14
22	0645-1915	12	6	0	2	0	3.27	0.00	1.09	0.00	
	1845-0715	12	6	0	2	0	3.27	0.00	1.09	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.73
23	0645-1915	12	6	0	3	0	3.13	0.00	1.57	0.00	
	1845-0715	12	6	0	3	0	3.13	0.00	1.57	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.39
24	0645-1915	12	6	0	3	0	3.00	0.00	1.50	0.00	
	1845-0715	12	6	0	3	0	3.00	0.00	1.50	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.00
25	0645-1915	12	7	0	3	0	3.36	0.00	1.44	0.00	
	1845-0715	12	6	0	3	0	2.88	0.00	1.44	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.12
26	0645-1915	12	7	0	3	0	3.23	0.00	1.38	0.00	
	1845-0715	12	7	0	3	0	3.23	0.00	1.38	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.23
	0645-1915	12	7	0	3	0	3.11	0.00	1.33	0.00	

27	1845-0715	12	7	0	3	0	3.11	0.00	1.33	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.89
28	0645-1915	12	8	0	3	0	3.43	0.00	1.29	0.00	
	1845-0715	12	7	0	3	0	3.00	0.00	1.29	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.00
29	0645-1915	12	8	0	4	0	3.31	0.00	1.66	0.00	
	1845-0715	12	7	0	3	0	2.90	0.00	1.24	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.10
	0645-1915	12	8	0	4	0	3.20	0.00	1.60	0.00	
	1845-0715	12	8	0	3	0	3.20	0.00	1.20	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

30							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.20
31	0645-1915	12	8	0	4	0	3.10	0.00	1.55	0.00	
	1845-0715	12	8	0	3	0	3.10	0.00	1.16	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.90
32	0645-1915	12	8	0	4	0	3.00	0.00	1.50	0.00	
	1845-0715	12	8	0	4	0	3.00	0.00	1.50	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.00
33	0645-1915	12	9	0	4	0	3.27	0.00	1.45	0.00	
	1845-0715	12	8	0	4	0	2.91	0.00	1.45	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.09
34	0645-1915	12	9	0	4	0	3.18	0.00	1.41	0.00	
	1845-0715	12	9	0	4	0	3.18	0.00	1.41	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.18
35	0645-1915	12	9	0	4	0	3.09	0.00	1.37	0.00	
	1845-0715	12	9	0	4	0	3.09	0.00	1.37	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.91
36	0645-1915	12	9	0	4	0	3.00	0.00	1.33	0.00	
	1845-0715	12	9	0	4	0	3.00	0.00	1.33	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.67

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Break Relief Nurse	X	X	X	X
Chaplain / Palliative Care	X	X		X
Clinical Nurse Specialist / Educator	X	X		
Health Unit Coordinator	X	X		X
IV Therapist	X	X	X	X
Nurse Manager / Supervisor	X	X	X	X
Nutritional Services	X	X		X
Pharmacy	X	X	X	X
Phlebotomist	X	X	X	X
Physical / Occupational / Speech Therap	X	X		X
Providers	X	X	X	X
Rapid Response / Code Blue Team	X	X	X	X
Respiratory Therapy	X	X	X	X
Security	X	X	X	X
al Work / Case Manager / Interpreter Ser	X	X		X
Transporter	X	X		X
Virtual Monitor Tech / Sitters	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:

☐ 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:

Overlake General Surgery & Bariatric Unit

Washington State Department of HEALTH

DOH 346-154

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Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:	**Orthopedics & Spine (East 5)**		
Unit/ Clinic Type:	**Orthopedics & Spine**		
Unit/ Clinic Address:	**1035 116th Ave NE (Building 1, Level 5 East) Bellevue, WA 98004**		
Average Daily Census:	**29**	**Maximum # of Beds:**	**36**
Effective as of:	**July 1. 2024**		
Census			

Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
10	0645-1915	12	3	0	1	0	3.60	0.00	1.20	0.00	
	1845-0715	12	3	0	1	0	3.60	0.00	1.20	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.60
11	0645-1915	12	4	0	1	0	4.36	0.00	1.09	0.00	
	1845-0715	12	3	0	1	0	3.27	0.00	1.09	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.82
12	0645-1915	12	4	0	1	0	4.00	0.00	1.00	0.00	
	1845-0715	12	4	0	1	0	4.00	0.00	1.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	10.00
13	0645-1915	12	4	0	1	0	3.69	0.00	0.92	0.00	
	1845-0715	12	4	0	1	0	3.69	0.00	0.92	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.23
14	0645-1915	12	4	0	2	0	3.43	0.00	1.71	0.00	
	1845-0715	12	4	0	2	0	3.43	0.00	1.71	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	10.29
15	0645-1915	12	4	0	2	0	3.20	0.00	1.60	0.00	
	1845-0715	12	4	0	2	0	3.20	0.00	1.60	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.60
16	0645-1915	12	5	0	2	0	3.75	0.00	1.50	0.00	
	1845-0715	12	4	0	2	0	3.00	0.00	1.50	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.75

17	0645-1915	12	5	0	2	0	3.53	0.00	1.41	0.00	9.88
	1845-0715	12	5	0	2	0	3.53	0.00	1.41	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
18	0645-1915	12	5	0	2	0	3.33	0.00	1.33	0.00	9.33
	1845-0715	12	5	0	2	0	3.33	0.00	1.33	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
19	0645-1915	12	5	0	2	0	3.16	0.00	1.26	0.00	8.84
	1845-0715	12	5	0	2	0	3.16	0.00	1.26	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
	0645-1915	12	6	0	2	0	3.60	0.00	1.20	0.00	
	1845-0715	12	5	0	2	0	3.00	0.00	1.20	0.00	

20							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.00
21	0645-1915	12	6	0	2	0	3.43	0.00	1.14	0.00	
	1845-0715	12	6	0	2	0	3.43	0.00	1.14	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.14
22	0645-1915	12	6	0	2	0	3.27	0.00	1.09	0.00	
	1845-0715	12	6	0	2	0	3.27	0.00	1.09	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.73
	0645-1915	12	6	0	3	0	3.13	0.00	1.57	0.00	
	1845-0715	12	6	0	3	0	3.13	0.00	1.57	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

23							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.39
24	0645-1915	12	6	0	3	0	3.00	0.00	1.50	0.00	
	1845-0715	12	6	0	3	0	3.00	0.00	1.50	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.00
25	0645-1915	12	7	0	3	0	3.36	0.00	1.44	0.00	
	1845-0715	12	6	0	3	0	2.88	0.00	1.44	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.12
26	0645-1915	12	7	0	3	0	3.23	0.00	1.38	0.00	
	1845-0715	12	7	0	3	0	3.23	0.00	1.38	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.23
27	0645-1915	12	7	0	3	0	3.11	0.00	1.33	0.00	
	1845-0715	12	7	0	3	0	3.11	0.00	1.33	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.89
28	0645-1915	12	8	0	3	0	3.43	0.00	1.29	0.00	
	1845-0715	12	7	0	3	0	3.00	0.00	1.29	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.00
29	0645-1915	12	8	0	4	0	3.31	0.00	1.66	0.00	
	1845-0715	12	7	0	3	0	2.90	0.00	1.24	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.10
30	0645-1915	12	8	0	4	0	3.20	0.00	1.60	0.00	
	1845-0715	12	7	0	3	0	2.80	0.00	1.20	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.80
31	0645-1915	12	8	0	4	0	3.10	0.00	1.55	0.00	
	1845-0715	12	8	0	3	0	3.10	0.00	1.16	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.90
32	0645-1915	12	8	0	4	0	3.00	0.00	1.50	0.00	
	1845-0715	12	8	0	4	0	3.00	0.00	1.50	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.00

33	0645-1915	12	9	0	4	0	3.27	0.00	1.45	0.00	9.09
	1845-0715	12	8	0	4	0	2.91	0.00	1.45	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
34	0645-1915	12	9	0	4	0	3.18	0.00	1.41	0.00	9.18
	1845-0715	12	9	0	4	0	3.18	0.00	1.41	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
35	0645-1915	12	9	0	4	0	3.09	0.00	1.37	0.00	8.91
	1845-0715	12	9	0	4	0	3.09	0.00	1.37	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
	0645-1915	12	9	0	4	0	3.00	0.00	1.33	0.00	
	1845-0715	12	9	0	4	0	3.00	0.00	1.33	0.00	

36							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.67

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Break Relief Nurse	X	X	X	X
Chaplain / Palliative Care	X	X		X
Clinical Nurse Specialist / Educator	X	X		
Health Unit Coordinator	X	X		X
IV Therapist	X	X	X	X
Nurse Manager / Supervisor	X	X	X	X
Nutritional Services	X	X		X
Pharmacy	X	X	X	X
Phlebotomist	X	X	X	X
Physical / Occupational / Speech Therap	X	X		X
Providers	X	X	X	X
Rapid Response / Code Blue Team	X	X	X	X
Respiratory Therapy	X	X	X	X
Security	X	X	X	X
al Work / Case Manager / Interpreter Ser	X	X		X
Transporter	X	X		X
Virtual Monitor Tech / Sitters	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:

☐ 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:

Overlake Orthopedics & Spine

Washington State Department of HEALTH

DOH 346-154

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Extended Recovery Unit (ERU)**
Unit/ Clinic Type:	**Extended Recovery**
Unit/ Clinic Address:	**1035 116th Ave NE (Building 1, Level 2) Bellevue, WA 98004**
Effective as of:	**1-Jul-24**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday	0900-2130	12	2	0	0	0

Tuesday	0900-2130	12	2	0	0	0
Wednesday	0900-2130	12	2	0	0	0
Thursday	0900-2130	12	2	0	0	0

Friday	0900-2130	12	2	0	0	0

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
IV Therapy	X	X	X	X
Nurse Manager / Supervisor	X	X	X	X
Perioperative Services	X	X	X	X
Phlebotomist	X	X	X	X
Physical / Occupational Therapy	X	X		X
Providers / Anesthesia	X	X	X	X
Rapid Response / Code Blue Team	X	X	X	X
Respiratory Therapy	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:

