COVER PAGE

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

This area is intentionally left blank

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.

Washington State Department of HEALTH

Hospital Staffing Form

Attestation

Date: 12/31/20

I, the undersigned with responsibility for Providence Regional Medical Cen 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: Kristy Carrington, CE

Hospital Information

Name of Hospital: Providence Regional Medical Center Everett			
Hospital License #: HAC.FS.00000084			
Hospital Street Address: 1700 13th Street			
City/Town: Everett	State: WA	Zip code: 98201	
Is this hospital license affiliated with more than one location?	☑ Yes ☐ No		
If "Yes" was selected, please provide the location name and address	916 Pacific Avenue, Everett, WA (Pacific campus) See page 6 for branch sites		
Review Type:	☑ Annual	Review Date: 12/31/24	
	☐ Update	Next Review Date: 1/31/25	
Effective Date: 1/1/25			
Date Approved: 1/1/25			

Hospital Information Continued (Optional)

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

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

Description:

☐ Terms of applicable collective bargaining agreement

Description:

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

Description:

☐ Hospital finances and resources

Description:

☐ Other

Description:
The Hospital Staffing Committee was unable to convene and conduct a final review following the CEO's comments on the updated 2025 staffing plans. We will revisit the CEO's feedback and review the plans once again in January 2025. These submissions are the same as those last attested to and submitted on July 1, 2024, which are the last approved staffing plans.

Signature

CEO & Co-chairs Name:	Signature:	Date:
Kristy Carrington		12/31/2024
Dana Kyles		12/31/2024
Kelli Johnson		

Total Votes	
# of Approvals	# of Denials

Access unit staffing matrices here.

This area is intentionally left blank

Branch Sites

Branch sites operating under the hospital license. Branch sites where nurse or nursing staff are providing direct patient care need to be included in the hospital staffing plan.

1. Providence Regional Medical Center Everett Mill Creek Campus- 12800 Bothell Everett Hwy Everett, WA 98208-6642, This *is a specialized outpatient service with no RNs present*
2. Providence Intervention Center for Assault and Abuse- 1509 California St Everett, WA 98201-3540, This *does have RNs and should be stressed that this is an outpatient clinic.*
3. Providence Regional Medical Center Everett Medical Office Building - Monroe- 19200 N Kelsey St Monroe, WA 98272-1431, *This is a specialized outpatient service with no RNs present*
4. Providence Regional Medical Center Everett Marysville Anti-Coagulation Clinic- 11603 State Ave Ste G Marysville, WA 98271-8465, This *is a specialized outpatient service with no RNs present*
5. Providence Regional Medical Center Edmonds Prof Ctr Anti-Coagulation Clinic- 7315 212th St SW Ste 205 Edmonds, WA 98026-7610. *This is a specialized outpatient service with no RNs present*

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.

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:	**Postpartum Outpatient Clinic**
Unit/ Clinic Type:	**Outpatient**
Unit/ Clinic Address:	**916 Pacific Ave, Everett, WA 98201**
Effective as of:	**12/1/2023**

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	0830-1700	8	2	0	0	0
Monday	0830-1700	8	2	0	0	0
Tuesday	0830-1700	8	2	0	0	0
Wednesday	0830-1700	8	2	0	0	0
Thursday	0830-1700	8	2	0	0	0
Friday	0830-1700	8	2	0	0	0
Saturday	0830-1700	8	2	0	0	0

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Scheduler	x			x
ARNP	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:

No ARNP in Clinic. Will remove in 2025.

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.

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:	**Lactation Services**
Unit/ Clinic Type:	**Outpatient**
Unit/ Clinic Address:	**916 Pacific Ave, Everett, WA 98201**
Effective as of:	**12/1/2023**

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	0730-1600	8	1	0	0	0
	1300-2130	8	1	0	0	0
Monday	0730-1600	8	1	0	0	0
	1300-2130	8	1	0	0	0
Tuesday	0730-1600	8	1	0	0	0
	1300-2130	8	1	0	0	0
Wednesday	0730-1600	8	1	0	0	0
	1300-2130	8	1	0	0	0
Thursday	0730-1600	8	1	0	0	0
	1300-2130	8	1	0	0	0
Friday	0730-1600	8	1	0	0	0
	1300-2130	8	1	0	0	0
Saturday	0730-1600	8	1	0	0	0
	1300-2130	8	1	0	0	0

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
None				

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

Description:

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

Description:

Caregivers float to provide support in NICU when needs of the Postpartum Floor have been met.

☐ Skill mix

Description:

☐ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

Description:

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

Description:

☐ Other

Description:

Washington State Department of HEALTH

DOH 346-154

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

Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Wound Ostomy Clinic**
Unit/ Clinic Type:	**Inpatient Wound Clinic**
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**
Effective as of:	**12/1/2023**
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	0800-1630	8	3	0	1	0
Tuesday	0800-1630	8	3	0	1	0
Wednesday	0800-1630	8	3	0	1	0
Thursday	0800-1630	8	3	0	1	0
Friday	0800-1630	8	3	0	1	0

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Scheduler	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:

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.

Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Cardiovascular Lab**
Unit/ Clinic Type:	**Interventional Cardiology Lab and Electrophysiology Lab**
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**
Effective as of:	**10/1/2024**
Room assignment	

Room assignment	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
301	Monday (0630-1900)	12	2	0	0	2
	Tuesday (0630-1900)	12	2	0	0	2
	Wednesday (0630-1900)	12	2	0	0	2
	Thursday (0630-1900)	12	2	0	0	2
	Friday (0630-1900)	12	2	0	0	2
301 (On Call NOC)	Monday (1900-0630)	12	2	0	0	2
	Tuesday (1900-0630)	12	2	0	0	2
	Wednesday (1900-0630)	12	2	0	0	2
	Thursday (1900-0630)	12	2	0	0	2
	Friday (1900-0630)	12	2	0	0	2
	Call Team only for EM Saturday (0600-0559)	24	2	0	0	2
	Call Team only for EM Sunday (0600-0559)	24	2	0	0	2
306	Monday (0630-1900)	12	2	0	0	2
	Tuesday (0630-1900)	12	2	0	0	2
	Wednesday (0630-1900)	12	2	0	0	2
	Thursday (0630-1900)	12	2	0	0	2
	Friday (0630-1900)	12	2	0	0	2
307	Monday (0630-1900)	12	2	0	0	2
	Tuesday (0630-1900)	12	2	0	0	2
	Wednesday (0630-1900)	12	2	0	0	2
	Thursday (0630-1900)	12	2	0	0	2
	Friday (0630-1900)	12	2	0	0	2
305/EP	Monday (0630-1900)	12	1	0	0	2
	Tuesday (0630-1900)	12	1	0	0	2
	Wednesday (0630-1900)	12	1	0	0	2
	Thursday (0630-1900)	12	1	0	0	2
	Friday (0630-1900)	12	1	0	0	2
308/Hybrid EP/CVL	Monday (0630-1900)	12	1	0	0	2
	Tuesday (0630-1900)	12	1	0	0	2
	Wednesday (0630-1900)	12	1	0	0	2
	Thursday (0630-1900)	12	1	0	0	2
	Friday (0630-1900)	12	1	0	0	2
Virtual Room	Monday (0630-1900)	12	1	0	0	0
	Tuesday (0630-1900)	12	1	0	0	0
	Wednesday (0630-1900)	12	1	0	0	0

Virtual Room	Thursday (0630-1900)	12	1	0	0	0
	Friday (0630-1900)	12	1	0	0	0
CCTAs	Monday (0700-1800)	11	1	0	0	0
	Wednesday (0700-1800)	11	1	0	0	0
	Friday (0700-1800)	11	1	0	0	0

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	x			
Charge RN	x			
CVL/EP/IR Supervisor	X	on call	on call	on call

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

Description:

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

Description:

☑ Skill mix

Description:

Core staffing for CVL: 4 staff members comprised of any of the following
4 RNs, or 3 RNs and 1 Technologist, or 2 RNs and 2 Technologists, or 1 RN and 3 technologists

Core staffing for EP: 3 Staff members comprised of any of the following
3RNs, or 2 RNs and 1 technologist, 1 RN and 2 technologists

☐ 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:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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.

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 Radiology**
Unit/ Clinic Type:	**Surgery**
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**
Effective as of:	**12/1/2023**

Room assignment

Room assignment	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
310	Monday (0730-1800)	10	1	0	1	2
	Tuesday (0730-1800)	10	1	0	1	2
	Wednesday (0730-1800)	10	1	0	1	2
	Thursday (0730-1800)	10	1	0	1	2
	Friday (0730-1800)	10	1	0	0	2
	Saturday (0730-1800)	10	2	0	0	2
	Sunday (0730-1800)	10	2	0	0	2
313	Monday (0730-1800)	10	0	0	0	2
	Tuesday (0730-1800)	10	0	0	0	2
	Wednesday (0730-1800)	10	0	0	0	2
	Thursday (0730-1800)	10	0	0	0	2
	Friday (0730-1800)	10	0	0	0	2
314	Monday (0730-1800)	10	1	0	0	2
	Tuesday (0730-1800)	10	1	0	0	2
	Wednesday (0730-1800)	10	1	0	0	2
	Thursday (0730-1800)	10	1	0	0	2
	Friday (0730-1800)	10	1	0	0	2
315	Monday (0730-1800)	10	1	0	0	2
	Tuesday (0730-1800)	10	1	0	0	2
	Wednesday (0730-1800)	10	1	0	0	2
	Thursday (0730-1800)	10	1	0	0	2
	Friday (0730-1800)	10	1	0	0	2
	Saturday (0730-1800)	10	1	0	0	2
	Sunday (0730-1800)	10	1	0	0	2
316	Monday (0730-1800)	10	1	0	0	2
	Tuesday (0730-1800)	10	1	0	0	2
	Wednesday (0730-1800)	10	1	0	0	2
	Thursday (0730-1800)	10	1	0	0	2
	Friday (0730-1800)	10	1	0	0	2
Room 8	Monday (0730-1800)	10	0	0	0	1
	Tuesday (0730-1800)	10	0	0	0	1
	Wednesday (0730-1800)	10	0	0	0	1
	Thursday (0730-1800)	10	0	0	0	1
	Friday (0730-1800)	10	0	0	0	1
	Tuesday (0700-1800)	11	1	0	0	0

CCTAs	Thursday (0700-1800)	11	1	0	0	0
CT	Monday (0730-1800)	10	1	0	0	1
	Tuesday (0730-1800)	10	1	0	0	1
	Wednesday (0730-1800)	10	1	0	0	1
	Thursday (0730-1800)	10	1	0	0	1
	Friday (0730-1800)	10	1	0	0	1

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.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Supervisor IR/EP/CVL	X same supervisor as in the CVL unit			
Lead can be RN or Tech	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

Description:

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

Description:

☐ Skill mix

Description:

☐ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

Description:

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

Description:

☑ Other

Description:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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.

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:	**PRCP-Radiation Oncology Everett**
Unit/ Clinic Type:	**Outpatient**
Unit/ Clinic Address:	**1717 13th St., Everett, WA 98201**
Effective as of:	**7/17/2024**

Day of the week	**Shift Type**	**Shift Length in Hours**	**Min # of RN's**	**Min # of LPNs**	**Min # of CNA's**	**Min # of UAP's**
Monday	0800-1600	8	2	0	0	2
Tuesday	0800-1600	8	2	0	0	2
Wednesday	0800-1600	8	2	0	0	2
Thursday	0800-1600	8	2	0	0	2
Friday	0800-1600	8	2	0	0	2
Saturday (Clinic closed)		0	0	0	0	0
Sunday (Clinic closed)		0	0	0	0	0

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
None				

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

Description:

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

Description:

☐ Skill mix

Description:

☐ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

Description:

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

Description:

☐ Other

Description:

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.

Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Operating Room - Colby**
Unit/ Clinic Type:	**Surgery**
Unit/ Clinic Address:	**1700 13th St, Everett, WA 98201**
Effective as of:	**12/1/2023**

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	0530-1600	10	0	0	1	0
	0630-1500	8	24	0	5	0
	0630-1700	10	22	0	2	0
	0630-1900	12	17	1	3	0
	0700-1730	10	0	0	1	0
	0830-1900	10	1	0	0	0
	0830-2100	12	4	0	0	0
	0930-2000	10	0	0	1	0
	1300-2300	10	1	0	0	0
	1830-0700	12	1	0	0	0
Tuesday	0530-1600	10	0	0	1	0
	0630-1500	8	24	0	5	0
	0630-1700	10	22	0	2	0
	0630-1900	12	17	1	3	0
	0700-1730	10	0	0	1	0
	0830-1900	10	1	0	0	0
	0830-2100	12	4	0	0	0
	0930-2000	10	0	0	1	0
	1300-2300	10	1	0	0	0
	1830-0700	12	1	0	0	0
Wednesday	0530-1600	10	0	0	1	0
	0630-1500	8	24	0	5	0
	0630-1700	10	22	0	2	0
	0630-1900	12	17	1	3	0
	0700-1730	10	0	0	1	0
	0830-1900	10	1	0	0	0
	0830-2100	12	4	0	0	0
	0930-2000	10	0	0	1	0
	1300-2300	10	1	0	0	0
	1830-0700	12	1	0	0	0
Thursday	0530-1600	10	0	0	1	0
	0630-1500	8	24	0	5	0
	0630-1700	10	22	0	2	0
	0630-1900	12	17	1	3	0
	0700-1730	10	0	0	1	0
	0830-1900	10	1	0	0	0
	0830-2100	12	4	0	0	0

	0930-2000	10	0	0	1	0
	1300-2300	10	1	0	0	0
	1830-0700	12	1	0	0	0
Friday	0530-1600	10	0	0	1	0
	0630-1500	8	19	0	4	0
	0630-1700	10	17	0	4	0
	0630-1900	12	11	0	1	0
	0830-1900	10	1	0	0	0
	0830-2100	12	2	0	1	0
	1830-0700	12	1	0	0	0
Saturday	0630-1700	10	2	0	0	0
	0630-1900	12	1	0	1	0
	0830-2100	12	1	0	0	0
	1830-0700	10	1	0	0	0
Sunday	0630-1700	10	2	0	0	0
	0630-1900	12	1	0	1	0
	0830-2100	12	1	0	0	0
	1830-0700	10	1	0	0	0

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
OR Charge Nurse	x		x	x
Surgical Tech Supervisor	x	x	x	x
Anesthesia Tech Supervisor	x	x	x	x
Assistant Nurse Manager	x	x	x	x
Manager	x	x	x	x
Anesthesia Technicians	x	x	x	x
Surgical Services Assistant	x	x	x	x
Surgical Technologist	x	x	x	x
Medical Equipment Technician	x	x	x	x
Health Unit Coordinator	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:

OR Leadership, when fully staffed, takes week long increments of 24/7 call. When not fully staffed, manager takes 24/7 call which can include coming on site to provide coverage.

Weekend OR coverage can flex based on the needs of the department.

Charge Nurses: This role is a mandatory minimum staffing requirement.

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.