☐ 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:

Overlake Extended Recovery Unit (ERU)

Washington State Department of HEALTH

DOH 346-154

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Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:	**Neonatal Intensive Care Unit (NICU)**		
Unit/ Clinic Type:	**Neonatal Intensive Care**		
Unit/ Clinic Address:	**1035 116th Ave NE (Building 2, Level 2) Bellevue, WA 98004**		
Average Daily Census:	**11**	**Maximum # of Beds:**	**18**
Effective as of:	**7/1/2024**		
Census			

Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
3	0645-1915	12	3	0	0	0	12.00	0.00	0.00	0.00	
	1845-0715	12	3	0	0	0	12.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	24.00
4	0645-1915	12	4	0	0	0	12.00	0.00	0.00	0.00	
	1845-0715	12	4	0	0	0	12.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	24.00
5	0645-1915	12	4	0	0	0	9.60	0.00	0.00	0.00	
	1845-0715	12	4	0	0	0	9.60	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	19.20
6	0645-1915	12	5	0	0	0	10.00	0.00	0.00	0.00	
	1845-0715	12	5	0	0	0	10.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	20.00
7	0645-1915	12	5	0	0	0	8.57	0.00	0.00	0.00	
	1845-0715	12	5	0	0	0	8.57	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	17.14
8	0645-1915	12	6	0	0	0	9.00	0.00	0.00	0.00	
	1845-0715	12	6	0	0	0	9.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	18.00
9	0645-1915	12	6	0	0	0	8.00	0.00	0.00	0.00	
	1845-0715	12	6	0	0	0	8.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	16.00

10	0645-1915	12	6	0	0	0	7.20	0.00	0.00	0.00	14.40
	1845-0715	12	6	0	0	0	7.20	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
11	0645-1915	12	7	0	0	0	7.64	0.00	0.00	0.00	15.27
	1845-0715	12	7	0	0	0	7.64	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
12	0645-1915	12	7	0	0	0	7.00	0.00	0.00	0.00	14.00
	1845-0715	12	7	0	0	0	7.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
	0645-1915	12	7	0	0	0	6.46	0.00	0.00	0.00	
	1845-0715	12	7	0	0	0	6.46	0.00	0.00	0.00	

13							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	12.92
14	0645-1915	12	8	0	0	0	6.86	0.00	0.00	0.00	
	1845-0715	12	8	0	0	0	6.86	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	13.71
15	0645-1915	12	8	0	0	0	6.40	0.00	0.00	0.00	
	1845-0715	12	8	0	0	0	6.40	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	12.80
	0645-1915	12	8	0	0	0	6.00	0.00	0.00	0.00	
	1845-0715	12	8	0	0	0	6.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

16							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	12.00
17	0645-1915	12	9	0	0	0	6.35	0.00	0.00	0.00	
	1845-0715	12	9	0	0	0	6.35	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	12.71
18	0645-1915	12	9	0	0	0	6.00	0.00	0.00	0.00	
	1845-0715	12	9	0	0	0	6.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	12.00

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Break Relief Nurse	X	X	X	X
Chaplain / Palliative Care	X	X		X
Clinical Education Specialist	X	X		
Health Unit Coordinator / PCT	X	X		X
NICU Lactation	X	X		
Nurse Manager	X	X	X	X
Nutritional Services	X	X		X
Pharmacy	X	X	X	X
NICU PICC Team	X	X	X	X
Speech Therapy	X	X		
Providers	X	X	X	X
Respiratory Therapy	X	X	X	X
Security	X	X	X	X
al Work / Case Manager / Interpreter Ser	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:

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

Description:

Staffing plan was developed based on current averages of levels of acuity cared for in the NICU. If census contains more higher level acuity patients we would need additional Rn's to support and likewise if the census contained higher lower level acuity patients we would not need this many RN's to support.

☐ 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:

Neonatal Intensive Care Unit (NICU)

Washington State Department of HEALTH

DOH 346-154

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Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:	**Labor & Delivery (L&D)**		
Unit/ Clinic Type:	**Labor & Delivery**		
Unit/ Clinic Address:	**1035 116th Ave NE (Building 1, Level 2 East) Bellevue, WA 98004**		
Average Daily Census:	**12**	**Maximum # of Beds:**	**25**
Effective as of:	**7/1/2024**		
Census			

Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
1	0645-1915	12	6	0	0	2	72.00	0.00	0.00	24.00	
	1845-0715	12	6	0	0	1	72.00	0.00	0.00	12.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	180.00
2	0645-1915	12	6	0	0	2	36.00	0.00	0.00	12.00	
	1845-0715	12	6	0	0	1	36.00	0.00	0.00	6.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	90.00
3	0645-1915	12	6	0	0	2	24.00	0.00	0.00	8.00	
	1845-0715	12	6	0	0	1	24.00	0.00	0.00	4.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	60.00
4	0645-1915	12	7	0	0	2	21.00	0.00	0.00	6.00	
	1845-0715	12	7	0	0	1	21.00	0.00	0.00	3.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	51.00
5	0645-1915	12	8	0	0	2	19.20	0.00	0.00	4.80	
	1845-0715	12	8	0	0	1	19.20	0.00	0.00	2.40	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	45.60
6	0645-1915	12	9	0	0	2	18.00	0.00	0.00	4.00	
	1845-0715	12	9	0	0	1	18.00	0.00	0.00	2.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	42.00
7	0645-1915	12	10	0	0	2	17.14	0.00	0.00	3.43	
	1845-0715	12	10	0	0	1	17.14	0.00	0.00	1.71	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	39.43
	0645-1915	12	11	0	0	2	16.50	0.00	0.00	3.00	
	1845-0715	12	11	0	0	1	16.50	0.00	0.00	1.50	

8							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	37.50
9	0645-1915	12	12	0	0	2	16.00	0.00	0.00	2.67	
	1845-0715	12	12	0	0	1	16.00	0.00	0.00	1.33	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	36.00
10	0645-1915	12	13	0	0	2	15.60	0.00	0.00	2.40	
	1845-0715	12	13	0	0	1	15.60	0.00	0.00	1.20	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	34.80
11	0645-1915	12	14	0	0	2	15.27	0.00	0.00	2.18	
	1845-0715	12	14	0	0	1	15.27	0.00	0.00	1.09	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

11							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	33.82
12	0645-1915	12	15	0	0	2	15.00	0.00	0.00	2.00	
	1845-0715	12	15	0	0	1	15.00	0.00	0.00	1.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	33.00
13	0645-1915	12	16	0	0	2	14.77	0.00	0.00	1.85	
	1845-0715	12	16	0	0	1	14.77	0.00	0.00	0.92	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	32.31
17	0645-1915	12	20	0	0	2	14.12	0.00	0.00	1.41	
	1845-0715	12	20	0	0	1	14.12	0.00	0.00	0.71	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	30.35
18	0645-1915	12	21	0	0	2	14.00	0.00	0.00	1.33	
	1845-0715	12	21	0	0	1	14.00	0.00	0.00	0.67	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	30.00
19	0645-1915	12	22	0	0	2	13.89	0.00	0.00	1.26	
	1845-0715	12	22	0	0	1	13.89	0.00	0.00	0.63	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	29.68
20	0645-1915	12	23	0	0	2	13.80	0.00	0.00	1.20	
	1845-0715	12	23	0	0	1	13.80	0.00	0.00	0.60	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	29.40
	0645-1915	12	24	0	0	2	13.71	0.00	0.00	1.14	

21	1845-0715	12	24	0	0	1	13.71	0.00	0.00	0.57	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	29.14
22	0645-1915	12	25	0	0	2	13.64	0.00	0.00	1.09	
	1845-0715	12	25	0	0	1	13.64	0.00	0.00	0.55	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	28.91
23	0645-1915	12	26	0	0	2	13.57	0.00	0.00	1.04	
	1845-0715	12	26	0	0	1	13.57	0.00	0.00	0.52	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	28.70
	0645-1915	12	27	0	0	2	13.50	0.00	0.00	1.00	
	1845-0715	12	27	0	0	1	13.50	0.00	0.00	0.50	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

24							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	28.50
25	0645-1915	12	28	0	0	2	13.44	0.00	0.00	0.96	
	1845-0715	12	28	0	0	1	13.44	0.00	0.00	0.48	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	28.32
26	0645-1915	12	29	0	0	2	13.38	0.00	0.00	0.92	
	1845-0715	12	29	0	0	1	13.38	0.00	0.00	0.46	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	28.15
27	0645-1915	12	30	0	0	2	13.33	0.00	0.00	0.89	
	1845-0715	12	30	0	0	1	13.33	0.00	0.00	0.44	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	28.00
28	0645-1915	12	31	0	0	2	13.29	0.00	0.00	0.86	
	1845-0715	12	31	0	0	1	13.29	0.00	0.00	0.43	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	27.86

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Break Relief Nurse	X	X	X	X
Chaplain / Palliative Care	X	X		X
Clinical Nurse Specialist	X	X		
Health Unit Coordinator	X	X	X	X
Lactation	X	X	X	X
Nurse Manager / Supervisor	X	X	X	X
Nutritional Services	X	X		X
Pharmacy	X	X	X	X
IV Therapy / Phlebotomy	X	X	X	X
Transporters	X	X	X	X
Providers	X	X	X	X
Rapid Response / Code Blue Team	X	X	X	X
Respiratory Therapy	X	X	X	X
Security	X	X	X	X
al Work / Case Manager / Interpreter Ser	X	X	X	X
Physical Therapy	X	X		X
Virtual Monitoring / Sitters	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:

☐ 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:

Overlake Labor & Delivery

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Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:	**Postpartum Unit (PPU)**		
Unit/ Clinic Type:	**Postpartum**		
Unit/ Clinic Address:	**1035 116th Ave NE (Building 1, Level 3 East) Bellevue, WA 98004**		
Average Daily Census:	**31**	**Maximum # of Beds:**	**72**
Effective as of:	**7/1/2024**		
Census			

Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
10	0645-1915	12	2	0	1	0	2.40	0.00	1.20	0.00	
	1845-0715	12	2	0	0	0	2.40	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.00
11	0645-1915	12	2	0	1	0	2.18	0.00	1.09	0.00	
	1845-0715	12	2	0	0	0	2.18	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	5.45
12	0645-1915	12	3	0	1	0	3.00	0.00	1.00	0.00	
	1845-0715	12	3	0	0	0	3.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	7.00
13	0645-1915	12	3	0	1	0	2.77	0.00	0.92	0.00	
	1845-0715	12	3	0	0	0	2.77	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.46
14	0645-1915	12	3	0	1	0	2.57	0.00	0.86	0.00	
	1845-0715	12	3	0	0	0	2.57	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.00
15	0645-1915	12	3	0	1	0	2.40	0.00	0.80	0.00	
	1845-0715	12	3	0	0	0	2.40	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	5.60
16	0645-1915	12	3	0	1	0	2.25	0.00	0.75	0.00	
	1845-0715	12	3	0	1	0	2.25	0.00	0.75	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.00

17	0645-1915	12	4	0	1	0	2.82	0.00	0.71	0.00	
	1845-0715	12	4	0	1	0	2.82	0.00	0.71	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	7.06
18	0645-1915	12	4	0	1	0	2.67	0.00	0.67	0.00	
	1845-0715	12	4	0	1	0	2.67	0.00	0.67	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.67
19	0645-1915	12	4	0	1	0	2.53	0.00	0.63	0.00	
	1845-0715	12	4	0	1	0	2.53	0.00	0.63	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.32
	0645-1915	12	4	0	1	0	2.40	0.00	0.60	0.00	
	1845-0715	12	4	0	1	0	2.40	0.00	0.60	0.00	

20							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.00
21	0645-1915	12	4	0	1	0	2.29	0.00	0.57	0.00	
	1845-0715	12	4	0	1	0	2.29	0.00	0.57	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	5.71
22	0645-1915	12	4	0	2	0	2.18	0.00	1.09	0.00	
	1845-0715	12	4	0	1	0	2.18	0.00	0.55	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.00
	0645-1915	12	4	0	2	0	2.09	0.00	1.04	0.00	
	1845-0715	12	4	0	1	0	2.09	0.00	0.52	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

23							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	5.74
24	0645-1915	12	5	0	2	0	2.50	0.00	1.00	0.00	
	1845-0715	12	5	0	1	0	2.50	0.00	0.50	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.50
25	0645-1915	12	5	0	2	0	2.40	0.00	0.96	0.00	
	1845-0715	12	5	0	1	0	2.40	0.00	0.48	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.24
26	0645-1915	12	5	0	2	0	2.31	0.00	0.92	0.00	
	1845-0715	12	5	0	2	0	2.31	0.00	0.92	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.46
27	0645-1915	12	5	0	2	0	2.22	0.00	0.89	0.00	
	1845-0715	12	5	0	2	0	2.22	0.00	0.89	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.22
28	0645-1915	12	6	0	2	0	2.57	0.00	0.86	0.00	
	1845-0715	12	5	0	2	0	2.14	0.00	0.86	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.43
29	0645-1915	12	6	0	2	0	2.48	0.00	0.83	0.00	
	1845-0715	12	6	0	2	0	2.48	0.00	0.83	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.62
30	0645-1915	12	6	0	2	0	2.40	0.00	0.80	0.00	
	1845-0715	12	6	0	2	0	2.40	0.00	0.80	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.40
31	0645-1915	12	7	0	2	0	2.71	0.00	0.77	0.00	
	1845-0715	12	6	0	2	0	2.32	0.00	0.77	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.58
32	0645-1915	12	7	0	2	0	2.63	0.00	0.75	0.00	
	1845-0715	12	6	0	2	0	2.25	0.00	0.75	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.38

33	0645-1915	12	7	0	2	0	2.55	0.00	0.73	0.00	6.55
	1845-0715	12	7	0	2	0	2.55	0.00	0.73	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
34	0645-1915	12	8	0	2	0	2.82	0.00	0.71	0.00	6.71
	1845-0715	12	7	0	2	0	2.47	0.00	0.71	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
35	0645-1915	12	8	0	2	0	2.74	0.00	0.69	0.00	6.51
	1845-0715	12	7	0	2	0	2.40	0.00	0.69	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
	0645-1915	12	8	0	3	0	2.67	0.00	1.00	0.00	
	1845-0715	12	7	0	2	0	2.33	0.00	0.67	0.00	

36							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.67
37	0645-1915	12	8	0	3	0	2.59	0.00	0.97	0.00	
	1845-0715	12	7	0	2	0	2.27	0.00	0.65	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.49
38	0645-1915	12	8	0	3	0	2.53	0.00	0.95	0.00	
	1845-0715	12	8	0	2	0	2.53	0.00	0.63	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.63
	0645-1915	12	9	0	3	0	2.77	0.00	0.92	0.00	
	1845-0715	12	8	0	2	0	2.46	0.00	0.62	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

39							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.77
40	0645-1915	12	9	0	3	0	2.70	0.00	0.90	0.00	
	1845-0715	12	8	0	2	0	2.40	0.00	0.60	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.60
41	0645-1915	12	9	0	3	0	2.63	0.00	0.88	0.00	
	1845-0715	12	8	0	2	0	2.34	0.00	0.59	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.44
42	0645-1915	12	9	0	3	0	2.57	0.00	0.86	0.00	
	1845-0715	12	8	0	2	0	2.29	0.00	0.57	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.29
43	0645-1915	12	9	0	3	0	2.51	0.00	0.84	0.00	
	1845-0715	12	9	0	2	0	2.51	0.00	0.56	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.42
44	0645-1915	12	9	0	3	0	2.45	0.00	0.82	0.00	
	1845-0715	12	9	0	2	0	2.45	0.00	0.55	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.27
45	0645-1915	12	10	0	3	0	2.67	0.00	0.80	0.00	
	1845-0715	12	9	0	2	0	2.63	0.00	0.59	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.69
46	0645-1915	12	10	0	3	0	2.61	0.00	0.78	0.00	
	1845-0715	12	9	0	2	0	2.35	0.00	0.52	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.26
47	0645-1915	12	10	0	3	0	2.55	0.00	0.77	0.00	
	1845-0715	12	9	0	2	0	2.30	0.00	0.51	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.13
48	0645-1915	12	10	0	3	0	2.50	0.00	0.75	0.00	
	1845-0715	12	10	0	2	0	2.50	0.00	0.50	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.25

49	0645-1915	12	10	0	3	0	2.45	0.00	0.73	0.00	6.12
	1845-0715	12	10	0	2	0	2.45	0.00	0.49	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
50	0645-1915	12	11	0	3	0	2.64	0.00	0.72	0.00	6.48
	1845-0715	12	10	0	3	0	2.40	0.00	0.72	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
51	0645-1915	12	11	0	3	0	2.59	0.00	0.71	0.00	6.35
	1845-0715	12	10	0	3	0	2.35	0.00	0.71	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
	0645-1915	12	11	0	3	0	2.54	0.00	0.69	0.00	
	1845-0715	12	10	0	3	0	2.31	0.00	0.69	0.00	

52							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.23
53	0645-1915	12	11	0	3	0	2.49	0.00	0.68	0.00	
	1845-0715	12	10	0	3	0	2.26	0.00	0.68	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.11
54	0645-1915	12	11	0	3	0	2.44	0.00	0.67	0.00	
	1845-0715	12	10	0	3	0	2.22	0.00	0.67	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.00
	0645-1915	12	12	0	3	0	2.62	0.00	0.65	0.00	
	1845-0715	12	11	0	3	0	2.40	0.00	0.65	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

55							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.33
56	0645-1915	12	12	0	3	0	2.57	0.00	0.64	0.00	
	1845-0715	12	11	0	3	0	2.36	0.00	0.64	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.21
57	0645-1915	12	12	0	3	0	2.53	0.00	0.63	0.00	
	1845-0715	12	12	0	3	0	2.53	0.00	0.63	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.32
58	0645-1915	12	12	0	3	0	2.48	0.00	0.62	0.00	
	1845-0715	12	12	0	3	0	2.48	0.00	0.62	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.21
59	0645-1915	12	12	0	3	0	2.44	0.00	0.61	0.00	
	1845-0715	12	12	0	3	0	2.44	0.00	0.61	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.10
60	0645-1915	12	13	0	3	0	2.60	0.00	0.60	0.00	
	1845-0715	12	12	0	3	0	2.40	0.00	0.60	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.20
61	0645-1915	12	13	0	3	0	2.56	0.00	0.59	0.00	
	1845-0715	12	12	0	3	0	2.36	0.00	0.59	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.10
62	0645-1915	12	13	0	3	0	2.52	0.00	0.58	0.00	
	1845-0715	12	12	0	3	0	2.32	0.00	0.58	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.00
63	0645-1915	12	13	0	4	0	2.48	0.00	0.76	0.00	
	1845-0715	12	13	0	3	0	2.48	0.00	0.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.29
64	0645-1915	12	13	0	4	0	2.44	0.00	0.75	0.00	
	1845-0715	12	13	0	3	0	2.44	0.00	0.56	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.19

65	0645-1915	12	13	0	4	0	2.40	0.00	0.74	0.00	6.09
	1845-0715	12	13	0	3	0	2.40	0.00	0.55	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
66	0645-1915	12	13	0	4	0	2.36	0.00	0.73	0.00	6.00
	1845-0715	12	13	0	3	0	2.36	0.00	0.55	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
67	0645-1915	12	13	0	4	0	2.33	0.00	0.72	0.00	5.91
	1845-0715	12	13	0	3	0	2.33	0.00	0.54	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
	0645-1915	12	14	0	4	0	2.47	0.00	0.71	0.00	
	1845-0715	12	14	0	3	0	2.47	0.00	0.53	0.00	

68		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.18
69	0645-1915	12	14	0	4	0	2.43	0.00	0.70	0.00	
	1845-0715	12	14	0	3	0	2.43	0.00	0.52	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.09
70	0645-1915	12	14	0	4	0	2.40	0.00	0.69	0.00	
	1845-0715	12	14	0	3	0	2.40	0.00	0.51	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.00
	0645-1915	12	14	0	4	0	2.37	0.00	0.68	0.00	
	1845-0715	12	14	0	4	0	2.37	0.00	0.68	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