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:	**PRMCE Outpatient Infusion Clinic**
Unit/ Clinic Type:	**Outpatient Infusion Clinic**
Unit/ Clinic Address:	**1321 Colby Ave Everett, WA 98201**
Effective as of:	**16-Jul-05**
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	0730-1800	10	3			
Monday	0530-1600	10	1			
	0600-1630	10	1			
	0630-1700	10	1			
	0830-1900	10	2			
Tuesday	0530-1600	10	1			
	0600-1630	10	1			
	0630-1700	10	1			
	0830-1900	10	2			
Wednesday	0530-1600	10	1			
	0600-1630	10	1			
	0630-1700	10	1			
	0830-1900	10	2			
Thursday	0530-1600	10	1			
	0600-1630	10	1			
	0630-1700	10	1			
	0830-1900	10	2			
Friday	0530-1600	10	1			
	0600-1630	10	1			
	0630-1700	10	1			
	0830-1900	10	2			
Saturday	0730-1800	10	3			

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	x	x		x-Saturday Only
Charge Nurse	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:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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.

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:	**PACU**
Unit/ Clinic Type:	**Phase 1 recovery**
Unit/ Clinic Address:	**1700 13th St Everett, WA 98201**
Effective as of:	**January '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	700-1730 (or 1930)	10h or 12 h	2	0	0	0
	0730-1800	10	0	0	1	0
	0800-1830	10	2	0	0	0
	0830-2100	12	1	0	0	0
	0900-1930	10	3	0	1	0
	0930-2000	10	2	0	0	0
	1030-2100 (or 2300)	10h or 12 h	2	0	0	0
	1130-2200	10	1	0	0	0
	1830-0700	12	1	0	0	0
	Night call 2200-0700	9	1	0	0	0
	Secondary Call 2200-0700	9	1	0	0	0
TUESDAY	700-1730 (or 1930)	10h or 12 h	2	0	0	0
	0730-1800	10	0	0	1	0
	0800-1830	10	2	0	0	0
	0830-2100	12	1	0	0	0
	0900-1930	10	3	0	1	0
	0930-2000	10	2	0	0	0
	1030-2100 (or 2300)	10h or 12 h	2	0	0	0
	1130-2200	10	1	0	0	0
	1830-0700	12	1	0	0	0
	Night call 2200-0700	9	1	0	0	0
	Secondary Call 2200-0700	9	1	0	0	0
WEDNESDAY	700-1730 (or 1930)	10h or 12 h	2	0	0	0
	0730-1800	10	0	0	1	0
	0800-1830	10	2	0	0	0
	0830-2100	12	1	0	0	0
	0900-1930	10	3	0	1	0
	0930-2000	10	2	0	0	0
	1030-2100 (or 2300)	10h or 12 h	2	0	0	0
	1130-2200	10	1	0	0	0
	1830-0700	12	1	0	0	0
	Night call 2200-0700	9	1	0	0	0
	Secondary Call 2200-0700	9	1	0	0	0
THURSDAY	700-1730 (or 1930)	10h or 12 h	2	0	0	0
	0730-1800	10	0	0	1	0
	0800-1830	10	2	0	0	0
	0830-2100	12	1	0	0	0
	0900-1930	10	3	0	1	0
	0930-2000	10	2	0	0	0
	1030-2100 (or 2300)	10h or 12 h	2	0	0	0
	1130-2200	10	1	0	0	0
	1830-0700	12	1	0	0	0

	Night call 2200-0700	9	1	0	0	0
	Secondary Call 2200-0700	9	1	0	0	0
FRIDAY	700-1730 (or 1930)	10h or 12 h	2	0	0	0
	0730-1800	10	0	0	1	0
	0800-1830	10	2	0	0	0
	0830-2100	12	1	0	0	0
	0900-1930	10	3	0	1	0
	0930-2000	10	2	0	0	0
	1030-2100 (or 2300)	10h or 12 h	2	0	0	0
	1130-2200	10	1	0	0	0
	1830-0700	12	1	0	0	0
	Night call 2200-0700	9	1	0	0	0
	Secondary Call 2200-0700	9	1	0	0	0
SATURDAY	0700-830oc/0830-1900	10	2	0	0	0
	930/1030 - 2000/2100	10	1	0	0	0
	1830-0700	12	1	0	0	0
	Night call 1830-0700	12.5	1	0	0	0
	Secondary Call 1830-0700	12.5	1	0	0	0
SUNDAY	0700-830oc/0830-1900	10	2	0	0	0
	930/1030 - 2000/2100	10	1	0	0	0
	1830-0700	12	1	0	0	0
	Night call 1830-0700	12.5	1	0	0	0
	Secondary Call 1830-0700	12.5	1	0	0	0

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Manager	x	x	x	x
Assistant Nurse Manager	x	x	x	x
Charge Nurses	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:

The number of patients that are same day surgery, admitted, inpatient, or extended stay. **How many patients will need Anesthesia verses MAC verses Nurse Sedation.**

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

Description:

Number of ICU patients, number of patients that will be admitted. The requirement to stay open with qualified staff 24 hours a day, 7 days a week.

☑ Skill mix

Description:

RNs and C.NA

☑ Level of experience of nursing and patient care staff

Description:

Formally trained ICU or ED RNs. Or trained PACU RN's who have worked in a PACU that took care of inpatients, surgical admits, ICU type of patients within an PACU department.

☐ Need for specialized or intensive equipment

Description:

ICU level of comprehension for utiliziation of ventilators, bipap, EVDs, Limitors, and ETCO2 monitors when indicated.

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

Description:

Limited number of Bays for the department. Need to staff for all Bays and Charge nurse.

☑ Other

Description:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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.

Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Pre.Post.ESU**
Unit/ Clinic Type:	**Preop - PostOp/Phase2 - Extended Stay Unit**
Unit/ Clinic Address:	**1700 13th St Everett, WA 98201**
Effective as of:	**January '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	0445/0500-1515/1530	10	0	0	4	0
	0530/0600-1600/1630	10	18	1	0	0
	0630-1900 (ESU)	12	2	0	0	0
	0700-1730	10	2	0	1	0
	0800-1830	10	2	0	0	0
	0900-1930	10	1	0	0	0
	0930-2000	10	2	0	1	0
	1030-2100	10	2	0	1	0
	1130-2200	10	2	0	0	0
	1300-2330	10	0	0	1	0
	1430-0300	12	0	1	0	0
	1830-0700 (ESU)	12	2	0	1	0
TUESDAY	0445/0500-1515/1530	10	0	0	4	0
	0530/0600-1600/1630	10	18	1	0	0
	0630-1900 (ESU)	12	2	0	0	0
	0700-1730	10	2	0	1	0
	0800-1830	10	2	0	0	0
	0900-1930	10	1	0	0	0
	0930-2000	10	2	0	1	0
	1030-2100	10	2	0	1	0
	1130-2200	10	2	0	0	0
	1300-2330	10	0	0	1	0
	1430-0300	12	0	1	0	0
	1830-0700 (ESU)	12	2	0	1	0
WEDNESDAY	0445/0500-1515/1530	10	0	0	4	0
	0530/0600-1600/1630	10	18	1	0	0
	0630-1900 (ESU)	12	2	0	0	0
	0700-1730	10	2	0	1	0
	0800-1830	10	2	0	0	0
	0900-1930	10	1	0	0	0
	0930-2000	10	2	0	1	0
	1030-2100	10	2	0	1	0
	1130-2200	10	2	0	0	0
	1300-2330	10	0	0	1	0
	1430-0300	12	0	1	0	0
	1830-0700 (ESU)	12	2	0	1	0

THURSDAY	0445/0500-1515/1530	10	0	0	4	0
	0530/0600-1600/1630	10	18	1	0	0
	0630-1900 (ESU)	12	2	0	0	0
	0700-1730	10	2	0	1	0
	0800-1830	10	2	0	0	0
	0900-1930	10	1	0	0	0
	0930-2000	10	2	0	1	0
	1030-2100	10	2	0	1	0
	1130-2200	10	2	0	0	0
	1300-2330	10	0	0	1	0
	1430-0300	12	0	1	0	0
	1830-0700 (ESU)	12	2	0	1	0
FRIDAY	0445/0500-1515/1530	10	0	0	4	0
	0530/0600-1600/1630	10	18	1	0	0
	0630-1900 (ESU)	12	2	0	0	0
	0700-1730	10	2	0	1	0
	0800-1830	10	2	0	0	0
	0900-1930	10	1	0	0	0
	0930-2000	10	2	0	1	0
	1030-2100	10	2	0	1	0
	1130-2200	10	2	0	0	0
	1300-2330	10	0	0	1	0
	1430-0300	12	0	1	0	0
	1830-0700 (ESU)	12	2	0	1	0
SATURDAY	0630-1900 (ESU)	12	3	0	1	0
SUNDAY	CLOSED					

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Manager	x	x	x	x
Assistant Nurse Manager	x	x	x	x
Charge nurses	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:

The number of patients that are same day surgery, admitted, inpatient, or extended stay.

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

Description:

The type of surgery/procedure (i.e. variuous CVL procedures). Anticipated length of post recovery prior to going home.

☑ Skill mix

Description:

RN - LPN - C.NA

☑ Level of experience of nursing and patient care staff

Description:

1-2 years of inpatient/acute care level of care. Tele experience encouraged.

☐ 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:

Limited number of rooms for all the procedures. Same rooms used for Preop and Post Op. Need to staff for all rooms and dedicated charge nurses.

☑ Other

Description:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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.

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:	**Care Management**
Unit/ Clinic Type:	**Care Management**
Unit/ Clinic Address:	**1700 13th St, Everett, WA 98201**
Effective as of:	**10/6/2024**

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	6:30am	8	1	0	0	0
	7:00am	8	2	0	0	0
	7:00am	10	1	0	0	0
	7:30am	8	7	0	0	0
	8:00am	8	1	0	0	0
Tuesday	6:30am	8	1	0	0	0
	7:00am	8	3	0	0	0
	7:00am	10	1	0	0	0
	7:30am	8	8	0	0	0
Wednesday	6:30am	8	1	0	0	0
	7:00am	8	3	0	0	0
	7:30am	8	7	0	0	0
	8:00am	8	2	0	0	0
Thursday	7:00am	8	3	0	0	0
	7:30am	8	5	0	0	0
	8:00am	8	2	0	0	0
Friday	6:30am	8	1	0	0	0
	7:00am	8	3	0	0	0
	7:00am	10	1	0	0	0
	7:30am	8	3	0	0	0
	8:00am	8	2	0	0	0
Saturday	7:00am	8	1	0	0	0
	7:30am	8	4	0	0	0
Sunday	7:00am	8	1	0	0	0
	7:30am	8	5	0	0	0

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Discharge Planner	12	1	0	11
Case Management Assistants	3	0	0	3

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:

Description: Discharge Planner refers to mental health professional, such as staff with DOH-issued LMHC, LSWAIC, LICSW, LSWAA, and LASW.

Case Management Assistants are non-clinical staff who provide clerical support with care coordination.

☐ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

Description:

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

Description:

☐ Other

Description:

Washington State Department of HEALTH

DOH 346-154

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

Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Maternal Fetal Medicine**
Unit/ Clinic Type:	**Hospital Outpatient Department**
Unit/ Clinic Address:	**915 Pacific Ave Everett, WA 98201**
Effective as of:	**4/4/2024**

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	0700-1730	10	4	0	0	1
	0700-1530	8	0	0	0	3
Tuesday	0700-1730	10	3	0	0	1
	0700-1530	8	0	0	0	2
Wednesday	0700-1730	10	4	0	0	0
	0700-1530	8	0	0	0	2
Thursday	0700-1730	10	4	0	0	1
	0700-1530	8	0	0	0	2
Friday	0700-1730	10	3	0	0	1
	0700-1530	8	0	0	0	2

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Scheduler	x			
Ultrasound Tech	x			
ARNP	x			
Genetic Counselor	x			
Dietician	x			
LCSW	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:

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:	**Neonatal Intensive Care Unit**		
Unit/ Clinic Type:	**ICU**		
Unit/ Clinic Address:	**900 Pacific Ave, Everett, WA 98201**		
Average Daily Census (2023):	**22.5**	**Maximum # of Beds:**	**29**
Effective as of:	**5/24/2024**		

Census

Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
29	Day (0630-1900)	12	13	0	0	0	5.38	0.00	0.00	0.00	
	Night (1830-0700)	12	13	0	0	0	5.38	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.76
28	Day (0630-1900)	12	13	0	0	0	5.57	0.00	0.00	0.00	
	Night (1830-0700)	12	13	0	0	0	5.57	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.14
27	Day (0630-1900)	12	13	0	0	0	5.78	0.00	0.00	0.00	
	Night (1830-0700)	12	13	0	0	0	5.78	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.56
26	Day (0630-1900)	12	12	0	0	0	5.54	0.00	0.00	0.00	
	Night (1830-0700)	12	12	0	0	0	5.54	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.08
25	Day (0630-1900)	12	12	0	0	0	5.76	0.00	0.00	0.00	
	Night (1830-0700)	12	12	0	0	0	5.76	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.52
24	Day (0630-1900)	12	12	0	0	0	6.00	0.00	0.00	0.00	
	Night (1830-0700)	12	12	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
23	Day (0630-1900)	12	11	0	0	0	5.74	0.00	0.00	0.00	
	Night (1830-0700)	12	11	0	0	0	5.74	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.48
22	Day (0630-1900)	12	11	0	0	0	6.00	0.00	0.00	0.00	
	Night (1830-0700)	12	11	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
21	Day (0630-1900)	12	11	0	0	0	6.29	0.00	0.00	0.00	
	Night (1830-0700)	12	11	0	0	0	6.29	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.57
20	Day (0630-1900)	12	10	0	0	0	6.00	0.00	0.00	0.00	
	Night (1830-0700)	12	10	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
19	Day (0630-1900)	12	10	0	0	0	6.32	0.00	0.00	0.00	
	Night (1830-0700)	12	10	0	0	0	6.32	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.63
18	Day (0630-1900)	12	10	0	0	0	6.67	0.00	0.00	0.00	
	Night (1830-0700)	12	10	0	0	0	6.67	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.33
17	Day (0630-1900)	12	9	0	0	0	6.35	0.00	0.00	0.00	
	Night (1830-0700)	12	9	0	0	0	6.35	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.71
16	Day (0630-1900)	12	9	0	0	0	6.75	0.00	0.00	0.00	
	Night (1830-0700)	12	9	0	0	0	6.75	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.50
15	Day (0630-1900)	12	9	0	0	0	7.20	0.00	0.00	0.00	
	Night (1830-0700)	12	9	0	0	0	7.20	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
14	Day (0630-1900)	12	8	0	0	0	6.86	0.00	0.00	0.00	
	Night (1830-0700)	12	8	0	0	0	6.86	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.71
13	Day (0630-1900)	12	8	0	0	0	6.86	0.00	0.00	0.00	
	Night (1830-0700)	12	8	0	0	0	6.86	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.71
	Day (0630-1900)	12	8	0	0	0	6.86	0.00	0.00	0.00	

12	Night (1830-0700)	12	8	0	0	0	6.86	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.71
11	Day (0630-1900)	12	7	0	0	0	6.00	0.00	0.00	0.00	
	Night (1830-0700)	12	7	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.71
10	Day (0630-1900)	12	7	0	0	0	6.00	0.00	0.00	0.00	
	Night (1830-0700)	12	7	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.71
9	Day (0630-1900)	12	7	0	0	0	6.00	0.00	0.00	0.00	
	Night (1830-0700)	12	7	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.71
8	Day (0630-1900)	12	6	0	0	0	5.14	0.00	0.00	0.00	
	Night (1830-0700)	12	6	0	0	0	5.14	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.71

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator	x	x	x	x
Charge Nurse	x	x	x	x
NRRT	x	x	x	x
Manager	x			
Assistant Nurse manager	x			
Respiratory therapist #1	x	x	x	x
Respiratory therapist #2	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:

NICU transports can have an impact on staffing as staff are required off-site. Code OB requires emergent response to Colby regardless of staffing.