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	6.08
72	0645-1915	12	15	0	4	0	2.50	0.00	0.67	0.00	
	1845-0715	12	15	0	4	0	2.50	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.33

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Break Relief Nurse	X	X	X	X
Chaplain / Palliative Care	X	X		X
Clinical Nurse Specialist	X	X		
Health Unit Coordinator	X	X		X
Lactation	X	X	X	X
Nurse Manager / Supervisor	X	X	X	X
Nutritional Services	X	X		X
Pharmacy	X	X	X	X
IV Therapy / Phlebotomy	X	X	X	X
Transporters	X	X	X	X
Providers	X	X	X	X
Rapid Response / Code Blue Team	X	X	X	X
Respiratory Therapy	X	X	X	X
Security	X	X	X	X
al Work / Case Manager / Interpreter Ser	X	X	X	X
Physical Therapy	X	X		X
Virtual Monitoring / Sitters	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:

☐ 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:

Overlake Postpartum Unit (PPU)

Washington State Department of HEALTH

DOH 346-154

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Parent Baby Care Center (PBCC)**
Unit/ Clinic Type:	**Parent Baby Care**
Unit/ Clinic Address:	**1800 116th Ave NE, Suite 201, Bellevue, WA 98004**
Effective as of:	**1-Jul-24**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday	0845-1715	8	1	0	0	0

Tuesday	0845-1715	8	1	0	0	0
Wednesday	0845-1715	8	1	0	0	0
Thursday	0845-1715	8	1	0	0	0

Friday	0845-1715	8	1	0	0	0
Saturday	0845-1715	8	1	0	0	0

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DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator	X			X
Perinatal Educator	X	X		X
Nutrition	X			
Security	X	X	X	X
Nurse Manager	X	X	X	X
Patient Access	X			X
Providers				

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:

Overlake Parent & Baby Care Center (PBCC)

Washington State Department of HEALTH

DOH 346-154

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Inpatient Surgery (IPS)**
Unit/ Clinic Type:	**Inpatient Surgery**
Unit/ Clinic Address:	**1035 116th Ave NE (Building 2, Level 2) Bellevue, WA 98004**
Effective as of:	**1-Jul-24**
Room assignment	

Room assignment	Day of the week	Anticipated # of Visits	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
1 Room	Monday	1	2	0	1	2
	Tuesday	1	2	0	1	2
	Wednesday	1	2	0	1	2
	Thursday	1	2	0	1	2
	Friday	1	2	0	1	2
	Saturday	1	2	0	1	2

	Sunday	1	2	0	1	2
2 Rooms	Monday	2	3	0	1	3
	Tuesday	2	3	0	1	3
	Wednesday	2	3	0	1	3
	Thursday	2	3	0	1	3
	Friday	2	3	0	1	3
	Saturday	2	3	0	1	3
	Sunday	2	3	0	1	3
5 Rooms	Monday	5	6	0	2	6
	Tuesday	5	6	0	2	6
	Wednesday	5	6	0	2	6
	Thursday	5	6	0	2	6
	Friday	5	6	0	2	6
7 Rooms	Monday	7	8	0	3	8
	Tuesday	7	8	0	3	8
	Wednesday	7	8	0	3	8
	Thursday	7	8	0	3	8
	Friday	7	8	0	3	8

10 Rooms	Monday	10	11	0	5	11
	Tuesday	10	11	0	5	11
	Wednesday	10	11	0	5	11
	Thursday	10	11	0	5	11
	Friday	10	11	0	5	11
12 Rooms	Monday	12	13	0	6	13
	Tuesday	12	13	0	6	13
	Wednesday	12	13	0	6	13
	Thursday	12	13	0	6	13
	Friday	12	13	0	6	13
14 Rooms	Monday	14	15	0	7	15
	Tuesday	14	15	0	7	15
	Wednesday	14	15	0	7	15
	Thursday	14	15	0	7	15
	Friday	14	15	0	7	15

16 Rooms	Monday	16	17	0	8	17
	Tuesday	16	17	0	8	17
	Wednesday	16	17	0	8	17
	Thursday	16	17	0	8	17
	Friday	16	17	0	8	17

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Surgical Assistant	X	X	X	X
HUC	X	X		X
Nurse Manager	X	X	X	X
Break and Meal Relief Staff	X	X		
Anesthesia Tech	X	X	X	X
Resource Staff	X	X		
Providers	X	X	X	X
Surgcial Processing Department	X	X	X	X
Materials Management	X	X	X	X
RRT and Code Blue response teams	X	X	X	X
Clinical Education	X			
Supervisor	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:

☐ 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:

Overlake Inpatient Surgery (IPS)

Washington State Department of HEALTH

DOH 346-154

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Outpatient Sugery (OPS)**
Unit/ Clinic Type:	**Outpatient Sugery**
Unit/ Clinic Address:	**1035 116th Ave NE (Building 4, Level 1) Bellevue, WA 98004**
Effective as of:	**7/1/2024**
Room assignment	

Room assignment	Day of the week	Anticipated # of Visits	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
1 Room	Monday	1	2	0	1	1
	Tuesday	1	2	0	1	1
	Wednesday	1	2	0	1	1
	Thursday	1	2	0	1	1
	Friday	1	2	0	1	1

2 Rooms	Monday	2	3	0	1	3
	Tuesday	2	3	0	1	3
	Wednesday	2	3	0	1	3
	Thursday	2	3	0	1	3
	Friday	2	3	0	1	3
3 Rooms	Monday	3	4	0	1	4
	Tuesday	3	4	0	1	4
	Wednesday	3	4	0	1	4
	Thursday	3	4	0	1	4
	Friday	3	4	0	1	4
4 Rooms	Monday	4	5	0	1	5
	Tuesday	4	5	0	1	5
	Wednesday	4	5	0	1	5
	Thursday	4	5	0	1	5
	Friday	4	5	0	1	5

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Surgical Assistant	X			
HUC	X			
Nurse Manager	X	X	X	X
Break and Meal Relief Staff	X			
Anesthesia Tech	X			
Resource Staff	X			
Providers	X			
Local Nurse	X			
Catalys Nurse	X			
Inpatient Surgery	X	X	X	X
Surgcial Processing Department	X	X	X	X
Materials Management	X			
RRT and Code Blue response teams	X	X	X	X
Clinical Education	X			
Core Technician	X			
Engineering, Biomed	X			
Pharmacy	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:

☐ 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:

Overlake Outpatient Surgery (OPS)

Washington State Department of HEALTH

DOH 346-154

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Outpatient Recovery (OPR)**
Unit/ Clinic Type:	**Outpatient Recovery**
Unit/ Clinic Address:	**1035 116th Ave NE (Building 4, Level 1) Bellevue, WA 98004**
Effective as of:	**7/1/2024**
Day of the week	

Day of the week	Shift Type	Anticipated # of Visits	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday						
	Day	4	8	0	1	0

Tuesday	Day	4	8	0	1	0
Wednesday	Day	4	8	0	1	0
Thursday	Day	4	8	0	1	0

Friday	Day	3	7	0	1	0

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Charge RN	X			
Outpatient Surgery	X			
Surgical Processing Department	X	X	X	X
IV Team	X			
Nurse Manager	X	X	X	X
Materials Management	X			
RRT and Code Blue response teams	X	X	X	X
Clinical Education	X			
PCU	X			
PACU	X	X	X	X
SPA	X			
Pharmacy	X	X	X	X
Engineeringm, Biomed	X			
Providers	X			
Flex / Resource RN	X			
Providers	X			
PCT	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:

Overlake Outpatient Recovery (OPR)

Washington State Department of HEALTH

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Fixed Staffing Matrix

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Unit/ Clinic Name:	**Special Procedures Unit (SPU)**
Unit/ Clinic Type:	**Special Procedures**
Unit/ Clinic Address:	**1035 116th Ave NE (Building 2, Level 3) Bellevue, WA 98004**
Effective as of:	**7/1/2024**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday	Day	8	7	0	1	0

Tuesday	Day	8	7	0	1	0
Wednesday	Day	8	7	0	1	0
Thursday	Day	8	7	0	1	0

Friday	Day	8	7	0	1	0

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Inpatient Surgery	X	X	X	X
Outpatient Surgery	X			
Surgical Processing Department	X	X	X	X
IV Team	X			
Nurse Manager	X	X	X	X
Materials Management	X			
RRT and Code Blue response teams	X	X	X	X
Clinical Education	X			
PCT	X			
Resource Staff	X			
Break and Meal Relief Staff	X			
Charge Nurse	X			
Pharmacy	X	X	X	X
Providers	X			
Biomed, Engineering	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:

Overlake Special Procedures Unit (SPU)

Washington State Department of HEALTH

DOH 346-154

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Surgical Pre-Admission (SPA)**
Unit/ Clinic Type:	**Surgical Pre-Admission**
Unit/ Clinic Address:	**1135 116th Ave NE (Building 3, Level 1) Bellevue, WA 98004**
Effective as of:	**7/1/2024**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday/ Week 1 & 3	0730-1600	8	1	0	0	0
	0800-1630	8	3	0	0	2
	0900-1730	8	3	0	0	0

Tuesday/ Week 1 & 3	0600-1630	10	1	0	0	0
	0730-1600	8	1	0	0	0
	0800-1630	8	4	0	0	2
	0900-1730	8	1	0	0	0
Wednesday/ Week 1 & 3	0600-1630	10	1	0	0	0
	0730-1600	8	1	0	0	0
	0800-1630	8	3	0	0	2
	0900-1730	8	2	0	0	0
Thursday/ Week 1 & 3	0600-1630	10	1	0	0	0
	0800-1630	8	5	0	0	2
	0900-1730	8	1	0	0	0

Friday/ Week 1 & 3	0600-1630	10	1	0	0	0
	0800-1630	8	4	0	0	2
	0900-1730	8	1	0	0	0
Saturday/ Week 1 & 3	Department Closed					
Sunday/ Week 1 & 3	Department Closed					

Monday/ Week 2 & 4	0600-1630	10	1	0	0	0
	0800-1630	8	3	0	0	2
	0900-1730	8	2	0	0	0
Tuesday/ Week 2 & 4	0600-1630	10	1	0	0	0
	0730-1600	8	1	0	0	0
	0800-1630	8	5	0	0	2
	0900-1730	8	1	0	0	0
Wednesday/ Week 2 & 4	0600-1630	10	1	0	0	0
	0730-1600	8	1	0	0	0
	0800-1630	8	3	0	0	2
	0900-1730	8	2	0	0	0
	0600-1630	10	1	0	0	0
	0730-1600	8	1	0	0	0

Thursday/ Week 2 & 4	0800-1630	8	4	0	0	2
	0900-1730	8	1	0	0	0
Friday/ Week 2 &4	0730-1600	8	1	0	0	0
	0800-1630	8	4	0	0	2
	0900-1730	8	2	0	0	0
Saturday/ Week 2 & 4	Department Closed					
	Department Closed					

Saturday/ Week 2 & 4						

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Anesthesiologist	X	X	X	X
Biomed Services	X			
Centralized Scheduling	X			
Clinical Education/CNS/Educator	X			
Chaplain	X			
EKG department/EKG techs	X			
Interpreter Services	X	X	X	X
Laboratory/ Phlebotomy Services	X	X	X	X
Nurse Manager	X	X	X	X
Materials Management	X			
Pharmacy	X	X	X	X
Respiratory Therapist				
RRT and Code Blue response teams	X	X	X	X
Security	X	X	X	X
Surgeons/LP (License Practitioners)	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:

☐ 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:

Overlake Surgical Pre Admission (SPA)

Washington State Department of HEALTH

DOH 346-154

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Periperative Care Unit (PCU)**
Unit/ Clinic Type:	**Periperative Care**
Unit/ Clinic Address:	**1035 116th Ave NE (Building 2, Level 2) Bellevue, WA 98004**
Effective as of:	**7/1/2024**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
MONDAY (Week 1 & 3)	0430-1300	8	0	0	2	0
	0530-1800	12	10	0	3	0
	0800-1630	8	1	0	0	0
	0900-2130	12	3	0	0	0
	1200-2030	8	0	0	1	0
	1300-2130	8	0	0	1	0

TUESDAY (Week 1 & 3)	0430-1300	8	0	0	2	0
	0530-1800	12	10	0	3	0
	0800-1630	8	1	0	0	0
	0900-2130	12	3	0	0	0
	1200-2030	8	0	0	1	0
	1300-2130	8	0	0	1	0
WEDNESDAY (Week 1 & 3)	0530-1400	8	0	0	2	0
	0630-1500	8	10	0	3	0
	0900-1930	10	2	0	0	0
	1000-1830	8	1	0	0	0
	1100-2130	10	2	0	0	0
	1200-2030	8	0	0	1	0
	1300-2130	8	0	0	1	0
THURSDAY (Week 1 & 3)	0430-1300	8	0	0	2	0
	0530-1800	12	10	0	3	0
	0800-1630	8	1	0	0	0
	0900-2130	12	1	0	0	0
	1000-1830	8	1	0	0	0
	1100-2030	10	1	0	0	0
	1200-2030	8	0	0	1	0
	1300-2130	8	0	0	1	0

FRIDAY (Week 1 & 3)	0430-1300	8	0	0	2	0
	0530-1400	12	10	0	3	0
	0800-1630	8	1	0	0	0
	0900-2130	12	2	0	0	0
	1000-1830	8	1	0	0	0
	1100-2130	10	1	0	0	0
	1200-2030	8	0	0	1	0
	1300-2130	8	0	0	1	0
SATURDAY (Week 1 & 3)	0530-1400	8	2	0	1	0
SUNDAY (Week 1 & 3)	0530-1400	8	2	0	1	0
	0430-1300	8	0	0	2	0
	0530-1800	12	10	0	3	0

MONDAY (Week 2 & 4)	0800-1630	8	1	0	0	0
	0900-2130	12	2	0	0	0
	1000-1830	8	1	0	0	0
	1100-2130	10	1	0	0	0
	1200-2030	8	0	0	1	0
	1300-2130	8	0	0	1	0
TUESDAY (Week 2 & 4)	0430-1300	8	0	0	2	0
	0530-1800	12	10	0	3	0
	0800-1630	8	1	0	0	0
	0900-2130	12	1	0	0	0
	1000-1830	8	1	0	0	0
	1100-2030	10	1	0	0	0
	1200-2030	8	0	0	1	0
	1300-2130	8	0	0	1	0
WEDNESDAY (Week 2 & 4)	0530-1400	8	0	0	2	0
	0630-1500	8	10	0	3	0
	0900-1930	10	2	0	0	0
	1000-1830	8	1	0	0	0
	1100-2130	10	2	0	0	0
	1200-2030	8	0	0	1	0
	1300-2130	8	0	0	1	0
	0430-1300	8	0	0	2	0
	0530-1800	12	10	0	3	0
	0800-1630	8	1	0	0	0
	0900-2130	12	3	0	0	0

THURSDAY (Week 2 & 4)	1000-1830	8	1	0	0	0
	1200-2030	8	0	0	1	0
	1300-2130	8	0	0	1	0
FRIDAY (Week 2 & 4)	0430-1300	8	0	0	2	0
	0530-1800	12	10	0	3	0
	0800-1630	8	1	0	0	0
	0900-2130	12	3	0	0	0
	1200-2030	8	0	0	1	0
	1300-2130	8	0	0	1	0
SATURDAY (Week 2 & 4)	0530-1400	8	2	0	1	0
SUNDAY (Week 2 & 4)	0530-1400	8	2	0	1	0

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Anesthesiologist	X	X	X	X
Biomed Services	X			
Clinical Education/CNS/Educator	X			
Chaplain	X	X		
Charge Nurse	X	X		
Interpreter Services				
IV Team				
Laboratory/ Phlebotomy Services				
Nurse Manager				
Materials Management	X			
Periperative Services (IPS, PACU, SPA	X	X	X	X
Pharmacy	X			
RRT and Code Blue response teams	X	X	X	X
Surgeons/LP (License Practitioners)	X	X	X	X

SPA 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:

Overlake Perioperative Care Unit (PCU)

Washington State Department of HEALTH

DOH 346-154

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Post Anesthesia Care Unit (PACU)**
Unit/ Clinic Type:	**Post Anesthesia Care**
Unit/ Clinic Address:	**1035 116th Ave NE (Building 2, Level 2) Bellevue, WA 98004**
Effective as of:	**Jul-24**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
MONDAY (Week 1 & 3)	0700-1930	12	1	0	0	0
	0800-2030	12	2	0	1	0
	0900-2130	12	5	0	1	0
	1000-1830	8	1	0	0	0
	1100-2330	12	1	0	0	0
	1300-2130	8	2	0	0	0

	1500-2330	8	1	0	0	0
	1900-0730	12	1	0	0	0
TUESDAY (Week 1 & 3)	0700-1930	12	1	0	0	0
	0800-2030	12	2	0	1	0
	0900-2130	12	6	0	1	0
	1000-1830	8	1	0	0	0
	1100-2330	12	1	0	0	0
	1300-2130	8	1	0	0	0
	1500-2330	8	1	0	0	0
	1900-0730	12	1	0	0	0
WEDNESDAY (Week 1 & 3)	0700-1930	12	1	0	0	0
	0800-2030	12	1	0	0	0
	0900-2130	12	5	0	1	0
	1000-1830	8	1	0	1	0
	1100-2330	12	2	0	0	0
	1300-2130	8	2	0	0	0
	1500-2330	8	1	0	0	0
	1900-0730	12	1	0	0	0
THURSDAY (Week 1 & 3)	0700-1930	12	1	0	0	0
	0800-2030	12	3	0	1	0
	0900-2130	12	5	0	1	0
	1000-1830	8	1	0	0	0
	1100-2330	12	2	0	0	0
	1300-2130	8	2	0	0	0
	1900-0730	12	1	0	0	0

FRIDAY (Week 1 & 3)	0700-1930	12	1	0	0	0
	0800-2030	12	2	0	1	0
	0900-2130	12	5	0	1	0
	1000-1830	8	1	0	0	0
	1100-2330	12	2	0	0	0
	1300-0030	12	1	0	0	0
SATURDAY (Week 1 & 3)	0700-1930	12	2	0	1	0
	1900-0730	12	2	0	0	0
SUNDAY (Week 1 & 3)	0700-1930	12	2	0	1	0
	1900-0730	12	2	0	0	0
	0700-1930	12	1	0	0	0
	0800-2030	12	2	0	1	0

MONDAY (Week 2 & 4)	0900-2130	12	5	0	1	0
	1000-1830	8	1	0	0	0
	1100-2330	12	1	0	0	0
	1300-2330	12	3	0	0	0
	1900-0730	12	1	0	0	0
TUESDAY (Week 2 & 4)	0700-1930	12	1	0	0	0
	0800-2030	12	2	0	1	0
	0900-2130	12	5	0	1	0
	1000-1830	8	1	0	0	0
	1100-2330	12	1	0	0	0
	1300-2330	12	2	0	0	0
	1500-2330	8	1	0	0	0
	1900-0730	12	1	0	0	0
WEDNESDAY (Week 2 & 4)	0700-1930	12	1	0	0	0
	0800-2030	12	1	0	0	0
	0900-2130	12	5	0	1	0
	1000-1830	8	1	0	1	0
	1100-2330	12	2	0	0	0
	1300-2130	8	2	0	0	0
	1900-0730	12	1	0	0	0
THURSDAY (Week 2 & 4)	0700-1930	12	1	0	0	0
	0800-2030	12	2	0	1	0
	0900-2130	12	5	0	1	0
	1000-1830	8	1	0	0	0
	1100-2330	12	1	0	0	0