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

Description:

NICU Staffing Acuity

1:1 (1)
- Unstable and vulnerable infant requiring many simultaneous interventions more than every hour
- Ventilated infant with complex respiratory status (HFOV, JET, INO)
- Multiple/unstable chest tubes
- Multiple blood transfusions
- Exchange transfusion
- Hemodynamically unstable infant with multiple drips and frequent titrations
- Multiple central lines that require frequent medications and fluid administrations
- Unstable infant with seizures
- Complex IV fluid and medication administrations (i.e., multiple antibiotics, drips, severe acid/base or electrolyte corrections)
- Hemodynamically unstable (I.e. anuria, oliguria, severe adrenal insufficiency) requiring close monitoring and intermittent treatment

1:2 (0.5)
- Stable ventilated infants, CPAP, NIPPV, HFNC > 2L
- Frequent apnea and bradycardia spells requiring interventions > 5 times each shift (for possible work-up)
- Frequent apnea and bradycardia on babies who are already on caffeine and O2 but still having events (8-10 times/24 hours that are needing interventions)
- Multiple access sites: PICC, UVC, UAC, or PAL
- Seizure controlled by anticonvulsant but with intermittent symptoms
- Unstable ESC (eat, sleep, console), requiring frequent huddle and/or treatment
- Arrhythmias requiring IV meds
- Stable chest tubes
- Nursing interventions/assessment/family interactions every 1-2 hours

1:3 (0.33)

1:3 (0.33)
•NC, HFNC </= 2L
•Seizures controlled by medications and or weaning from medications
•Captured NAS on medications, scores <8
•Occasional apnea and bradycardia, spells not requiring interventions
•Phototherapy
•R/O sepsis on antibiotics
•Resolving hypoglycemia, weaning from IV fluid and working up on po feeding
•NG feeding
•Ad lib feeding
•Patient being discharged

Formula = Multiply 1:1 patients x 1
Multiply 1:2 patients x 0.5
Multiply 1:3 patients x 0.33
Add total to equal number of needed nurses. Add 2 (1 for a Charge Nurse and 1 for a NRRT RN).
NICU Staffing Plan
Daily staffing standard
•1 Health Unit Coordinator 24/7
•1 Milk Tech 4 hours/day 7 days/week
•1 Charge Nurse 24/7
•1 NRRT RN (attends high risk deliveries, rapid response calls to FMC, transports, and PICCs) 24/7
Please see acuity matrix for daily determination of staffing needs.
Scheduled Core is 13 RNs 24/7 (0630-1900, 1830-0700)
Budgeted HPPD = 12.72

☐ Skill mix

Description:

NICU staffing includes Transport RNs, PICC RNs, Code OB RNs, Pediatric RNs,
clinical academy graduates on the Acuity Progession Model and FMC float RNs

☐ Level of experience of nursing and patient care staff

Description:

Pediatric RNs, clinical academy graduates on the Acuity Progession Model and FMC float RNs who are unable to care for all acuity levels.

☐ 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:

NICU setup in 4 PODs.

☑ Other

Description:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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:	**Postpartum**		
Unit/ Clinic Type:	**Labor & Delivery**		
Unit/ Clinic Address:	**900 Pacific Ave, Everett, WA 98201**		
Average Daily Census (2023):	**15.1**	**Maximum # of Beds:**	**29**
Effective as of:	**5/22/2024**		

Census

Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
29	Day (0630-1900)	12	10	0	3	0	4.14	0.00	1.24	0.00	
	Night (1830-0700)	12	10	0	3	0	4.14	0.00	1.24	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.76
28	Day (0630-1900)	12	10	0	3	0	4.29	0.00	1.29	0.00	
	Night (1830-0700)	12	10	0	3	0	4.29	0.00	1.29	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.14
27	Day (0630-1900)	12	9	0	3	0	4.00	0.00	1.33	0.00	
	Night (1830-0700)	12	9	0	3	0	4.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.67
26	Day (0630-1900)	12	9	0	3	0	4.15	0.00	1.38	0.00	
	Night (1830-0700)	12	9	0	3	0	4.15	0.00	1.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.08
25	Day (0630-1900)	12	9	0	3	0	4.32	0.00	1.44	0.00	
	Night (1830-0700)	12	9	0	3	0	4.32	0.00	1.44	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.52
24	Day (0630-1900)	12	8	0	3	0	4.00	0.00	1.50	0.00	
	Night (1830-0700)	12	8	0	3	0	4.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.00
23	Day (0630-1900)	12	8	0	3	0	4.17	0.00	1.57	0.00	
	Night (1830-0700)	12	8	0	3	0	4.17	0.00	1.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.48
22	Day (0630-1900)	12	8	0	3	0	4.36	0.00	1.64	0.00	
	Night (1830-0700)	12	8	0	3	0	4.36	0.00	1.64	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
21	Day (0630-1900)	12	7	0	3	0	4.00	0.00	1.71	0.00	
	Night (1830-0700)	12	7	0	3	0	4.00	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.43
20	Day (0630-1900)	12	7	0	2	0	4.20	0.00	1.20	0.00	
	Night (1830-0700)	12	7	0	2	0	4.20	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.80
19	Day (0630-1900)	12	7	0	2	0	4.42	0.00	1.26	0.00	
	Night (1830-0700)	12	7	0	2	0	4.42	0.00	1.26	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.37
18	Day (0630-1900)	12	6	0	2	0	4.00	0.00	1.33	0.00	
	Night (1830-0700)	12	6	0	2	0	4.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.67
17	Day (0630-1900)	12	6	0	2	0	4.24	0.00	1.41	0.00	
	Night (1830-0700)	12	6	0	2	0	4.24	0.00	1.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.29
16	Day (0630-1900)	12	6	0	2	0	4.50	0.00	1.50	0.00	
	Night (1830-0700)	12	6	0	2	0	4.50	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
15	Day (0630-1900)	12	5	0	2	0	4.00	0.00	1.60	0.00	
	Night (1830-0700)	12	5	0	2	0	4.00	0.00	1.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.20
14	Day (0630-1900)	12	5	0	2	0	4.29	0.00	1.71	0.00	
	Night (1830-0700)	12	5	0	2	0	4.29	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
13	Day (0630-1900)	12	5	0	2	0	4.29	0.00	1.71	0.00	
	Night (1830-0700)	12	5	0	2	0	4.29	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
	Day (0630-1900)	12	4	0	2	0	3.43	0.00	1.71	0.00	

12	Night (1830-0700)	12	4	0	2	0	3.43	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
11	Day (0630-1900)	12	4	0	2	0	3.43	0.00	1.71	0.00	
	Night (1830-0700)	12	4	0	2	0	3.43	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
10	Day (0630-1900)	12	4	0	1	0	3.43	0.00	0.86	0.00	
	Night (1830-0700)	12	4	0	1	0	3.43	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
9	Day (0630-1900)	12	3	0	1	0	2.57	0.00	0.86	0.00	
	Night (1830-0700)	12	3	0	1	0	2.57	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
8	Day (0630-1900)	12	3	0	1	0	2.57	0.00	0.86	0.00	
	Night (1830-0700)	12	3	0	1	0	2.57	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Charge Nurse	0630-1900	0630-1900	1830-0700	0630-1900, 1830-0700
Assistant Nurse Manager	Variable	Variable		

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 based on AWHONN acuity standards.

☐ 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:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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.

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:	**Labor and Deliver-OB Triage**
Unit/ Clinic Type:	**Outpatient**
Unit/ Clinic Address:	**916 Pacific Ave, Everett, WA 98201**
Effective as of:	**12/1/2023**

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	0630-1900	12	3	0	0	0
	1830-0700	12	3	0	0	0
Monday	0630-1900	12	3	0	0	0
	1830-0700	12	3	0	0	0
Tuesday	0630-1900	12	3	0	0	0
	1830-0700	12	3	0	0	0
Wednesday	0630-1900	12	3	0	0	0
	1830-0700	12	3	0	0	0
Thursday	0630-1900	12	3	0	0	0
	1830-0700	12	3	0	0	0
Friday	0630-1900	12	3	0	0	0
	1830-0700	12	3	0	0	0
Saturday	0630-1900	12	3	0	0	0
	1830-0700	12	3	0	0	0

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator x 2	0600-1830	0600-1830	1800-0630	0600-1830, 1800-0630
Assistant Nurse Manager	Variable	Variable		
Charge Nurse	0630-1900	0630-1900	1830-0700	0630-1900, 1830-0700

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:

2nd or 3rd triage RN may be called to Colby campus in case of OB emergencies

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

Description:

Staffing based on AWHONN acuity staffing standards

☑ Skill mix

Description:

HUCs are shared amongst different areas on the unit: L&D,scheduled C-sections, and high risk/antepartum, and postpartum.
Charge nurse is shared amongst different areas on the unit: L&D,scheduled C-sections, and high risk/antepartum, and postpartum.

☐ 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:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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:	**Labor & Delivery**		
Unit/ Clinic Type:	**Labor & Delivery**		
Unit/ Clinic Address:	**900 Pacific Ave, Everett, WA 98201**		
Average Daily Census (2023):	**10.0**	**Maximum # of Beds:**	**18**
Effective as of:	**12/6/2023**		

Census

Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
18	Day (0630-1900)	12	20	0	1	2	13.33	0.00	0.67	1.33	
	Night (1830-0700)	12	20	0	1	2	13.33	0.00	0.67	1.33	
		0	0	0	0	0	0.00	0.00	0.00	0.00	30.67
17	Day (0630-1900)	12	19	0	1	2	13.41	0.00	0.71	1.41	
	Night (1830-0700)	12	19	0	1	2	13.41	0.00	0.71	1.41	
		0	0	0	0	0	0.00	0.00	0.00	0.00	31.06
16	Day (0630-1900)	12	18	0	1	2	13.50	0.00	0.75	1.50	
	Night (1830-0700)	12	18	0	1	2	13.50	0.00	0.75	1.50	
		0	0	0	0	0	0.00	0.00	0.00	0.00	31.50
15	Day (0630-1900)	12	17	0	1	2	13.60	0.00	0.80	1.60	
	Night (1830-0700)	12	17	0	1	2	13.60	0.00	0.80	1.60	
		0	0	0	0	0	0.00	0.00	0.00	0.00	32.00
14	Day (0630-1900)	12	16	0	1	2	13.71	0.00	0.86	1.71	
	Night (1830-0700)	12	16	0	1	2	13.71	0.00	0.86	1.71	
		0	0	0	0	0	0.00	0.00	0.00	0.00	32.57
13	Day (0630-1900)	12	15	0	1	2	13.85	0.00	0.92	1.85	
	Night (1830-0700)	12	15	0	1	2	13.85	0.00	0.92	1.85	
		0	0	0	0	0	0.00	0.00	0.00	0.00	33.23
12	Day (0630-1900)	12	14	0	1	2	14.00	0.00	1.00	2.00	
	Night (1830-0700)	12	14	0	1	2	14.00	0.00	1.00	2.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	34.00
11	Day (0630-1900)	12	13	0	1	2	14.18	0.00	1.09	2.18	
	Night (1830-0700)	12	13	0	1	2	14.18	0.00	1.09	2.18	
		0	0	0	0	0	0.00	0.00	0.00	0.00	34.91
10	Day (0630-1900)	12	12	0	1	2	14.40	0.00	1.20	2.40	
	Night (1830-0700)	12	12	0	1	2	14.40	0.00	1.20	2.40	
		0	0	0	0	0	0.00	0.00	0.00	0.00	36.00
9	Day (0630-1900)	12	11	0	1	2	14.67	0.00	1.33	2.67	
	Night (1830-0700)	12	11	0	1	2	14.67	0.00	1.33	2.67	
		0	0	0	0	0	0.00	0.00	0.00	0.00	37.33
8	Day (0630-1900)	12	10	0	1	2	15.00	0.00	1.50	3.00	
	Night (1830-0700)	12	10	0	1	2	15.00	0.00	1.50	3.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	39.00
7	Day (0630-1900)	12	9	0	1	2	13.50	0.00	1.50	3.00	
	Night (1830-0700)	12	9	0	1	2	13.50	0.00	1.50	3.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	36.00
6	Day (0630-1900)	12	8	0	1	2	12.00	0.00	1.50	3.00	
	Night (1830-0700)	12	8	0	1	2	12.00	0.00	1.50	3.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	33.00
5	Day (0630-1900)	12	7	0	1	2	10.50	0.00	1.50	3.00	
	Night (1830-0700)	12	7	0	1	2	10.50	0.00	1.50	3.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	30.00
4	Day (0630-1900)	12	6	0	1	2	9.00	0.00	1.50	3.00	
	Night (1830-0700)	12	6	0	1	2	9.00	0.00	1.50	3.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	27.00
3	Day (0630-1900)	12	5	0	1	2	7.50	0.00	1.50	3.00	
	Night (1830-0700)	12	5	0	1	2	7.50	0.00	1.50	3.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00
2	Day (0630-1900)	12	4	0	1	2	6.00	0.00	1.50	3.00	
	Night (1830-0700)	12	4	0	1	2	6.00	0.00	1.50	3.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	21.00
	Day (0630-1900)	12	3	0	1	2	4.50	0.00	1.50	3.00	

1	Night (1830-0700)	12	3	0	1	2	4.50	0.00	1.50	3.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	18.00

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator x 2	0600-1830	0600-1830	1800-0630	0600-1830, 1800-0630
Charge Nurse	0630-1900	0630-1900	1830-0700	0630-1900, 1830-0700
Assistant Nurse Manager	Variable	Variable		
Colby ED L&D RN	0630-1900	0630-1900	1830-0700	0630-1900, 1830-0700

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 can vary due to acuity based on AWHONN standards.
A circulating RN and a newborn RN are included in the Rn numbers on the matrix as a fixed need, regardless of census.

☑ Skill mix

Description:

HUCs are shared amongst different areas on the unit: L&D,scheduled C-sections, and high risk/antepartum, and postpartum.
Charge Nurse is shared amongst different areas on the unit: L&D, scheduled C-sections, and high risk/antepartum
Surgical techs shared with scheduled cesarean sections

☐ 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:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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:	**Labor & Delivery: High Risk/Antepartum**		
Unit/ Clinic Type:	**Labor & Delivery**		
Unit/ Clinic Address:	**900 Pacific Ave, Everett, WA 98201**		
Average Daily Census (2023):	**5.0**	**Maximum # of Beds:**	**10**
Effective as of:	**12/6/2023**		

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	Day (0630-1900)	12	4	0	0	0	4.80	0.00	0.00	0.00	
	Night (1830-0700)	12	4	0	0	0	4.80	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
9	Day (0630-1900)	12	4	0	0	0	5.33	0.00	0.00	0.00	
	Night (1830-0700)	12	4	0	0	0	5.33	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.67
8	Day (0630-1900)	12	4	0	0	0	6.00	0.00	0.00	0.00	
	Night (1830-0700)	12	4	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
7	Day (0630-1900)	12	3	0	0	0	5.14	0.00	0.00	0.00	
	Night (1830-0700)	12	3	0	0	0	5.14	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.29
6	Day (0630-1900)	12	3	0	0	0	6.00	0.00	0.00	0.00	
	Night (1830-0700)	12	3	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
5	Day (0630-1900)	12	2	0	0	0	4.80	0.00	0.00	0.00	
	Night (1830-0700)	12	2	0	0	0	4.80	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
4	Day (0630-1900)	12	2	0	0	0	6.00	0.00	0.00	0.00	
	Night (1830-0700)	12	2	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
3	Day (0630-1900)	12	1	0	0	0	4.00	0.00	0.00	0.00	
	Night (1830-0700)	12	1	0	0	0	4.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator	0600-1830	0600-1830	1800-0630	0600-1830, 1800-0630
Charge Nurse	0630-1900	0630-1900	1830-0700	0630-1900, 1830-0700
Assistant Nurse Manager	Variable	Variable		

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 can vary due to acuity based on AWHONN standards

☑ Skill mix

Description:

HUCs are shared amongst different areas on the unit: L&D,scheduled C-sections, and high risk/antepartum, and postpartum.
Charge Nurse is shared amongst different areas on the unit: L&D, scheduled C-sections, and high risk/antepartum

☐ 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:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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:	**Labor & Delivery: Scheduled C-Sections**		
Unit/ Clinic Type:	**Labor & Delivery**		
Unit/ Clinic Address:	**900 Pacific Ave, Everett, WA 98201**		
Average Daily Census (2023):	**2.0**	**Maximum # of Beds:**	**3**
Effective as of:	**12/6/2023**		

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)
4	Day (0630-1900)	12	5	0	0	0	15.00	0.00	0.00	0.00	
	Night (1830-0700)	12	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.00
3	Day (0630-1900)	12	4	0	0	0	16.00	0.00	0.00	0.00	
	Night (1830-0700)	12	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00
2	Day (0630-1900)	12	3	0	0	0	18.00	0.00	0.00	0.00	
	Night (1830-0700)	12	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	18.00
1	Day (0630-1900)	12	2	0	0	0	24.00	0.00	0.00	0.00	
	Night (1830-0700)	12	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator	0600-1830	0600-1830	1800-0630	0600-1830, 1800-0630
Charge Nurse	0630-1900	0630-1900	1830-0700	0630-1900, 1830-0700
Assistant Nurse Manager	Variable	Variable		

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:

Up to three scheduled cesarean sections occur Monday-Thursday.
Up to two scheduled cesarean sections occur Friday-Sunday.

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

Description:

Staffing can vary due to acuity based on AWHONN standards
Circulating RN included in numbers on matrix as a fixed need for for the scheduled cases. Once scheduled cases are completed for the day, the role is no longer needed.

☑ Skill mix

Description:

HUCs are shared amongst different areas on the unit: L&D,scheduled C-sections, and high risk/antepartum, and psotpartum.
Charge Nurse is shared amongst different areas on the unit: L&D, scheduled C-sections, and high risk/antepartum
Surgical techs utilized from the L&D Unit and accounted for there

☐ 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:

PRMCE does not have scheduled C-sections in the evening.

Charge Nurses: This role is a mandatory minimum staffing requirement.

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.

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:	**Endoscopy**
Unit/ Clinic Type:	**Procedural**
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**
Effective as of:	**12/1/2023**

Day of the week						
Room assignment	Day of the week	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
1	Sunday	On Call	1	0	0	1
	Monday	10/12	2	0	0	1
	Tuesday	10/12	2	0	0	1
	Wednesday	10/12	2	0	0	1
	Thursday	10/12	2	0	0	1
	Friday	10/12	2	0	0	1
	Saturday	On Call	1	0	0	1
3	Sunday	On Call	1	0	0	1
	Monday	10/12	2	0	0	1
	Tuesday	10/12	2	0	0	1
	Wednesday	10/12	2	0	0	1
	Thursday	10/12	2	0	0	1
	Friday	10/12	2	0	0	1
	Saturday	On Call	1	0	0	1
Scope room	Sunday	On Call	0	0	0	1
	Monday	10/12	0	0	0	1
	Tuesday	10/12	0	0	0	1
	Wednesday	10/12	0	0	0	1
	Thursday	10/12	0	0	0	1
	Friday	10/12	0	0	0	1
	Saturday	On Call	0	0	0	1
Preop/postop	Sunday	On Call	1	0	0	1
	Monday	10/12	2	0	0	1
	Tuesday	10/12	2	0	0	1
	Wednesday	10/12	2	0	0	1
	Thursday	10/12	2	0	0	1
	Friday	10/12	2	0	0	1
	Saturday	On Call	1	0	0	1

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
X-ray Technician	x	x		x-On Call

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

Description:

☐ 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:

There is a mix of 10 and 12 hour shifts; require a minimum of 2-12 hour nurses every day and 1-12 tech every day to start and wrap-up each working day (Monday-Friday)

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.

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:	**PRMCE Emergency Department**
Unit/ Clinic Type:	**Emergency**
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**
Effective as of:	**12/5/2023**

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	630	12	14	0	1	7
	830	8	19	0	1	8
	1030	8 & 12	27	0	2	9
	1230	12	31	0	2	10
	1430	12	31	0	2	11
	1830	12	31	0	2	10
	2230	12	27	0	1	8
	30	12	25	0	1	8
	230	12	20	0	1	8
	430	12	14	0	1	6
Tuesday	630	12	14	0	1	7
	830	8	19	0	1	8
	1030	8 & 12	27	0	2	9
	1230	12	31	0	2	10
	1430	12	31	0	2	11
	1830	12	31	0	2	10
	2230	12	27	0	1	8
	30	12	25	0	1	8
	230	12	20	0	1	8
	430	12	14	0	1	6
Wednesday	630	12	14	0	1	7
	830	8	19	0	1	8
	1030	8 & 12	27	0	2	9
	1230	12	31	0	2	10
	1430	12	31	0	2	11
	1830	12	31	0	2	10
	2230	12	27	0	1	8
	30	12	25	0	1	8
	230	12	20	0	1	8
	430	12	14	0	1	6
Thursday	630	12	14	0	1	7
	830	8	19	0	1	8
	1030	8 & 12	27	0	2	9
	1230	12	31	0	2	10
	1430	12	31	0	2	11
	1830	12	31	0	2	10
	2230	12	27	0	1	8
	30	12	25	0	1	8
	230	12	20	0	1	8
	430	12	14	0	1	6

Friday	630	12	14	0	1	7
	830	8	19	0	1	8
	1030	8 & 12	27	0	2	9
	1230	12	31	0	2	10
	1430	12	31	0	2	11
	1830	12	31	0	2	10
	2230	12	27	0	1	8
	30	12	25	0	1	8
	230	12	20	0	1	8
	430	12	14	0	1	6
Saturday	630	12	14	0	1	7
	830	8	19	0	1	8
	1030	8 & 12	27	0	2	9
	1230	12	31	0	2	10
	1430	12	31	0	2	11
	1830	12	31	0	2	10
	2230	12	27	0	1	8
	30	12	25	0	1	8
	230	12	20	0	1	8
	430	12	14	0	1	6
Sunday	630	12	14	0	1	7
	830	8	19	0	1	8
	1030	8 & 12	27	0	2	9
	1230	12	31	0	2	10
	1430	12	31	0	2	11
	1830	12	31	0	2	10
	2230	12	27	0	1	8
	30	12	25	0	1	8
	230	12	20	0	1	8
	430	12	14	0	1	6

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator	x	x	x	x
RT	x	x	x	x
EDCC	x	x	x	x
Chaplain	x	x	x	x
IV 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:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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:	**ED Boarders - 100 & 200 Pod**		
Unit/ Clinic Type:	**Emergency Department**		
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**		
Average Daily Census (2023):	**23.0**	**Maximum # of Beds:**	**32**
Effective as of:	**4/24/2024**		

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)
32	Day (0630-1500)	8	8	0	4	0	2.00	0.00	1.00	0.00	
	Evening 1 (1430-1900)	4	8	0	4	0	1.00	0.00	0.50	0.00	
	Evening 2 (1830-2300)	4	8	0	4	0	1.00	0.00	0.50	0.00	
	Night (2230-0700)	8	8	0	4	0	2.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
31	Day (0630-1500)	8	8	0	4	0	2.06	0.00	1.03	0.00	
	Evening 1 (1430-1900)	4	8	0	4	0	1.03	0.00	0.52	0.00	
	Evening 2 (1830-2300)	4	8	0	4	0	1.03	0.00	0.52	0.00	
	Night (2230-0700)	8	8	0	4	0	2.06	0.00	1.03	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.29
30	Day (0630-1500)	8	8	0	4	0	2.13	0.00	1.07	0.00	
	Evening 1 (1430-1900)	4	8	0	4	0	1.07	0.00	0.53	0.00	
	Evening 2 (1830-2300)	4	8	0	4	0	1.07	0.00	0.53	0.00	
	Night (2230-0700)	8	8	0	4	0	2.13	0.00	1.07	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
29	Day (0630-1500)	8	8	0	4	0	2.21	0.00	1.10	0.00	
	Evening 1 (1430-1900)	4	8	0	4	0	1.10	0.00	0.55	0.00	
	Evening 2 (1830-2300)	4	8	0	4	0	1.10	0.00	0.55	0.00	
	Night (2230-0700)	8	8	0	4	0	2.21	0.00	1.10	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.93
28	Day (0630-1500)	8	7	0	4	0	2.00	0.00	1.14	0.00	
	Evening 1 (1430-1900)	4	7	0	4	0	1.00	0.00	0.57	0.00	
	Evening 2 (1830-2300)	4	7	0	4	0	1.00	0.00	0.57	0.00	
	Night (2230-0700)	8	7	0	4	0	2.00	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.43
27	Day (0630-1500)	8	7	0	4	0	2.07	0.00	1.19	0.00	
	Evening 1 (1430-1900)	4	7	0	4	0	1.04	0.00	0.59	0.00	
	Evening 2 (1830-2300)	4	7	0	4	0	1.04	0.00	0.59	0.00	
	Night (2230-0700)	8	7	0	4	0	2.07	0.00	1.19	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.78
26	Day (0630-1500)	8	7	0	4	0	2.15	0.00	1.23	0.00	
	Evening 1 (1430-1900)	4	7	0	4	0	1.08	0.00	0.62	0.00	
	Evening 2 (1830-2300)	4	7	0	4	0	1.08	0.00	0.62	0.00	
	Night (2230-0700)	8	7	0	4	0	2.15	0.00	1.23	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.15
25	Day (0630-1500)	8	7	0	4	0	2.24	0.00	1.28	0.00	
	Evening 1 (1430-1900)	4	7	0	4	0	1.12	0.00	0.64	0.00	
	Evening 2 (1830-2300)	4	7	0	4	0	1.12	0.00	0.64	0.00	
	Night (2230-0700)	8	7	0	4	0	2.24	0.00	1.28	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.56
24	Day (0630-1500)	8	6	0	3	0	2.00	0.00	1.00	0.00	
	Evening 1 (1430-1900)	4	6	0	3	0	1.00	0.00	0.50	0.00	
	Evening 2 (1830-2300)	4	6	0	3	0	1.00	0.00	0.50	0.00	
	Night (2230-0700)	8	6	0	3	0	2.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
23	Day (0630-1500)	8	6	0	3	0	2.09	0.00	1.04	0.00	
	Evening 1 (1430-1900)	4	6	0	3	0	1.04	0.00	0.52	0.00	
	Evening 2 (1830-2300)	4	6	0	3	0	1.04	0.00	0.52	0.00	
	Night (2230-0700)	8	6	0	3	0	2.09	0.00	1.04	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.39
	Day (0630-1500)	8	6	0	3	0	2.18	0.00	1.09	0.00	
	Evening 1 (1430-1900)	4	6	0	3	0	1.09	0.00	0.55	0.00	

22	Evening 2 (1830-2300)	4	6	0	3	0	1.09	0.00	0.55	0.00	
	Night (2230-0700)	8	6	0	3	0	2.18	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.82
	Day (0630-1500)	8	6	0	3	0	2.29	0.00	1.14	0.00	
	Evening 1 (1430-1900)	4	6	0	3	0	1.14	0.00	0.57	0.00	
21	Evening 2 (1830-2300)	4	6	0	3	0	1.14	0.00	0.57	0.00	
	Night (2230-0700)	8	6	0	3	0	2.29	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.29
	Day (0630-1500)	8	5	0	3	0	2.00	0.00	1.20	0.00	
	Evening 1 (1430-1900)	4	5	0	3	0	1.00	0.00	0.60	0.00	
20	Evening 2 (1830-2300)	4	5	0	3	0	1.00	0.00	0.60	0.00	
	Night (2230-0700)	8	5	0	3	0	2.00	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
	Day (0630-1500)	8	5	0	3	0	2.11	0.00	1.26	0.00	
	Evening 1 (1430-1900)	4	5	0	3	0	1.05	0.00	0.63	0.00	
19	Evening 2 (1830-2300)	4	5	0	3	0	1.05	0.00	0.63	0.00	
	Night (2230-0700)	8	5	0	3	0	2.11	0.00	1.26	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.11
	Day (0630-1500)	8	5	0	3	0	2.22	0.00	1.33	0.00	
	Evening 1 (1430-1900)	4	5	0	3	0	1.11	0.00	0.67	0.00	
18	Evening 2 (1830-2300)	4	5	0	3	0	1.11	0.00	0.67	0.00	
	Night (2230-0700)	8	5	0	3	0	2.22	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.67
	Day (0630-1500)	8	5	0	3	0	2.35	0.00	1.41	0.00	
	Evening 1 (1430-1900)	4	5	0	3	0	1.18	0.00	0.71	0.00	
17	Evening 2 (1830-2300)	4	5	0	3	0	1.18	0.00	0.71	0.00	
	Night (2230-0700)	8	5	0	3	0	2.35	0.00	1.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.29
	Day (0630-1500)	8	4	0	2	0	2.00	0.00	1.00	0.00	
	Evening 1 (1430-1900)	4	4	0	2	0	1.00	0.00	0.50	0.00	
16	Evening 2 (1830-2300)	4	4	0	2	0	1.00	0.00	0.50	0.00	
	Night (2230-0700)	8	4	0	2	0	2.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
	Day (0630-1500)	8	4	0	2	0	2.13	0.00	1.07	0.00	
	Evening 1 (1430-1900)	4	4	0	2	0	1.07	0.00	0.53	0.00	
15	Evening 2 (1830-2300)	4	4	0	2	0	1.07	0.00	0.53	0.00	
	Night (2230-0700)	8	4	0	2	0	2.13	0.00	1.07	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
	Day (0630-1500)	8	4	0	2	0	2.29	0.00	1.14	0.00	
	Evening 1 (1430-1900)	4	4	0	2	0	1.14	0.00	0.57	0.00	
14	Evening 2 (1830-2300)	4	4	0	2	0	1.14	0.00	0.57	0.00	
	Night (2230-0700)	8	4	0	2	0	2.29	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.29
	Day (0630-1500)	8	4	0	2	0	2.46	0.00	1.23	0.00	
	Evening 1 (1430-1900)	4	4	0	2	0	1.23	0.00	0.62	0.00	
13	Evening 2 (1830-2300)	4	4	0	2	0	1.23	0.00	0.62	0.00	
	Night (2230-0700)	8	4	0	2	0	2.46	0.00	1.23	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.08
	Day (0630-1500)	8	3	0	2	0	2.00	0.00	1.33	0.00	
	Evening 1 (1430-1900)	4	3	0	2	0	1.00	0.00	0.67	0.00	
12	Evening 2 (1830-2300)	4	3	0	2	0	1.00	0.00	0.67	0.00	
	Night (2230-0700)	8	3	0	2	0	2.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.00
	Day (0630-1500)	8	3	0	2	0	2.18	0.00	1.45	0.00	
	Evening 1 (1430-1900)	4	3	0	2	0	1.09	0.00	0.73	0.00	
11	Evening 2 (1830-2300)	4	3	0	2	0	1.09	0.00	0.73	0.00	
	Night (2230-0700)	8	3	0	2	0	2.18	0.00	1.45	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.91
	Day (0630-1500)	8	3	0	2	0	2.40	0.00	1.60	0.00	
	Evening 1 (1430-1900)	4	3	0	2	0	1.20	0.00	0.80	0.00	
10	Evening 2 (1830-2300)	4	3	0	2	0	1.20	0.00	0.80	0.00	
	Night (2230-0700)	8	3	0	2	0	2.40	0.00	1.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
	Day (0630-1500)	8	3	0	2	0	2.40	0.00	1.60	0.00	
	Evening 1 (1430-1900)	4	3	0	2	0	1.20	0.00	0.80	0.00	
9	Evening 2 (1830-2300)	4	3	0	2	0	1.20	0.00	0.80	0.00	
	Night (2230-0700)	8	3	0	2	0	2.40	0.00	1.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
	Day (0630-1500)	8	2	0	1	0	1.60	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	2	0	1	0	0.80	0.00	0.40	0.00	
8	Evening 2 (1830-2300)	4	2	0	1	0	0.80	0.00	0.40	0.00	
	Night (2230-0700)	8	2	0	1	0	1.60	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20
	Day (0630-1500)	8	2	0	1	0	1.60	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	2	0	1	0	0.80	0.00	0.40	0.00	
7	Evening 2 (1830-2300)	4	2	0	1	0	0.80	0.00	0.40	0.00	
	Night (2230-0700)	8	2	0	1	0	1.60	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20
	Day (0630-1500)	8	2	0	1	0	1.60	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	2	0	1	0	0.80	0.00	0.40	0.00	