THURSDAY (Week 2 & 4)	1300-2330	12	3	0	0	0
	1900-0730	12	1	0	0	0
FRIDAY (Week 2 & 4)	0700-1930	12	1	0	0	0
	0800-2030	12	2	0	1	0
	0900-2130	12	5	0	1	0
	1000-1830	8	1	0	0	0
	1100-1930	8	1	0	0	0
	1300-0030	12	2	0	0	0
	1900-0730	12	1	0	0	0
SATURDAY (Week 2 & 4)	0700-1930	12	2	0	1	0
	1900-0730	12	2	0	0	0
SUNDAY (Week 2 & 4)	0700-1930	12	2	0	1	0
	1900-0730	12	2	0	0	0

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Anesthesiologist	X	X	X	X
Biomed Services	X			
Centralized Scheduling	X			
Clinical Education/CNS/Educator	X			
Chaplain	X			
EKG department/EKG techs	X			
Interpreter Services	X	X	X	X
Laboratory/ Phlebotomy Services	X	X	X	X
Nurse Manager	X	X	X	X
Materials Management	X			
Periperative Services (PCU, IPS)	X	X	X	X
Pharmacy	X	X	X	X
Respiratory Therapist	X	X	X	X
RRT and Code Blue response teams	X	X	X	X
Security	X	X	X	X
Surgeons/LP (License Practitioners)	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:

☐ 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:

Overlake Post Anesthesia Care Unit (PACU)

Washington State Department of HEALTH

DOH 346-154

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Emergency Department**
Unit/ Clinic Type:	**Emergency**
Unit/ Clinic Address:	**1035 116th Ave NE (Building 1, Level 1) Bellevue, WA 98004**
Effective as of:	**1-Jul-24**
Hours of the day	

Hour of the day	Day of the week	Anticipated # of Visits	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
12:00 AM	Monday	5	12	0	0	6
	Tuesday	5	12	0	0	6
	Wednesday	5	12	0	0	6
	Thursday	5	12	0	0	6
	Friday	5	12	0	0	6
	Saturday	6	12	0	0	6

	Sunday	6	12	0	0	6
1:00	Monday	4	12	0	0	6
	Tuesday	4	12	0	0	6
	Wednesday	4	12	0	0	6
	Thursday	3	12	0	0	6
	Friday	3	12	0	0	6
	Saturday	4	12	0	0	6
	Sunday	4	12	0	0	6
2:00	Monday	3	12	0	0	6
	Tuesday	2	12	0	0	6
	Wednesday	3	12	0	0	6
	Thursday	3	12	0	0	6
	Friday	2	12	0	0	6
	Saturday	3	12	0	0	6
	Sunday	3	12	0	0	6
3:00	Monday	2	8	0	0	6
	Tuesday	3	8	0	0	6
	Wednesday	2	8	0	0	6
	Thursday	2	8	0	0	6
	Friday	2	8	0	0	6
	Saturday	2	8	0	0	6
	Sunday	2	8	0	0	6

4:00	Monday	2	8	0	0	6
	Tuesday	2	8	0	0	6
	Wednesday	2	8	0	0	6
	Thursday	2	8	0	0	6
	Friday	2	8	0	0	6
	Saturday	2	8	0	0	6
	Sunday	2	8	0	0	6
5:00	Monday	2	8	0	0	6
	Tuesday	2	8	0	0	6
	Wednesday	2	8	0	0	6
	Thursday	2	8	0	0	6
	Friday	2	8	0	0	6
	Saturday	2	8	0	0	6
	Sunday	2	8	0	0	6
6:00	Monday	2	8	0	0	6
	Tuesday	3	8	0	0	6
	Wednesday	2	8	0	0	6
	Thursday	2	8	0	0	6
	Friday	2	8	0	0	6
	Saturday	3	8	0	0	6
	Sunday	3	8	0	0	6

7:00	Monday	4	8	0	0	6
	Tuesday	4	8	0	0	6
	Wednesday	3	8	0	0	6
	Thursday	3	8	0	0	6
	Friday	3	8	0	0	6
	Saturday	3	8	0	0	6
	Sunday	4	8	0	0	6
8:00 AM	Monday	5	8	0	0	6
	Tuesday	5	8	0	0	6
	Wednesday	5	8	0	0	6
	Thursday	5	8	0	0	6
	Friday	5	8	0	0	6
	Saturday	5	8	0	0	6
	Sunday	4	8	0	0	6
9:00	Monday	7	11	0	0	6
	Tuesday	6	11	0	0	6
	Wednesday	7	11	0	0	6
	Thursday	6	11	0	0	6
	Friday	6	11	0	0	6
	Saturday	6	11	0	0	6
	Sunday	6	11	0	0	6
	Monday	9	11	0	0	6
	Tuesday	8	11	0	0	6

10:00	Wednesday	8	11	0	0	6
	Thursday	8	11	0	0	6
	Friday	8	11	0	0	6
	Saturday	7	11	0	0	6
	Sunday	7	11	0	0	6
11:00	Monday	11	15	0	0	8
	Tuesday	10	15	0	0	8
	Wednesday	9	15	0	0	8
	Thursday	9	15	0	0	8
	Friday	9	15	0	0	8
	Saturday	9	15	0	0	8
	Sunday	9	15	0	0	8
12:00	Monday	10	15	0	0	8
	Tuesday	8	15	0	0	8
	Wednesday	9	15	0	0	8
	Thursday	10	15	0	0	8
	Friday	9	15	0	0	8
	Saturday	9	15	0	0	8
	Sunday	8	15	0	0	8
	Monday	8	15	0	0	8
	Tuesday	9	15	0	0	8
	Wednesday	8	15	0	0	8
	Thursday	8	15	0	0	8

13:00	Friday	8	15	0	0	8
	Saturday	9	15	0	0	8
	Sunday	8	15	0	0	8
14:00	Monday	9	15	0	0	8
	Tuesday	9	15	0	0	8
	Wednesday	9	15	0	0	8
	Thursday	9	15	0	0	8
	Friday	9	15	0	0	8
	Saturday	8	15	0	0	8
	Sunday	8	15	0	0	8
15:00	Monday	10	16	0	0	8
	Tuesday	10	16	0	0	8
	Wednesday	10	16	0	0	8
	Thursday	9	16	0	0	8
	Friday	10	16	0	0	8
	Saturday	10	16	0	0	8
	Sunday	9	16	0	0	8
16:00	Monday	9	16	0	0	8
	Tuesday	9	16	0	0	8
	Wednesday	9	16	0	0	8
	Thursday	9	16	0	0	8
	Friday	10	16	0	0	8
	Saturday	8	16	0	0	8

	Sunday	8	16	0	0	8
17:00	Monday	8	15	0	0	8
	Tuesday	8	15	0	0	8
	Wednesday	8	15	0	0	8
	Thursday	7	15	0	0	8
	Friday	8	15	0	0	8
	Saturday	8	15	0	0	8
	Sunday	7	15	0	0	8
18:00	Monday	8	15	0	0	8
	Tuesday	8	15	0	0	8
	Wednesday	9	15	0	0	8
	Thursday	8	15	0	0	8
	Friday	8	15	0	0	8
	Saturday	8	15	0	0	8
	Sunday	7	15	0	0	8
19:00	Monday	9	18	0	0	8
	Tuesday	9	18	0	0	8
	Wednesday	10	18	0	0	8
	Thursday	9	18	0	0	8
	Friday	9	18	0	0	8
	Saturday	8	18	0	0	8
	Sunday	8	18	0	0	8

20:00	Monday	10	18	0	0	8
	Tuesday	9	18	0	0	8
	Wednesday	8	18	0	0	8
	Thursday	9	18	0	0	8
	Friday	8	18	0	0	8
	Saturday	8	18	0	0	8
	Sunday	8	18	0	0	8
21:00	Monday	8	17	0	0	8
	Tuesday	7	17	0	0	8
	Wednesday	7	17	0	0	8
	Thursday	7	17	0	0	8
	Friday	6	17	0	0	8
	Saturday	7	17	0	0	8
	Sunday	7	17	0	0	8
22:00	Monday	7	17	0	0	8
	Tuesday	7	17	0	0	8
	Wednesday	7	17	0	0	8
	Thursday	7	17	0	0	8
	Friday	7	17	0	0	8
	Saturday	7	17	0	0	8
	Sunday	7	17	0	0	8

23:00	Monday	7	12	0	0	6
	Tuesday	6	12	0	0	6
	Wednesday	6	12	0	0	6
	Thursday	6	12	0	0	6
	Friday	7	12	0	0	6
	Saturday	7	12	0	0	6
	Sunday	6	12	0	0	6

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Admit RN	X	X	X	X
Chaplain	X	X		X
Clinical Educator / Stroke & Trauma	X	X		X
Health Unit Coordinator	X	X	X	X
IV Therapy	X	X	X	X
Medical Imaging	X	X	X	X
Monitor Tech / Sitters	X	X	X	X
Nurse Manager / Supervisor	X	X	X	X
Nutrional Services	X	X	X	X
Phlebotomist	X	X	X	X
Physical / Occupational / Speech	X	X		X
Providers	X	X	X	X
Rapid Response / Code Blue Team	X	X	X	X
Respiratory Therapy	X	X	X	X
Security	X	X	X	X
Shift Administrator	X	X	X	X
SW / Case Manager / Interpreter Services	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:

☐ 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:

Overlake Emergency Department

Washington State Department of HEALTH

DOH 346-154

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Infusion Unit**
Unit/ Clinic Type:	**Infusion**
Unit/ Clinic Address:	**1035 116th Ave NE (Building 2, Level 3) Bellevue, WA 98004**
Effective as of:	**7/1/2024**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Sunday	Closed					

Monday	0645-1915	12	1	0	0	0
Tuesday	0645-1915	12	2	0	1	0
		12	2	0	1	0
Wednesday	0645-1915	12	2	0	1	0
		12	2	0	1	0

Thursday	0645-1915	12	2	0	1	0
		12	2	0	1	0
Friday	0645-1915	12	2	0	1	0
		12	2	0	1	0
Saturday	0645-1915	12	2	0	1	0
		12	2	0	1	0