6	Evening 2 (1830-2300)	4	2	0	1	0	0.80	0.00	0.40	0.00	
	Night (2230-0700)	8	2	0	1	0	1.60	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20
5	Day (0630-1500)	8	2	0	1	0	1.60	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	2	0	1	0	0.80	0.00	0.40	0.00	
	Evening 2 (1830-2300)	4	2	0	1	0	0.80	0.00	0.40	0.00	
	Night (2230-0700)	8	2	0	1	0	1.60	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20
4	Day (0630-1500)	8	1	0	0	0	0.80	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	1	0	0	0	0.40	0.00	0.00	0.00	
	Evening 2 (1830-2300)	4	1	0	0	0	0.40	0.00	0.00	0.00	
	Night (2230-0700)	8	1	0	0	0	0.80	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	2.40
3	Day (0630-1500)	8	1	0	0	0	0.80	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	1	0	0	0	0.40	0.00	0.00	0.00	
	Evening 2 (1830-2300)	4	1	0	0	0	0.40	0.00	0.00	0.00	
	Night (2230-0700)	8	1	0	0	0	0.80	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	2.40
2	Day (0630-1500)	8	1	0	0	0	0.80	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	1	0	0	0	0.40	0.00	0.00	0.00	
	Evening 2 (1830-2300)	4	1	0	0	0	0.40	0.00	0.00	0.00	
	Night (2230-0700)	8	1	0	0	0	0.80	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	2.40
1	Day (0630-1500)	8	1	0	0	0	0.80	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	1	0	0	0	0.40	0.00	0.00	0.00	
	Evening 2 (1830-2300)	4	1	0	0	0	0.40	0.00	0.00	0.00	
	Night (2230-0700)	8	1	0	0	0	0.80	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	2.40

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator	n/a			
Charge Nurse	0630-1900		1830-0700	24 hour coverage
Physical Therapist	n/a	n/a	n/a	n/a
Ocupational Therapist	n/a	n/a	n/a	n/a
Speech Therapist	n/a	n/a	n/a	n/a
Respiratory Therapy	n/a	n/a	n/a	n/a
Case Management	n/a			n/a
Spiritual Services	x	x	x	x
IV Therapy	x	x		x
Unit Managment	x	x		
Patient Safety Attendant	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:

This is a fluid area that is for ED patients that have admission orders but no bed assignments. They are moved from other areas from within the emergency department to this ED Boarder area/status while awaiting a clean and ready bed on unit within the medical center.

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

Description:

The level of care can include: telemetry/cardiac level, medical, or surgical. Patients needing ICU-level care or behavioral/mental health care will continue to await placement in their original ED bed assignment and will continue to be cared for an trained ED nurse.

☐ Skill mix

Description:

The ED Boarder area will be staffed by float pool nurses who are trained to care for telemetry/cardiac, medical, and surgical patients. Patient will be cared for float pool nurses, when available. If there are not enough float pool nurses available to care for the number of patients awaiting admissions to maintain the designated ratios, the patients will continue to remain in the care of their assigned ED nurse. At no time will a patient not be under the care of a nurse.

☐ Level of experience of nursing and patient care staff

Description:

The float pool often looks for nurses with at least 2 years of acute care experience, preferably with cardiac experience. Due to float pool going telemetry level of units, all float pool trained at that level.

☐ Need for specialized or intensive equipment

Description:

Specialized equipment in this area include mobility equipment to allow for safe patient handling, walkers, bedside commodes, bedside recliners, IV pumps, IV poles. The clean supply room and equipment room is stocked in a similar fashion to other medical-surgical floors within the medical center.

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

Description:

The emergency department is mainly layed out as two large rectangles, that have a figure 8 appearance, with two additional pods and a waiting room/triage off to the sides. For the purpose of the ED Boarders, the typical flow is to place patients in the 100-pod, which 15 beds in a horshoe formation, with a nurses station in the center. Dependening on the number of patients awaiting placement for inpatient rooms and the number of Float Pool Nurses and ED Nurses, the ED Boarders will then flow into the 200-pod, which has the same layout. These two pods are located within the same rectange.

☑ Other

Description:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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:	**1S: Substance Use Treatment & Recovery Services**		
Unit/ Clinic Type:	**Chemical Dependency/Behavioral Health**		
Unit/ Clinic Address:	**916 Pacific Ave Everett, WA 98201**		
Average Daily Census (2023):	**10.1**	**Maximum # of Beds:**	**14**
Effective as of:	**3/4/2024**		

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)
14	Day (0630-1900)	12	3	0	0	0	2.57	0.00	0.00	0.00	
	Night (1830-0700	12	3	0	0	0	2.57	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.14
13	Day (0630-1900)	12	3	0	0	0	2.77	0.00	0.00	0.00	
	Night (1830-0700	12	3	0	0	0	2.77	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.54
12	Day (0630-1900)	12	3	0	0	0	3.00	0.00	0.00	0.00	
	Night (1830-0700	12	3	0	0	0	3.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.00
11	Day (0630-1900)	12	3	0	0	0	3.27	0.00	0.00	0.00	
	Night (1830-0700	12	3	0	0	0	3.27	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.55
10	Day (0630-1900)	12	2	0	0	0	2.40	0.00	0.00	0.00	
	Night (1830-0700	12	2	0	0	0	2.40	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	4.80
9	Day (0630-1900)	12	2	0	0	0	2.67	0.00	0.00	0.00	
	Night (1830-0700	12	2	0	0	0	2.67	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.33
8	Day (0630-1900)	12	2	0	0	0	3.00	0.00	0.00	0.00	
	Night (1830-0700	12	2	0	0	0	3.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.00
7	Day (0630-1900)	12	2	0	0	0	3.43	0.00	0.00	0.00	
	Night (1830-0700	12	2	0	0	0	3.43	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.86
6	Day (0630-1900)	12	2	0	0	0	4.00	0.00	0.00	0.00	
	Night (1830-0700	12	2	0	0	0	4.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
5	Day (0630-1900)	12	1	0	0	0	2.40	0.00	0.00	0.00	
	Night (1830-0700	12	1	0	0	0	2.40	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	4.80
4	Day (0630-1900)	12	1	0	0	0	3.00	0.00	0.00	0.00	
	Night (1830-0700	12	1	0	0	0	3.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.00
3	Day (0630-1900)	12	1	0	0	0	4.00	0.00	0.00	0.00	
	Night (1830-0700	12	1	0	0	0	4.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
2	Day (0630-1900)	12	1	0	0	0	6.00	0.00	0.00	0.00	
	Night (1830-0700	12	1	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
1	Day (0630-1900)	12	1	0	0	0	12.00	0.00	0.00	0.00	
	Night (1830-0700	12	1	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Detox Counselor	x			x
Intake Counselor	x			
Assessment Counselor	x			
Health Unit Coordinator	0630-1500	1430-2300		
Intensive Outpatient (IOP) Counselor	x	x		
Clincial Lead Supervisor (Counselor)	x			
Charge Nurse	0630-1900		1830-0700	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:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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:	**3A: Med-Surg/Psych**		
Unit/ Clinic Type:	**Med-Surg**		
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**		
Average Daily Census (2023):	**25.8**	**Maximum # of Beds:**	**30**
Effective as of:	**3/22/2024**		

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)
30	Day (0630-1500)	8	7	0	4	0	1.87	0.00	1.07	0.00	
	Evening 1 (1430-1900)	4	7	0	4	0	0.93	0.00	0.53	0.00	
	Evening 2 (1830-2300)	4	7	0	4	0	0.93	0.00	0.53	0.00	
	Night (2230-0700)	8	6	0	3	0	1.60	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.27
29	Day (0630-1500)	8	7	0	4	0	1.93	0.00	1.10	0.00	
	Evening 1 (1430-1900)	4	7	0	4	0	0.97	0.00	0.55	0.00	
	Evening 2 (1830-2300)	4	7	0	4	0	0.97	0.00	0.55	0.00	
	Night (2230-0700)	8	6	0	3	0	1.66	0.00	0.83	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.55
28	Day (0630-1500)	8	6	0	4	0	1.71	0.00	1.14	0.00	
	Evening 1 (1430-1900)	4	6	0	3	0	0.86	0.00	0.43	0.00	
	Evening 2 (1830-2300)	4	6	0	3	0	0.86	0.00	0.43	0.00	
	Night (2230-0700)	8	6	0	3	0	1.71	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
27	Day (0630-1500)	8	6	0	4	0	1.78	0.00	1.19	0.00	
	Evening 1 (1430-1900)	4	6	0	3	0	0.89	0.00	0.44	0.00	
	Evening 2 (1830-2300)	4	6	0	3	0	0.89	0.00	0.44	0.00	
	Night (2230-0700)	8	5	0	3	0	1.48	0.00	0.89	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
26	Day (0630-1500)	8	6	0	3	0	1.85	0.00	0.92	0.00	
	Evening 1 (1430-1900)	4	6	0	3	0	0.92	0.00	0.46	0.00	
	Evening 2 (1830-2300)	4	6	0	3	0	0.92	0.00	0.46	0.00	
	Night (2230-0700)	8	5	0	3	0	1.54	0.00	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
25	Day (0630-1500)	8	6	0	3	0	1.92	0.00	0.96	0.00	
	Evening 1 (1430-1900)	4	6	0	3	0	0.96	0.00	0.48	0.00	
	Evening 2 (1830-2300)	4	6	0	3	0	0.96	0.00	0.48	0.00	
	Night (2230-0700)	8	5	0	3	0	1.60	0.00	0.96	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.32
24	Day (0630-1500)	8	5	0	3	0	1.67	0.00	1.00	0.00	
	Evening 1 (1430-1900)	4	5	0	3	0	0.83	0.00	0.50	0.00	
	Evening 2 (1830-2300)	4	5	0	3	0	0.83	0.00	0.50	0.00	
	Night (2230-0700)	8	4	0	3	0	1.33	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.67
23	Day (0630-1500)	8	5	0	3	0	1.74	0.00	1.04	0.00	
	Evening 1 (1430-1900)	4	4	0	3	0	0.70	0.00	0.52	0.00	
	Evening 2 (1830-2300)	4	4	0	3	0	0.70	0.00	0.52	0.00	
	Night (2230-0700)	8	4	0	3	0	1.39	0.00	1.04	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.65
22	Day (0630-1500)	8	4	0	3	0	1.45	0.00	1.09	0.00	
	Evening 1 (1430-1900)	4	4	0	3	0	0.73	0.00	0.55	0.00	
	Evening 2 (1830-2300)	4	4	0	3	0	0.73	0.00	0.55	0.00	
	Night (2230-0700)	8	4	0	3	0	1.45	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.64
21	Day (0630-1500)	8	4	0	3	0	1.52	0.00	1.14	0.00	
	Evening 1 (1430-1900)	4	4	0	3	0	0.76	0.00	0.57	0.00	
	Evening 2 (1830-2300)	4	4	0	3	0	0.76	0.00	0.57	0.00	
	Night (2230-0700)	8	4	0	2	0	1.52	0.00	0.76	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.62
	Day (0630-1500)	8	4	0	3	0	1.60	0.00	1.20	0.00	
	Evening 1 (1430-1900)	4	3	0	3	0	0.60	0.00	0.60	0.00	

20	Evening 2 (1830-2300)	4	3	0	3	0	0.60	0.00	0.60	0.00	
	Night (2230-0700)	8	3	0	2	0	1.20	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20
	Day (0630-1500)	8	4	0	3	0	1.68	0.00	1.26	0.00	
	Evening 1 (1430-1900)	4	3	0	3	0	0.63	0.00	0.63	0.00	
19	Evening 2 (1830-2300)	4	3	0	3	0	0.63	0.00	0.63	0.00	
	Night (2230-0700)	8	2	0	2	0	0.84	0.00	0.84	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.16
	Day (0630-1500)	8	3	0	3	0	1.33	0.00	1.33	0.00	
	Evening 1 (1430-1900)	4	3	0	3	0	0.67	0.00	0.67	0.00	
18	Evening 2 (1830-2300)	4	3	0	3	0	0.67	0.00	0.67	0.00	
	Night (2230-0700)	8	2	0	2	0	0.89	0.00	0.89	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.11
	Day (0630-1500)	8	3	0	3	0	1.41	0.00	1.41	0.00	
	Evening 1 (1430-1900)	4	3	0	3	0	0.71	0.00	0.71	0.00	
17	Evening 2 (1830-2300)	4	3	0	3	0	0.71	0.00	0.71	0.00	
	Night (2230-0700)	8	2	0	2	0	0.94	0.00	0.94	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.53
	Day (0630-1500)	8	3	0	3	0	1.50	0.00	1.50	0.00	
	Evening 1 (1430-1900)	4	3	0	2	0	0.75	0.00	0.50	0.00	
16	Evening 2 (1830-2300)	4	3	0	2	0	0.75	0.00	0.50	0.00	
	Night (2230-0700)	8	2	0	2	0	1.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.50
	Day (0630-1500)	8	3	0	2	0	1.60	0.00	1.07	0.00	
	Evening 1 (1430-1900)	4	2	0	2	0	0.53	0.00	0.53	0.00	
15	Evening 2 (1830-2300)	4	2	0	2	0	0.53	0.00	0.53	0.00	
	Night (2230-0700)	8	2	0	2	0	1.07	0.00	1.07	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.93
	Day (0630-1500)	8	3	0	2	0	1.71	0.00	1.14	0.00	
	Evening 1 (1430-1900)	4	2	0	2	0	0.57	0.00	0.57	0.00	
14	Evening 2 (1830-2300)	4	2	0	2	0	0.57	0.00	0.57	0.00	
	Night (2230-0700)	8	1	0	2	0	0.57	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.86
	Day (0630-1500)	8	2	0	2	0	1.23	0.00	1.23	0.00	
	Evening 1 (1430-1900)	4	2	0	2	0	0.62	0.00	0.62	0.00	
13	Evening 2 (1830-2300)	4	2	0	2	0	0.62	0.00	0.62	0.00	
	Night (2230-0700)	8	1	0	2	0	0.62	0.00	1.23	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.77
	Day (0630-1500)	8	2	0	2	0	1.33	0.00	1.33	0.00	
	Evening 1 (1430-1900)	4	1	0	2	0	0.33	0.00	0.67	0.00	
12	Evening 2 (1830-2300)	4	1	0	2	0	0.33	0.00	0.67	0.00	
	Night (2230-0700)	8	1	0	2	0	0.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.67
	Day (0630-1500)	8	1	0	2	0	0.73	0.00	1.45	0.00	
	Evening 1 (1430-1900)	4	1	0	2	0	0.36	0.00	0.73	0.00	
11	Evening 2 (1830-2300)	4	1	0	2	0	0.36	0.00	0.73	0.00	
	Night (2230-0700)	8	1	0	1	0	0.73	0.00	0.73	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.82
	Day (0630-1500)	8	1	0	2	0	0.80	0.00	1.60	0.00	
	Evening 1 (1430-1900)	4	1	0	1	0	0.40	0.00	0.40	0.00	
10	Evening 2 (1830-2300)	4	1	0	1	0	0.40	0.00	0.40	0.00	
	Night (2230-0700)	8	1	0	1	0	0.80	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.60
	Day (0630-1500)	8	1	0	1	0	0.89	0.00	0.89	0.00	
	Evening 1 (1430-1900)	4	1	0	1	0	0.44	0.00	0.44	0.00	
9	Evening 2 (1830-2300)	4	1	0	1	0	0.44	0.00	0.44	0.00	
	Night (2230-0700)	8	1	0	1	0	0.89	0.00	0.89	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.33
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator	0630-1500	1430-2300		x
Nurse Techs	x			
Patient Safety Attendant	x	x	x	x
Charge Nurse	0630-1900		1830-0700	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:

LPNs are utilized the same as RNs with Washington State Law limitations.

☐ 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:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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.

For 2025: Need to correct up to 14 beds.

Unit/ Clinic Name:	**3C: Pediatrics/Adult Med Surg**		
Unit/ Clinic Type:	**Med-Surg**		
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**		
Average Daily Census (YTD 2024):	**12.6**	**Maximum # of Beds:**	**13**
Effective as of:	**3/22/2024**		

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)
13	Day (0630-1500)	8	3	0	1	0	1.85	0.00	0.62	0.00	
	Evening 1 (1430-1900)	4	3	0	1	0	0.92	0.00	0.31	0.00	
	Evening 2 (1830-2300)	4	3	0	1	0	0.92	0.00	0.31	0.00	
	Night (2230-0700)	8	3	0	1	0	1.85	0.00	0.62	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.38
12	Day (0630-1500)	8	3	0	1	0	2.00	0.00	0.67	0.00	
	Evening 1 (1430-1900)	4	3	0	1	0	1.00	0.00	0.33	0.00	
	Evening 2 (1830-2300)	4	3	0	1	0	1.00	0.00	0.33	0.00	
	Night (2230-0700)	8	3	0	1	0	2.00	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
11	Day (0630-1500)	8	3	0	0	0	2.18	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	3	0	0	0	1.09	0.00	0.00	0.00	
	Evening 2 (1830-2300)	4	3	0	0	0	1.09	0.00	0.00	0.00	
	Night (2230-0700)	8	3	0	0	0	2.18	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.55
10	Day (0630-1500)	8	2	0	0	0	1.60	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	2	0	0	0	0.80	0.00	0.00	0.00	
	Evening 2 (1830-2300)	4	2	0	0	0	0.80	0.00	0.00	0.00	
	Night (2230-0700)	8	2	0	0	0	1.60	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	4.80
9	Day (0630-1500)	8	2	0	0	0	1.78	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	2	0	0	0	0.89	0.00	0.00	0.00	
	Evening 2 (1830-2300)	4	2	0	0	0	0.89	0.00	0.00	0.00	
	Night (2230-0700)	8	2	0	0	0	1.78	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.33
8	Day (0630-1500)	8	2	0	0	0	2.00	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	2	0	0	0	1.00	0.00	0.00	0.00	
	Evening 2 (1830-2300)	4	2	0	0	0	1.00	0.00	0.00	0.00	
	Night (2230-0700)	8	2	0	0	0	2.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.00
7	Day (0630-1500)	8	2	0	0	0	2.29	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	2	0	0	0	1.14	0.00	0.00	0.00	
	Evening 2 (1830-2300)	4	2	0	0	0	1.14	0.00	0.00	0.00	
	Night (2230-0700)	8	2	0	0	0	2.29	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.86
6	Day (0630-1500)	8	1	0	0	0	1.33	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	1	0	0	0	0.67	0.00	0.00	0.00	
	Evening 2 (1830-2300)	4	1	0	0	0	0.67	0.00	0.00	0.00	
	Night (2230-0700)	8	1	0	0	0	1.33	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	4.00
5	Day (0630-1500)	8	1	0	0	0	1.60	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	1	0	0	0	0.80	0.00	0.00	0.00	
	Evening 2 (1830-2300)	4	1	0	0	0	0.80	0.00	0.00	0.00	
	Night (2230-0700)	8	1	0	0	0	1.60	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	4.80
4	Day (0630-1500)	8	1	0	0	0	2.00	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	1	0	0	0	1.00	0.00	0.00	0.00	
	Evening 2 (1830-2300)	4	1	0	0	0	1.00	0.00	0.00	0.00	
	Night (2230-0700)	8	1	0	0	0	2.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.00
3	Day (0630-1500)	8	1	0	0	0	2.67	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	1	0	0	0	1.33	0.00	0.00	0.00	
	Evening 2 (1830-2300)	4	1	0	0	0	1.33	0.00	0.00	0.00	
	Night (2230-0700)	8	1	0	0	0	2.67	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
2	Day (0630-1500)	8	1	0	0	0	4.00	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	1	0	0	0	2.00	0.00	0.00	0.00	
	Evening 2 (1830-2300)	4	1	0	0	0	2.00	0.00	0.00	0.00	
	Night (2230-0700)	8	1	0	0	0	4.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
1	Day (0630-1500)	8	1	0	0	0	8.00	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	1	0	0	0	4.00	0.00	0.00	0.00	
	Evening 2 (1830-2300)	4	1	0	0	0	4.00	0.00	0.00	0.00	
	Night (2230-0700)	8	1	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator	x	x	x	x
Charge Nurse	0630-1900	x	1830-0700	24 hour coverage
Physical Therapist	x	x		x
Ocupational Therapist	x	x		x
Speech Therapist	x	x		x
Respiratory Therapy	x	x		x
Case Management	x			x
Spiritual Services	x	x	x	x
IV Therapy	x	x		x
Unit Managment	x	x		
Patient Safety Attendant	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:

The unit has around a 20% churn rate from discharges and will fill back from a combination of ED admissions and transfers.

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

Description:

The unit is a medical surgical level of care, no telemetry capability. The unit also has a significant number of comfort care patients that are transferred there when being downgraded from the ICU-level. The patient a wide range of mobility from independent to complete assist patients. Medical and Surgical hospitalist teams will round on their patients in this unit. This is considered an Alternative Care Area and is open during times of high patient census. To help minimize the toll on patients and staff, it tends to remain open or closed at lengths of times. This is to help reduce the burden of patients waiting in the emergency department to be admitted.

☐ Skill mix

Description:

The unit is staffed primarily by float pool. On occasion, home unit staff may be floated to this unit if float pool staff are need in other areas. The float pool staff are well versed in medical-surgical care.

☐ Level of experience of nursing and patient care staff

Description:

The float pool typically hires staff with a minimum of 2 years of experience, often looking for cardiac/telemetry experience. This is due to the need that float pool goes to all units throughtout the medical center. This results in a high level of experience for the nursing and patient care staff on this unit.

☐ Need for specialized or intensive equipment

Description:

Specialized equipment in this area include mobility equipment to allow for safe patient handling, walkers, bedside commodes, bedside recliners, IV pumps, IV poles. The clean supply room and equipment room is stocked in a similar fashion to other medical-surgical floors within the medical center.

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

Description:

This unit is made up of 14 private rooms and arranged in a u-shape configuration. It is divided at the base of the U, with 9 rooms on one side with a nurses station and 5 rooms on the other side with a nurses station. The call systems works for all rooms, regardless on which side it activates from. The nutrition room, clean supply room, and equipment room are all accessable from either side of the department, along with two hallway coordiors that allow for passage of patients and visitors. The main entrance is located near the 3C elevators and the doors are activated by a hand sensor. This is open 24 hours a day. There is a back entrance that is only accessable by badge, and connects the unit to the D-Wing.

☑ Other

Description:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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:	**4A: Inpatient Behavioral Health**		
Unit/ Clinic Type:	**Psychiatry**		
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**		
Average Daily Census (2023):	**20.6**	**Maximum # of Beds:**	**24**
Effective as of:	**12/1/2023**		

Census

Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
24	Day (0630-1900)	12	5	0	2	0	2.50	0.00	1.00	0.00	
	Night (1830-0700)	12	5	0	3	0	2.50	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.50
23	Day (0630-1900)	12	5	0	2	0	2.61	0.00	1.04	0.00	
	Night (1830-0700)	12	5	0	3	0	2.61	0.00	1.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.83
22	Day (0630-1900)	12	5	0	2	0	2.73	0.00	1.09	0.00	
	Night (1830-0700)	12	5	0	3	0	2.73	0.00	1.64	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.18
21	Day (0630-1900)	12	5	0	2	0	2.86	0.00	1.14	0.00	
	Night (1830-0700)	12	5	0	3	0	2.86	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.57
20	Day (0630-1900)	12	4	0	2	0	2.40	0.00	1.20	0.00	
	Night (1830-0700)	12	4	0	3	0	2.40	0.00	1.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.80
19	Day (0630-1900)	12	4	0	2	0	2.53	0.00	1.26	0.00	
	Night (1830-0700)	12	4	0	2	0	2.53	0.00	1.26	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.58
18	Day (0630-1900)	12	4	0	1	0	2.67	0.00	0.67	0.00	
	Night (1830-0700)	12	4	0	2	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.33
17	Day (0630-1900)	12	4	0	1	0	2.82	0.00	0.71	0.00	
	Night (1830-0700)	12	4	0	2	0	2.82	0.00	1.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.76
16	Day (0630-1900)	12	4	0	1	0	3.00	0.00	0.75	0.00	
	Night (1830-0700)	12	4	0	2	0	3.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.25
15	Day (0630-1900)	12	3	0	1	0	2.40	0.00	0.80	0.00	
	Night (1830-0700)	12	3	0	2	0	2.40	0.00	1.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20
14	Day (0630-1900)	12	3	0	1	0	2.57	0.00	0.86	0.00	
	Night (1830-0700)	12	3	0	2	0	2.57	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.71
13	Day (0630-1900)	12	3	0	1	0	2.77	0.00	0.92	0.00	
	Night (1830-0700)	12	3	0	2	0	2.77	0.00	1.85	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.31
12	Day (0630-1900)	12	3	0	1	0	3.00	0.00	1.00	0.00	
	Night (1830-0700)	12	3	0	2	0	3.00	0.00	2.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
11	Day (0630-1900)	12	3	0	1	0	3.27	0.00	1.09	0.00	
	Night (1830-0700)	12	3	0	2	0	3.27	0.00	2.18	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.82
10	Day (0630-1900)	12	2	0	1	0	2.40	0.00	1.20	0.00	
	Night (1830-0700)	12	2	0	2	0	2.40	0.00	2.40	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.40
9	Day (0630-1900)	12	2	0	1	0	2.67	0.00	1.33	0.00	
	Night (1830-0700)	12	2	0	1	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
8	Day (0630-1900)	12	2	0	1	0	3.00	0.00	1.50	0.00	
	Night (1830-0700)	12	2	0	1	0	3.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
	Day (0630-1900)	12	2	0	1	0	3.43	0.00	1.71	0.00	

7	Night (1830-0700)	12	2	0	1	0	3.43	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.29
6	Day (0630-1900)	12	2	0	1	0	4.00	0.00	2.00	0.00	
	Night (1830-0700)	12	2	0	1	0	4.00	0.00	2.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
5	Day (0630-1900)	12	1	0	1	0	2.40	0.00	2.40	0.00	
	Night (1830-0700)	12	1	0	1	0	2.40	0.00	2.40	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
4	Day (0630-1900)	12	1	0	1	0	3.00	0.00	3.00	0.00	
	Night (1830-0700)	12	1	0	1	0	3.00	0.00	3.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator (24/7 coverage, 2 shifts)	x	x	x	x
Mental Health Associate (MHA) (Coverage 7 days/wk; 0630-1930)	x	x		x
Recreational Therapist (Coverage M-F, 0730-1600)	x			
LICSW (Coverage 7 days/wk; 0700-1730)	x	x		x
Social Worker Supervisor (M-F, 0730-1600)	x			
Charge Nurse (24/7 coverage, 2 shifts)	x	x	x	x
Peer counselor--new position for 2025 (16 hours coverage x 1, M-F to start, 0630-2100) **Will need to increase to 16 hrs coverage x 2 for 2026**	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:

MHA, Social Workers, and Recreational Therapy lead groups throughout the day.