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Admit RN	X	X	X	X
Chaplain	X	X		X
Clinical Educator / Stroke & Trauma	X	X		X
Health Unit Coordinator	X	X	X	X
IV Therapy	X	X	X	X
Medical Imaging	X	X	X	X
Monitor Tech / Sitters	X	X	X	X
Nurse Manager / Supervisor	X	X	X	X
Nutrional Services	X	X	X	X
Phlebotomist	X	X	X	X
Physical / Occupational / Speech	X	X		X
Providers	X	X	X	X
Rapid Response / Code Blue Team	X	X	X	X
Respiratory Therapy	X	X	X	X
Security	X	X	X	X
Shift Administrator	X	X	X	X
SW / Case Manager / Interpreter Services	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:

☐ 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:

Overlake Infusion Unit

Washington State Department of HEALTH

DOH 346-154

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Short Stay Unit (SSU)**
Unit/ Clinic Type:	**Observation**
Unit/ Clinic Address:	**1035 116th Ave NE (Building 2, Level 3) Bellevue, WA 98004**
Effective as of:	**7/1/2024**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Sunday	0645-1915	12	2	0	1	0
	1845-0715	12	2	0	1	0

Monday	0645-1915	12	2	0	1	0
	1845-0715	12	2	0	1	0
Tuesday	0645-1915	12	2	0	1	0
	1845-0715	12	2	0	1	0
Wednesday	0645-1915	12	2	0	1	0
	1845-0715	12	2	0	1	0

Thursday	0645-1915	12	2	0	1	0
	1845-0715	12	2	0	1	0
Friday	0645-1915	12	2	0	1	0
	1845-0715	12	2	0	1	0
Saturday	0645-1915	12	2	0	1	0
	1845-0715	12	2	0	1	0

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Clinical Educator / Stroke & Trauma	X	X		X
Health Unit Coordinator	X	X	X	X
IV Therapy	X	X	X	X
Monitor Tech / Sitters	X	X	X	X
Nurse Manager / Supervisor	X	X	X	X
Nutrional Services	X	X	X	X
Phlebotomist	X	X	X	X
Physical / Occupational / Speech	X	X		X
Providers	X	X	X	X
Rapid Response / Code Blue Team	X	X	X	X
Respiratory Therapy	X	X	X	X
Security	X	X	X	X
Shift Administrator	X	X	X	X
SW / Case Manager / Interpreter Services	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:

☐ 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:

Overlake Short Stay Unit (SSU)

Washington State Department of HEALTH

DOH 346-154

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Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:	**Inpatient Behavioral Health Unit (BHU)**		
Unit/ Clinic Type:	**Inpatient Behavioral Health**		
Unit/ Clinic Address:	**1035 116th Ave NE (Building 4, Level 6) Bellevue, WA 98004**		
Average Daily Census:	**10**	**Maximum # of Beds:**	**14**
Effective as of:	**7/1/2024**		
Census			

Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
1	0700-1530	8	2	0	0	1	16.00	0.00	0.00	8.00	
	1500-1130	8	2	0	0	1	16.00	0.00	0.00	8.00	
	1100-0730	8	2	0	0	1	16.00	0.00	0.00	8.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	72.00
2	0700-1530	8	2	0	0	1	8.00	0.00	0.00	4.00	
	1500-1130	8	2	0	0	1	8.00	0.00	0.00	4.00	
	1100-0730	8	2	0	0	1	8.00	0.00	0.00	4.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	36.00
3	0700-1530	8	2	0	0	1	5.33	0.00	0.00	2.67	
	1500-1130	8	2	0	0	1	5.33	0.00	0.00	2.67	
	1100-0730	8	2	0	0	1	5.33	0.00	0.00	2.67	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	24.00
4	0700-1530	8	2	0	0	1	4.00	0.00	0.00	2.00	
	1500-1130	8	2	0	0	1	4.00	0.00	0.00	2.00	
	1100-0730	8	2	0	0	1	4.00	0.00	0.00	2.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	18.00
5	0700-1530	8	2	0	0	1	3.20	0.00	0.00	1.60	
	1500-1130	8	2	0	0	1	3.20	0.00	0.00	1.60	
	1100-0730	8	2	0	0	1	3.20	0.00	0.00	1.60	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	14.40
6	0700-1530	8	2	0	0	1	2.67	0.00	0.00	1.33	
	1500-1130	8	2	0	0	1	2.67	0.00	0.00	1.33	
	1100-0730	8	2	0	0	1	2.67	0.00	0.00	1.33	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	12.00
7	0700-1530	8	2	0	0	1	2.29	0.00	0.00	1.14	
	1500-1130	8	2	0	0	1	2.29	0.00	0.00	1.14	
	1100-0730	8	2	0	0	1	2.29	0.00	0.00	1.14	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	10.29

8	0700-1530	8	2	0	0	1	2.00	0.00	0.00	1.00	
	1500-1130	8	2	0	0	1	2.00	0.00	0.00	1.00	
	1100-0730	8	2	0	0	1	2.00	0.00	0.00	1.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.00
9	0700-1530	8	2	0	0	2	1.78	0.00	0.00	1.78	
	1500-1130	8	2	0	0	2	1.78	0.00	0.00	1.78	
	1100-0730	8	2	0	0	1	1.78	0.00	0.00	0.89	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.78
10	0700-1530	8	2	0	0	2	1.60	0.00	0.00	1.60	
	1500-1130	8	2	0	0	2	1.60	0.00	0.00	1.60	
	1100-0730	8	2	0	0	1	1.60	0.00	0.00	0.80	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.80
	0700-1530	8	2	0	0	2	1.45	0.00	0.00	1.45	
	1500-1130	8	2	0	0	2	1.45	0.00	0.00	1.45	

11	1100-0730	8	2	0	0	1	1.45	0.00	0.00	0.73	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.00
12	0700-1530	8	2	0	0	2	1.33	0.00	0.00	1.33	
	1500-1130	8	2	0	0	2	1.33	0.00	0.00	1.33	
	1100-0730	8	2	0	0	1	1.33	0.00	0.00	0.67	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	7.33
13	0700-1530	8	2	0	0	2	1.23	0.00	0.00	1.23	
	1500-1130	8	2	0	0	2	1.23	0.00	0.00	1.23	
	1100-0730	8	2	0	0	1	1.23	0.00	0.00	0.62	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.77
	0700-1530	8	2	0	0	2	1.14	0.00	0.00	1.14	
	1500-1130	8	2	0	0	2	1.14	0.00	0.00	1.14	
	1100-0730	8	2	0	0	1	1.14	0.00	0.00	0.57	
							0.00	0.00	0.00	0.00	

14							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.29

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Break Relief Nurse	X	X	X	X
Chaplain	X			
Health Unit Coordinator	X	X	X	X
Nurse Manager	X	X	X	X
Nutritional Services	X	X	X	X
Providers	X	X	X	X
Physical / Occupational Therapy	X	X	X	X
Rapid Response / Code Blue Team	X	X	X	X
Recreational Therapist	X	X	X	X
Shift Administrator	X	X	X	X
Security	X	X	X	X
Sitters	X	X	X	X
Substance Use Disorder Professinal	X			
Social Work / Interpreter Services	X	X		X
Triage Nurse	X			
Wound Care	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:

☐ 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:

Overlake Inpatient Behavioral Health Unit (BHU)

Washington State Department of HEALTH

DOH 346-154

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	**IV Team**
Unit/ Clinic Type:	**IV Therapy**
Unit/ Clinic Address:	**1035 116th Ave NE Bellevue, WA 98004**
Effective as of:	**7/1/2024**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Sunday	0645 - 1915	12	1	0	0	0
	1845 - 0715	12	1	0	0	0

Monday	0645 - 1915	12	1	0	0	0
	1845 - 0715	12	1	0	0	0
Tuesday	0645 - 1915	12	1	0	0	0
	1845 - 0715	12	1	0	0	0
Wednesday	0645 - 1915	12	1	0	0	0
	1845 - 0715	12	1	0	0	0

Thursday	0645 - 1915	12	1	0	0	0
	1845 - 0715	12	1	0	0	0
Friday	0645 - 1915	12	1	0	0	0
	1845 - 0715	12	1	0	0	0
Saturday	0645 - 1915	12	1	0	0	0
	1845 - 0715	12	1	0	0	0

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Nurse Manager / Nurse Supervisor	X	X	X	X
Unit Registered Nurses	X	X	X	X
Rapid Response / Code Blue Team	X	X	X	X
Pharmacy	X	X	X	X
Case Management / Social Work	X	X		X
Providers	X	X	X	X
Infection Prevention Team	X	X		
Radiology Team	X	X	X	X
Security	X	X	X	X
Shift Administrators	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:

☐ 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:

Overlake IV Team

Washington State Department of HEALTH

DOH 346-154

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Cancer Center & Breast Health**
Unit/ Clinic Type:	**Breast Surgery, Gynecological Oncology, High Risk**
Unit/ Clinic Address:	**1135 116th Ave NE (Suite 200) Bellevue, WA 98004**
Effective as of:	**7/1/2024**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Sunday	Closed					

Monday	0800-1630	8	2	0	0	0
	0830-1700	8	2	0	0	0
Tuesday	0800-1630	8	2	0	0	0
	0830-1700	8	2	0	0	0
Wednesday	0800-1630	8	2	0	0	0
	0830-1700	8	2	0	0	0

Thursday	0800-1630	8	2	0	0	0
	0830-1700	8	2	0	0	0
Friday	0800-1630	8	2	0	0	0
	0830-1700	8	2	0	0	0
Saturday	Closed					

Washington State Department of HEALTH

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Providers (MDs,PAs,ARNP)	X			
Massage Therapist	X			
Genetic Counselor	X			
Oncology Dietitian	X			
Oncology Social Workers	X			
Mental Health Therapist	X			
Clinic Coordinator	X			
Surgery Coordinators	X			
Referral Coordinator	X			
Financial Counselor	X			
Medical Assistants				
PSRs				

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:

Overlake Cancer Center & Breast Health

Washington State Department of HEALTH

DOH 346-154

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Radiation Oncology**
Unit/ Clinic Type:	**Radiation Oncology**
Unit/ Clinic Address:	**1135 116th Ave NE (Suite 160) Bellevue, WA 98004**
Effective as of:	**7/1/2024**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Sunday	CLOSED					

Monday	8:00-16:30	8	1	0	0	0
Tuesday	8:00-16:30	8	1	0	0	0
Wednesday	8:00-16:30	8	1	0	0	0

Thursday	8:00-16:30	8	1	0	0	0
Friday	8:00-16:30	8	1	0	0	0
Saturday	CLOSED					

Washington State Department of HEALTH

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Providers	X			
Physicist	X			
Dosimetrist	X			
Radiation Therapists	X			
PSRs	X			
Program Coordinator	X			
Financial Counselor	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:

Overlake Radiation Oncology Clinic

Washington State Department of HEALTH

DOH 346-154

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Interventional Medical Imaging**
Unit/ Clinic Type:	**Interventional Medical Imaging**
Unit/ Clinic Address:	**1035 116th Ave NE Bellevue, WA 98004**
Effective as of:	**7/1/2024**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Sunday	0900-1700 standby	8	1	0	0	0

Monday	0730-1600	9	1	0	0	0
	0800-1730	9.5	1	0	0	0
	0800-1630	8.5	1	0	0	0
	0900-1730	8.5	1	0	0	0
	0830-1700	8.5	1	0	0	0
	0700-1700	10	1	0	0	0
	0700-1630	9.5	1	0	0	0
Tuesday	0730-1600	9	1	0	0	0
	0800-1730	9.5	1	0	0	0
	0800-1630	8.5	1	0	0	0
	0900-1730	8.5	1	0	0	0
	0830-1700	8.5	1	0	0	0
	0700-1730	10.5	1	0	0	0
	0700-1630	9.5	2	0	0	0
Wednesday	0730-1600	9	1	0	0	0
	0800-1730	9.5	1	0	0	0
	0800-1630	8.5	1	0	0	0
	0900-1730	8.5	1	0	0	0
	0830-1700	8.5	1	0	0	0
	0700-1730	10.5	1	0	0	0
	0700-1630	9.5	2	0	0	0

Thursday	0730-1600	9	1	0	0	0
	0800-1730	9.5	1	0	0	0
	0800-1630	8.5	1	0	0	0
	0900-1730	8.5	1	0	0	0
	0830-1700	8.5	1	0	0	0
	0700-1700	10	1	0	0	0
	0700-1730	10.5	1	0	0	0
	0700-1630	9.5	1	0	0	0
Friday	0730-1600	9	1	0	0	0
	0800-1730	9.5	1	0	0	0
	0800-1630	8.5	1	0	0	0
	0900-1730	8.5	1	0	0	0
	0830-1700	8.5	1	0	0	0
	0700-1530	8.5	1	0	0	0
	0700-1730	10.5	1	0	0	0
	0700-1630	9.5	1	0	0	0
Saturday	0900-1700 (Standby)	8	1	0	0	0

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Supervisor	X			
Provider (MD)	X	X (standby)	X (standby)	X (standby)
Provider (PA)	X			X (standby)

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:

Overlake Medical Imaging

Washington State Department of HEALTH

DOH 346-154

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Heart & Vascular Interventional Unit**
Unit/ Clinic Type:	**Heart & Vascular Interventional**
Unit/ Clinic Address:	**1035 116th Ave NE (Building 2, Level 1) Bellevue, WA 98004**
Effective as of:	**7/1/2024**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Sunday	None					

Monday	0500-1730	12	2	0	0	0
	0700-1530	8	0	0	1	0
	0700-1930	12	4	0	0	0
	0800-1630	8	1	0	0	0
	0800-2030	12	1	0	0	0
	0900-2130	12	2	0	0	0
Tuesday	0500-1730	12	2	0	0	0
	0700-1530	8	0	0	1	0
	0700-1930	12	4	0	0	0
	0800-1630	8	1	0	0	0
	0800-2030	12	1	0	0	0
	0900-2130	12	2	0	0	0
Wednesday	0500-1730	12	2	0	0	0
	0600-1830	12	1	0	0	0
	0700-1530	8	0	0	1	0
	0700-1930	12	4	0	0	0
	0800-1630	8	1	0	0	0
	0800-2030	12	1	0	0	0
	0900-2130	12	2	0	0	0

Thursday	0500-1730	12	2	0	0	0
	0600-1830	12	1	0	0	0
	0700-1530	8	0	0	1	0
	0700-1930	12	4	0	0	0
	0800-1630	8	1	0	0	0
	0900-2130	12	2	0	0	0
Friday	0500-1730	12	2	0	0	0
	0600-1830	12	1	0	0	0
	0700-1530	8	0	0	1	0
	0700-1930	12	4	0	0	0
	0800-1630	8	1	0	0	0
	0800-2030	12	1	0	0	0
	0900-2130	12	2	0	0	0
Saturday	None					

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Chaplain / Palliative Care	X	X	X	
IV Therapist	X	X	X	X
Nurse Manager / Supervisor	X	X	X	X
Pharmacy	X	X	X	X
Physical / Occupational / Speech Therap	X	X	X	
Providers	X	X	X	X
Rapid Response / Code Blue Team	X	X	X	X
Respiratory Therapy	X	X	X	X
Security	X	X	X	X
al Work / Case Manager / Interpreter Ser	X	X	X	X
Transport	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:

HVC is the Pre and Post procedure area for the following patient types. Diagnostic and Interventional Cardiology, Electophysiology and Vascular Interventional Radiology. This 15 bed unit is a Monday to Friday unit in operation from 0500 to 2130. The primary role is admission, pre-op preparation, post recovery and discharge home or admission to the facility.

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

Description:

This unit cares for a variety of patients. Caring for individuals and families experiencing acute on chronic desease types. This types range for electrophysiologic arrhythmias, Cardiac disease, neurologic disease and treatments, and peripheral vascular treatment and access. The standard of care is 4 patients to one RN. One PCT to float and assist and a break Nurse to ensure breaks and lunches occur.

☑ Skill mix

Description:

Staff comprised of Primary RN's 95% with one PCT.

☑ Level of experience of nursing and patient care staff

Description:

14.7 years RN experience

☑ Need for specialized or intensive equipment

Description:

Use of defibrilator and ACLS knowledge required. Malignant hyperthermia protocol. Procedure sedation trained.

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

Description:

Pre procedure are is a
T shaped unit with nursing desks at both ends. Pharmacy, nutritional station and supplies located centrally.

☑ Other

Description:

Overlake Heart & Vascular

Washington State Department of HEALTH

DOH 346-154

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Invasive Cardiovascular**
Unit/ Clinic Type:	**Invasive Cardiovascular**
Unit/ Clinic Address:	**1035 116th Ave NE (Building 2, Level 1) Bellevue, WA 98004**
Effective as of:	**7/1/2024**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Sunday	0600-0600 Standby	24	2	0	0	4

Monday	0600-1630	10	2	0	0	2
	0700-1530	10	8	0	0	11
	0600-1830	12	2	0	0	3
Tuesday	0600-1630	10	2	0	0	2
	0700-1530	10	8	0	0	11
	0600-1830	12	2	0	0	3
Wednesday	0600-1630	10	2	0	0	2
	0700-1530	10	8	0	0	11
	0600-1830	12	2	0	0	3

Thursday	0600-1630	10	2	0	0	2
	0700-1530	10	8	0	0	11
	0600-1830	12	1	0	0	3
Friday	0600-1630	10	2	0	0	2
	0700-1530	10	8	0	0	11
	0600-1830	12	1	0	0	3
Saturday	0600-0600 Standby	24	2	0	0	4

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Chaplain / Palliative Care	X	X	X	
IV Therapist	X	X	X	X
Nurse Manager / Supervisor	X	X	X	X
Pharmacy	X	X	X	X
Physical / Occupational / Speech Therap	X	X	X	
Providers	X	X	X	X
Rapid Response / Code Blue Team	X	X	X	X
Respiratory Therapy	X	X	X	X
Security	X	X	X	X
al Work / Case Manager / Interpreter Ser	X	X	X	X
Transport	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:

Cath lab, VIR and EP are procedure areas for the treamet of Arrhythmias, Cardiac diagnostic and treatment, Neuro and Peripheral Vascular needs. These procedures range from elective, to urgent and emergent. The provision of STEMI and Stroke care requires 24/7 availability.

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

Description:

The Procedural suites assess and treat a variety of individuals experiencing conditions ranging from chronic to acute. Care and monitoring requires a Critical Care skill set requiring experience in either CCU/ ICU or ED. All staff are required to have ACLS, Malignant Hyperthermia, and Procedural sedation certification. All CVT's and RCIs Certification

☑ Skill mix

Description:

One RN teamed with two to three Technologists (Radiology Technologist or Cardiovascular Technologist) per procedure.
Percent RN's 40%

☑ Level of experience of nursing and patient care staff

Description:

Average years RN Experience 14.

☑ Need for specialized or intensive equipment

Description:

All RN's are ACLS, Malignant Hyperthermia and Procedural Sedation Certified with yearly to bi-yearly renewal requirements.

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

Description:

Procedure rooms are located in the Medical Imaging Care space building Two, Level One. The HVC deparent is comprissed of a pre and post procedure unit having it's own staffing module and six Diagnostic/ treatment Fluoroscopy suits. These units are aranged around a core supply area and a central desk space. Individual procedureal rooms have a defined nursing work space with monitors for documentation and for fluoro observance. Each room contains it's own Omnicell located next to the nursing desk.

☑ Other

Description:

Overlake Interventional Cardiac Services

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Senior Health**
Unit/ Clinic Type:	**Senior Health Center**
Unit/ Clinic Address:	**1750 112th Ave NE (Suite A101) Bellevue, WA 98004**
Effective as of:	**7/1/2024**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday	Days	8	2	0	0	0

Tuesday	Days	8	2	0	0	0

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Medical Assistants	X			
Providers	X			
Clinic Care Coordinators	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:

Overlake Senior Health Center