☐ 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:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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:	**4C: Clinical Evaluation Unit (CEU Observation)**		
Unit/ Clinic Type:	**Med-Surg**		
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**		
Average Daily Census (2023):	**13.9**	**Maximum # of Beds:**	**20**
Effective as of:	**12/1/2023**		

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)
	Day (0630-1500)	8	5	0	2	0	2.00	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	5	0	2	0	1.00	0.00	0.40	0.00	
20	Evening 2 (1830-2300)	4	5	0	2	0	1.00	0.00	0.40	0.00	
	Night (2230-0700)	8	5	0	2	0	2.00	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.40
	Day (0630-1500)	8	5	0	2	0	2.11	0.00	0.84	0.00	
	Evening 1 (1430-1900)	4	5	0	2	0	1.05	0.00	0.42	0.00	
19	Evening 2 (1830-2300)	4	5	0	2	0	1.05	0.00	0.42	0.00	
	Night (2230-0700)	8	5	0	2	0	2.11	0.00	0.84	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.84
	Day (0630-1500)	8	5	0	2	0	2.22	0.00	0.89	0.00	
	Evening 1 (1430-1900)	4	5	0	2	0	1.11	0.00	0.44	0.00	
18	Evening 2 (1830-2300)	4	5	0	2	0	1.11	0.00	0.44	0.00	
	Night (2230-0700)	8	5	0	2	0	2.22	0.00	0.89	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.33
	Day (0630-1500)	8	5	0	2	0	2.35	0.00	0.94	0.00	
	Evening 1 (1430-1900)	4	5	0	2	0	1.18	0.00	0.47	0.00	
17	Evening 2 (1830-2300)	4	5	0	2	0	1.18	0.00	0.47	0.00	
	Night (2230-0700)	8	5	0	2	0	2.35	0.00	0.94	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.88
	Day (0630-1500)	8	4	0	2	0	2.00	0.00	1.00	0.00	
	Evening 1 (1430-1900)	4	4	0	2	0	1.00	0.00	0.50	0.00	
16	Evening 2 (1830-2300)	4	4	0	2	0	1.00	0.00	0.50	0.00	
	Night (2230-0700)	8	4	0	2	0	2.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
	Day (0630-1500)	8	4	0	1	0	2.13	0.00	0.53	0.00	
	Evening 1 (1430-1900)	4	4	0	1	0	1.07	0.00	0.27	0.00	
15	Evening 2 (1830-2300)	4	4	0	1	0	1.07	0.00	0.27	0.00	
	Night (2230-0700)	8	4	0	1	0	2.13	0.00	0.53	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	3	0	1	0	1.71	0.00	0.57	0.00	
	Evening 1 (1430-1900)	4	3	0	1	0	0.86	0.00	0.29	0.00	
14	Evening 2 (1830-2300)	4	3	0	1	0	0.86	0.00	0.29	0.00	
	Night (2230-0700)	8	3	0	1	0	1.71	0.00	0.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.86
	Day (0630-1500)	8	3	0	1	0	1.85	0.00	0.62	0.00	
	Evening 1 (1430-1900)	4	3	0	1	0	0.92	0.00	0.31	0.00	
13	Evening 2 (1830-2300)	4	3	0	1	0	0.92	0.00	0.31	0.00	
	Night (2230-0700)	8	3	0	1	0	1.85	0.00	0.62	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.38
	Day (0630-1500)	8	3	0	1	0	2.00	0.00	0.67	0.00	
	Evening 1 (1430-1900)	4	3	0	1	0	1.00	0.00	0.33	0.00	
12	Evening 2 (1830-2300)	4	3	0	1	0	1.00	0.00	0.33	0.00	
	Night (2230-0700)	8	3	0	1	0	2.00	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	3	0	0	0	2.18	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	3	0	0	0	1.09	0.00	0.00	0.00	
11	Evening 2 (1830-2300)	4	3	0	0	0	1.09	0.00	0.00	0.00	
	Night (2230-0700)	8	3	0	0	0	2.18	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.55
	Day (0630-1500)	8	2	0	0	0	1.60	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	2	0	0	0	0.80	0.00	0.00	0.00	

10	Evening 2 (1830-2300)	4	2	0	0	0	0.80	0.00	0.00	0.00	
	Night (2230-0700)	8	3	0	0	0	2.40	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.60
	Day (0630-1500)	8	2	0	0	0	1.78	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	2	0	0	0	0.89	0.00	0.00	0.00	
9	Evening 2 (1830-2300)	4	2	0	0	0	0.89	0.00	0.00	0.00	
	Night (2230-0700)	8	2	0	0	0	1.78	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.33
	Day (0630-1500)	8	2	0	0	0	2.00	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	2	0	0	0	1.00	0.00	0.00	0.00	
8	Evening 2 (1830-2300)	4	2	0	0	0	1.00	0.00	0.00	0.00	
	Night (2230-0700)	8	2	0	0	0	2.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.00
	Day (0630-1500)	8	1	0	0	0	1.14	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	1	0	0	0	0.57	0.00	0.00	0.00	
7	Evening 2 (1830-2300)	4	1	0	0	0	0.57	0.00	0.00	0.00	
	Night (2230-0700)	8	1	0	0	0	1.14	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	3.43
	Day (0630-1500)	8	1	0	0	0	1.33	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	1	0	0	0	0.67	0.00	0.00	0.00	
6	Evening 2 (1830-2300)	4	1	0	0	0	0.67	0.00	0.00	0.00	
	Night (2230-0700)	8	1	0	0	0	1.33	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	4.00
	Day (0630-1500)	8	1	0	0	0	1.60	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	1	0	0	0	0.80	0.00	0.00	0.00	
5	Evening 2 (1830-2300)	4	1	0	0	0	0.80	0.00	0.00	0.00	
	Night (2230-0700)	8	1	0	0	0	1.60	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	4.80

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator- 12hr shifts	0630-1900			x
Charge Nurse- 12 hrs shifts	0630-1900		1830-0700	x
NT- variable	0630-1500	1430-2300	2230-0700	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:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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:	**5A: Medical Renal**		
Unit/ Clinic Type:	**Med-Surg**		
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**		
Average Daily Census (2023):	**28.7**	**Maximum # of Beds:**	**35**
Effective as of:	**12/1/2023**		

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)
35	Day (0630-1500)	8	10	0	4	0	2.29	0.00	0.91	0.00	
	Evening 1 (1430-1900)	4	10	0	4	0	1.14	0.00	0.46	0.00	
	Evening 2 (1830-2300)	4	10	0	4	0	1.14	0.00	0.46	0.00	
	Night (2230-0700)	8	9	0	3	0	2.06	0.00	0.69	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.14
34	Day (0630-1500)	8	10	0	4	0	2.35	0.00	0.94	0.00	
	Evening 1 (1430-1900)	4	10	0	4	0	1.18	0.00	0.47	0.00	
	Evening 2 (1830-2300)	4	10	0	4	0	1.18	0.00	0.47	0.00	
	Night (2230-0700)	8	9	0	3	0	2.12	0.00	0.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.41
33	Day (0630-1500)	8	10	0	4	0	2.42	0.00	0.97	0.00	
	Evening 1 (1430-1900)	4	10	0	3	0	1.21	0.00	0.36	0.00	
	Evening 2 (1830-2300)	4	10	0	3	0	1.21	0.00	0.36	0.00	
	Night (2230-0700)	8	9	0	3	0	2.18	0.00	0.73	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.45
32	Day (0630-1500)	8	10	0	3	0	2.50	0.00	0.75	0.00	
	Evening 1 (1430-1900)	4	10	0	3	0	1.25	0.00	0.38	0.00	
	Evening 2 (1830-2300)	4	10	0	3	0	1.25	0.00	0.38	0.00	
	Night (2230-0700)	8	9	0	3	0	2.25	0.00	0.75	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.50
31	Day (0630-1500)	8	10	0	3	0	2.58	0.00	0.77	0.00	
	Evening 1 (1430-1900)	4	9	0	3	0	1.16	0.00	0.39	0.00	
	Evening 2 (1830-2300)	4	9	0	3	0	1.16	0.00	0.39	0.00	
	Night (2230-0700)	8	9	0	3	0	2.32	0.00	0.77	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.55
30	Day (0630-1500)	8	9	0	3	0	2.40	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	9	0	3	0	1.20	0.00	0.40	0.00	
	Evening 2 (1830-2300)	4	9	0	3	0	1.20	0.00	0.40	0.00	
	Night (2230-0700)	8	8	0	3	0	2.13	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.33
29	Day (0630-1500)	8	9	0	3	0	2.48	0.00	0.83	0.00	
	Evening 1 (1430-1900)	4	8	0	3	0	1.10	0.00	0.41	0.00	
	Evening 2 (1830-2300)	4	8	0	3	0	1.10	0.00	0.41	0.00	
	Night (2230-0700)	8	8	0	3	0	2.21	0.00	0.83	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.38
28	Day (0630-1500)	8	8	0	3	0	2.29	0.00	0.86	0.00	
	Evening 1 (1430-1900)	4	8	0	3	0	1.14	0.00	0.43	0.00	
	Evening 2 (1830-2300)	4	8	0	3	0	1.14	0.00	0.43	0.00	
	Night (2230-0700)	8	8	0	3	0	2.29	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.43
27	Day (0630-1500)	8	8	0	3	0	2.37	0.00	0.89	0.00	
	Evening 1 (1430-1900)	4	8	0	3	0	1.19	0.00	0.44	0.00	
	Evening 2 (1830-2300)	4	8	0	3	0	1.19	0.00	0.44	0.00	
	Night (2230-0700)	8	8	0	3	0	2.37	0.00	0.89	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.78
26	Day (0630-1500)	8	7	0	3	0	2.15	0.00	0.92	0.00	
	Evening 1 (1430-1900)	4	7	0	3	0	1.08	0.00	0.46	0.00	
	Evening 2 (1830-2300)	4	7	0	3	0	1.08	0.00	0.46	0.00	
	Night (2230-0700)	8	7	0	2	0	2.15	0.00	0.62	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.92
	Day (0630-1500)	8	7	0	3	0	2.24	0.00	0.96	0.00	
	Evening 1 (1430-1900)	4	7	0	2	0	1.12	0.00	0.32	0.00	

25	Evening 2 (1830-2300)	4	7	0	2	0	1.12	0.00	0.32	0.00	
	Night (2230-0700)	8	7	0	2	0	2.24	0.00	0.64	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.96
	Day (0630-1500)	8	7	0	2	0	2.33	0.00	0.67	0.00	
	Evening 1 (1430-1900)	4	7	0	2	0	1.17	0.00	0.33	0.00	
24	Evening 2 (1830-2300)	4	7	0	2	0	1.17	0.00	0.33	0.00	
	Night (2230-0700)	8	7	0	2	0	2.33	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
	Day (0630-1500)	8	7	0	2	0	2.43	0.00	0.70	0.00	
	Evening 1 (1430-1900)	4	6	0	2	0	1.04	0.00	0.35	0.00	
23	Evening 2 (1830-2300)	4	6	0	2	0	1.04	0.00	0.35	0.00	
	Night (2230-0700)	8	6	0	2	0	2.09	0.00	0.70	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.70
	Day (0630-1500)	8	6	0	2	0	2.18	0.00	0.73	0.00	
	Evening 1 (1430-1900)	4	6	0	2	0	1.09	0.00	0.36	0.00	
22	Evening 2 (1830-2300)	4	6	0	2	0	1.09	0.00	0.36	0.00	
	Night (2230-0700)	8	6	0	2	0	2.18	0.00	0.73	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.73
	Day (0630-1500)	8	6	0	2	0	2.29	0.00	0.76	0.00	
	Evening 1 (1430-1900)	4	6	0	2	0	1.14	0.00	0.38	0.00	
21	Evening 2 (1830-2300)	4	6	0	2	0	1.14	0.00	0.38	0.00	
	Night (2230-0700)	8	6	0	2	0	2.29	0.00	0.76	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.14
	Day (0630-1500)	8	5	0	2	0	2.00	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	5	0	2	0	1.00	0.00	0.40	0.00	
20	Evening 2 (1830-2300)	4	5	0	2	0	1.00	0.00	0.40	0.00	
	Night (2230-0700)	8	5	0	2	0	2.00	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.40
	Day (0630-1500)	8	5	0	2	0	2.11	0.00	0.84	0.00	
	Evening 1 (1430-1900)	4	5	0	1	0	1.05	0.00	0.21	0.00	
19	Evening 2 (1830-2300)	4	5	0	1	0	1.05	0.00	0.21	0.00	
	Night (2230-0700)	8	5	0	1	0	2.11	0.00	0.42	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	5	0	1	0	2.22	0.00	0.44	0.00	
	Evening 1 (1430-1900)	4	5	0	1	0	1.11	0.00	0.22	0.00	
18	Evening 2 (1830-2300)	4	5	0	1	0	1.11	0.00	0.22	0.00	
	Night (2230-0700)	8	5	0	1	0	2.22	0.00	0.44	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	5	0	1	0	2.35	0.00	0.47	0.00	
	Evening 1 (1430-1900)	4	5	0	1	0	1.18	0.00	0.24	0.00	
17	Evening 2 (1830-2300)	4	5	0	1	0	1.18	0.00	0.24	0.00	
	Night (2230-0700)	8	5	0	1	0	2.35	0.00	0.47	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.47
	Day (0630-1500)	8	5	0	1	0	2.50	0.00	0.50	0.00	
	Evening 1 (1430-1900)	4	4	0	1	0	1.00	0.00	0.25	0.00	
16	Evening 2 (1830-2300)	4	4	0	1	0	1.00	0.00	0.25	0.00	
	Night (2230-0700)	8	4	0	1	0	2.00	0.00	0.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	5	0	1	0	2.67	0.00	0.53	0.00	
	Evening 1 (1430-1900)	4	4	0	1	0	1.07	0.00	0.27	0.00	
15	Evening 2 (1830-2300)	4	4	0	1	0	1.07	0.00	0.27	0.00	
	Night (2230-0700)	8	4	0	1	0	2.13	0.00	0.53	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.53
	Day (0630-1500)	8	4	0	1	0	2.29	0.00	0.57	0.00	
	Evening 1 (1430-1900)	4	4	0	1	0	1.14	0.00	0.29	0.00	
14	Evening 2 (1830-2300)	4	4	0	1	0	1.14	0.00	0.29	0.00	
	Night (2230-0700)	8	4	0	1	0	2.29	0.00	0.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.57
	Day (0630-1500)	8	4	0	1	0	2.46	0.00	0.62	0.00	
	Evening 1 (1430-1900)	4	3	0	1	0	0.92	0.00	0.31	0.00	
13	Evening 2 (1830-2300)	4	3	0	1	0	0.92	0.00	0.31	0.00	
	Night (2230-0700)	8	3	0	1	0	1.85	0.00	0.62	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	3	0	1	0	2.00	0.00	0.67	0.00	
	Evening 1 (1430-1900)	4	3	0	1	0	1.00	0.00	0.33	0.00	
12	Evening 2 (1830-2300)	4	3	0	1	0	1.00	0.00	0.33	0.00	
	Night (2230-0700)	8	3	0	1	0	2.00	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator- 8hr shifts	0630-1500	1430-2300		x
Charge Nurse- 12hr shifts	0630-1900		1830-0700	x
NT- variable shifts	0630-1500	1430-2300	2230-0700	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:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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:	**6A: Med-Surg**		
Unit/ Clinic Type:	**Med-Surg**		
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**		
Average Daily Census (2023):	**33.7**	**Maximum # of Beds:**	**34**
Effective as of:	**12/1/2023**		

Census

Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
34	Day (0630-1500)	8	5	0	6	0	1.18	0.00	1.41	0.00	
	Evening 1 (1430-1900)	4	5	0	6	0	0.59	0.00	0.71	0.00	
	Evening 2 (1830-2300)	4	5	0	6	0	0.59	0.00	0.71	0.00	
	Night (2230-0700)	8	5	0	5	0	1.18	0.00	1.18	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.53
33	Day (0630-1500)	8	5	0	6	0	1.21	0.00	1.45	0.00	
	Evening 1 (1430-1900)	4	5	0	5	0	0.61	0.00	0.61	0.00	
	Evening 2 (1830-2300)	4	5	0	5	0	0.61	0.00	0.61	0.00	
	Night (2230-0700)	8	5	0	5	0	1.21	0.00	1.21	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.52
32	Day (0630-1500)	8	5	0	6	0	1.25	0.00	1.50	0.00	
	Evening 1 (1430-1900)	4	5	0	5	0	0.63	0.00	0.63	0.00	
	Evening 2 (1830-2300)	4	5	0	5	0	0.63	0.00	0.63	0.00	
	Night (2230-0700)	8	5	0	4	0	1.25	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.50
31	Day (0630-1500)	8	5	0	6	0	1.29	0.00	1.55	0.00	
	Evening 1 (1430-1900)	4	5	0	5	0	0.65	0.00	0.65	0.00	
	Evening 2 (1830-2300)	4	5	0	5	0	0.65	0.00	0.65	0.00	
	Night (2230-0700)	8	4	0	4	0	1.03	0.00	1.03	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.48
30	Day (0630-1500)	8	4	0	6	0	1.07	0.00	1.60	0.00	
	Evening 1 (1430-1900)	4	4	0	5	0	0.53	0.00	0.67	0.00	
	Evening 2 (1830-2300)	4	4	0	5	0	0.53	0.00	0.67	0.00	
	Night (2230-0700)	8	4	0	4	0	1.07	0.00	1.07	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20
29	Day (0630-1500)	8	4	0	6	0	1.10	0.00	1.66	0.00	
	Evening 1 (1430-1900)	4	4	0	5	0	0.55	0.00	0.69	0.00	
	Evening 2 (1830-2300)	4	4	0	5	0	0.55	0.00	0.69	0.00	
	Night (2230-0700)	8	4	0	4	0	1.10	0.00	1.10	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.45
28	Day (0630-1500)	8	4	0	5	0	1.14	0.00	1.43	0.00	
	Evening 1 (1430-1900)	4	4	0	5	0	0.57	0.00	0.71	0.00	
	Evening 2 (1830-2300)	4	4	0	5	0	0.57	0.00	0.71	0.00	
	Night (2230-0700)	8	4	0	4	0	1.14	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.43
27	Day (0630-1500)	8	3	0	4	0	0.89	0.00	1.19	0.00	
	Evening 1 (1430-1900)	4	3	0	4	0	0.44	0.00	0.59	0.00	
	Evening 2 (1830-2300)	4	3	0	4	0	0.44	0.00	0.59	0.00	
	Night (2230-0700)	8	3	0	3	0	0.89	0.00	0.89	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.93
26	Day (0630-1500)	8	3	0	4	0	0.92	0.00	1.23	0.00	
	Evening 1 (1430-1900)	4	3	0	4	0	0.46	0.00	0.62	0.00	
	Evening 2 (1830-2300)	4	3	0	4	0	0.46	0.00	0.62	0.00	
	Night (2230-0700)	8	3	0	3	0	0.92	0.00	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.15
25	Day (0630-1500)	8	3	0	4	0	0.96	0.00	1.28	0.00	
	Evening 1 (1430-1900)	4	3	0	4	0	0.48	0.00	0.64	0.00	
	Evening 2 (1830-2300)	4	3	0	4	0	0.48	0.00	0.64	0.00	
	Night (2230-0700)	8	3	0	3	0	0.96	0.00	0.96	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.40
	Day (0630-1500)	8	3	0	3	0	1.00	0.00	1.00	0.00	
	Evening 1 (1430-1900)	4	3	0	3	0	0.50	0.00	0.50	0.00	

24	Evening 2 (1830-2300)	4	3	0	3	0	0.50	0.00	0.50	0.00	
	Night (2230-0700)	8	3	0	3	0	1.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.00
	Day (0630-1500)	8	3	0	3	0	1.04	0.00	1.04	0.00	
	Evening 1 (1430-1900)	4	3	0	3	0	0.52	0.00	0.52	0.00	
23	Evening 2 (1830-2300)	4	3	0	3	0	0.52	0.00	0.52	0.00	
	Night (2230-0700)	8	3	0	3	0	1.04	0.00	1.04	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.26
	Day (0630-1500)	8	2	0	3	0	0.73	0.00	1.09	0.00	
	Evening 1 (1430-1900)	4	2	0	3	0	0.36	0.00	0.55	0.00	
22	Evening 2 (1830-2300)	4	2	0	3	0	0.36	0.00	0.55	0.00	
	Night (2230-0700)	8	2	0	3	0	0.73	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.45
	Day (0630-1500)	8	2	0	3	0	0.76	0.00	1.14	0.00	
	Evening 1 (1430-1900)	4	2	0	3	0	0.38	0.00	0.57	0.00	
21	Evening 2 (1830-2300)	4	2	0	3	0	0.38	0.00	0.57	0.00	
	Night (2230-0700)	8	2	0	3	0	0.76	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.71
	Day (0630-1500)	8	2	0	3	0	0.80	0.00	1.20	0.00	
	Evening 1 (1430-1900)	4	2	0	3	0	0.40	0.00	0.60	0.00	
20	Evening 2 (1830-2300)	4	2	0	3	0	0.40	0.00	0.60	0.00	
	Night (2230-0700)	8	2	0	3	0	0.80	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.00
	Day (0630-1500)	8	2	0	3	0	0.84	0.00	1.26	0.00	
	Evening 1 (1430-1900)	4	2	0	3	0	0.42	0.00	0.63	0.00	
19	Evening 2 (1830-2300)	4	2	0	3	0	0.42	0.00	0.63	0.00	
	Night (2230-0700)	8	2	0	3	0	0.84	0.00	1.26	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.32
	Day (0630-1500)	8	2	0	3	0	0.89	0.00	1.33	0.00	
	Evening 1 (1430-1900)	4	2	0	3	0	0.44	0.00	0.67	0.00	
18	Evening 2 (1830-2300)	4	2	0	3	0	0.44	0.00	0.67	0.00	
	Night (2230-0700)	8	2	0	3	0	0.89	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.67
	Day (0630-1500)	8	2	0	3	0	0.94	0.00	1.41	0.00	
	Evening 1 (1430-1900)	4	2	0	3	0	0.47	0.00	0.71	0.00	
17	Evening 2 (1830-2300)	4	2	0	3	0	0.47	0.00	0.71	0.00	
	Night (2230-0700)	8	2	0	2	0	0.94	0.00	0.94	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.59
	Day (0630-1500)	8	2	0	3	0	1.00	0.00	1.50	0.00	
	Evening 1 (1430-1900)	4	2	0	3	0	0.50	0.00	0.75	0.00	
16	Evening 2 (1830-2300)	4	2	0	3	0	0.50	0.00	0.75	0.00	
	Night (2230-0700)	8	2	0	2	0	1.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.00
	Day (0630-1500)	8	2	0	3	0	1.07	0.00	1.60	0.00	
	Evening 1 (1430-1900)	4	2	0	3	0	0.53	0.00	0.80	0.00	
15	Evening 2 (1830-2300)	4	2	0	3	0	0.53	0.00	0.80	0.00	
	Night (2230-0700)	8	2	0	2	0	1.07	0.00	1.07	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.47
	Day (0630-1500)	8	2	0	3	0	1.14	0.00	1.71	0.00	
	Evening 1 (1430-1900)	4	2	0	3	0	0.57	0.00	0.86	0.00	
14	Evening 2 (1830-2300)	4	2	0	3	0	0.57	0.00	0.86	0.00	
	Night (2230-0700)	8	2	0	2	0	1.14	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	2	0	2	0	1.23	0.00	1.23	0.00	
	Evening 1 (1430-1900)	4	2	0	2	0	0.62	0.00	0.62	0.00	
13	Evening 2 (1830-2300)	4	2	0	2	0	0.62	0.00	0.62	0.00	
	Night (2230-0700)	8	2	0	2	0	1.23	0.00	1.23	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.38
	Day (0630-1500)	8	2	0	2	0	1.33	0.00	1.33	0.00	
	Evening 1 (1430-1900)	4	2	0	2	0	0.67	0.00	0.67	0.00	
12	Evening 2 (1830-2300)	4	2	0	2	0	0.67	0.00	0.67	0.00	
	Night (2230-0700)	8	2	0	2	0	1.33	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator	0630-1500	1430-2300		x
Nurse Techs	x			
Patient Safety Attendant	x	x	x	x
Charge Nurse	0630-1900		1830-0700	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:

LPNs are utilized the same as RNs with Washington State Law limitations.
Need 2 RNs at all times, all others can be LPNs based on patient population.

☐ 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:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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:	**6N: Thoracic & Vascular Care Unit**		
Unit/ Clinic Type:	**IMCU**		
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**		
Average Daily Census (2023):	**30.6**	**Maximum # of Beds:**	**32**
Effective as of:	**12/1/2023**		

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)
	32	Day (0630-1500)	8	11	0	3	0	2.75	0.00	0.75	0.00	
		Evening 1 (1430-1900)	4	11	0	2	0	1.38	0.00	0.25	0.00	
		Evening 2 (1830-2300)	4	11	0	2	0	1.38	0.00	0.25	0.00	
		Night (2230-0700)	8	11	0	1	0	2.75	0.00	0.25	0.00	
			0	0	0	0	0	0.00	0.00	0.00	0.00	9.75
	31	Day (0630-1500)	8	11	0	3	0	2.84	0.00	0.77	0.00	
		Evening 1 (1430-1900)	4	11	0	2	0	1.42	0.00	0.26	0.00	
		Evening 2 (1830-2300)	4	11	0	2	0	1.42	0.00	0.26	0.00	
		Night (2230-0700)	8	11	0	1	0	2.84	0.00	0.26	0.00	
			0	0	0	0	0	0.00	0.00	0.00	0.00	10.06
	30	Day (0630-1500)	8	11	0	3	0	2.93	0.00	0.80	0.00	
		Evening 1 (1430-1900)	4	11	0	2	0	1.47	0.00	0.27	0.00	
		Evening 2 (1830-2300)	4	10	0	2	0	1.33	0.00	0.27	0.00	
		Night (2230-0700)	8	10	0	1	0	2.67	0.00	0.27	0.00	
			0	0	0	0	0	0.00	0.00	0.00	0.00	10.00
	29	Day (0630-1500)	8	10	0	3	0	2.76	0.00	0.83	0.00	
		Evening 1 (1430-1900)	4	10	0	2	0	1.38	0.00	0.28	0.00	
		Evening 2 (1830-2300)	4	10	0	2	0	1.38	0.00	0.28	0.00	
		Night (2230-0700)	8	10	0	1	0	2.76	0.00	0.28	0.00	
			0	0	0	0	0	0.00	0.00	0.00	0.00	9.93
	28	Day (0630-1500)	8	10	0	3	0	2.86	0.00	0.86	0.00	
		Evening 1 (1430-1900)	4	10	0	2	0	1.43	0.00	0.29	0.00	
		Evening 2 (1830-2300)	4	10	0	2	0	1.43	0.00	0.29	0.00	
		Night (2230-0700)	8	10	0	1	0	2.86	0.00	0.29	0.00	
			0	0	0	0	0	0.00	0.00	0.00	0.00	10.29
	27	Day (0630-1500)	8	9	0	3	0	2.67	0.00	0.89	0.00	
		Evening 1 (1430-1900)	4	9	0	2	0	1.33	0.00	0.30	0.00	
		Evening 2 (1830-2300)	4	9	0	2	0	1.33	0.00	0.30	0.00	
		Night (2230-0700)	8	9	0	1	0	2.67	0.00	0.30	0.00	
			0	0	0	0	0	0.00	0.00	0.00	0.00	9.78
	26	Day (0630-1500)	8	9	0	3	0	2.77	0.00	0.92	0.00	
		Evening 1 (1430-1900)	4	9	0	2	0	1.38	0.00	0.31	0.00	
		Evening 2 (1830-2300)	4	9	0	2	0	1.38	0.00	0.31	0.00	
		Night (2230-0700)	8	9	0	1	0	2.77	0.00	0.31	0.00	
			0	0	0	0	0	0.00	0.00	0.00	0.00	10.15
	25	Day (0630-1500)	8	9	0	2	0	2.88	0.00	0.64	0.00	
		Evening 1 (1430-1900)	4	9	0	2	0	1.44	0.00	0.32	0.00	
		Evening 2 (1830-2300)	4	9	0	2	0	1.44	0.00	0.32	0.00	
		Night (2230-0700)	8	9	0	1	0	2.88	0.00	0.32	0.00	
			0	0	0	0	0	0.00	0.00	0.00	0.00	10.24
	24	Day (0630-1500)	8	8	0	2	0	2.67	0.00	0.67	0.00	
		Evening 1 (1430-1900)	4	8	0	1	0	1.33	0.00	0.17	0.00	
		Evening 2 (1830-2300)	4	8	0	1	0	1.33	0.00	0.17	0.00	
		Night (2230-0700)	8	8	0	1	0	2.67	0.00	0.33	0.00	
			0	0	0	0	0	0.00	0.00	0.00	0.00	9.33
	23	Day (0630-1500)	8	8	0	2	0	2.78	0.00	0.70	0.00	
		Evening 1 (1430-1900)	4	8	0	1	0	1.39	0.00	0.17	0.00	
		Evening 2 (1830-2300)	4	8	0	1	0	1.39	0.00	0.17	0.00	
		Night (2230-0700)	8	7	0	1	0	2.43	0.00	0.35	0.00	
			0	0	0	0	0	0.00	0.00	0.00	0.00	9.39
		Day (0630-1500)	8	8	0	2	0	2.91	0.00	0.73	0.00	
		Evening 1 (1430-1900)	4	8	0	1	0	1.45	0.00	0.18	0.00	

22	Evening 2 (1830-2300)	4	8	0	1	0	1.45	0.00	0.18	0.00	
	Night (2230-0700)	8	7	0	1	0	2.55	0.00	0.36	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.82
	Day (0630-1500)	8	7	0	1	0	2.67	0.00	0.38	0.00	
	Evening 1 (1430-1900)	4	7	0	1	0	1.33	0.00	0.19	0.00	
21	Evening 2 (1830-2300)	4	7	0	1	0	1.33	0.00	0.19	0.00	
	Night (2230-0700)	8	7	0	1	0	2.67	0.00	0.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.14
	Day (0630-1500)	8	7	0	1	0	2.80	0.00	0.40	0.00	
	Evening 1 (1430-1900)	4	7	0	1	0	1.40	0.00	0.20	0.00	
20	Evening 2 (1830-2300)	4	7	0	1	0	1.40	0.00	0.20	0.00	
	Night (2230-0700)	8	6	0	1	0	2.40	0.00	0.40	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.20
	Day (0630-1500)	8	6	0	1	0	2.53	0.00	0.42	0.00	
	Evening 1 (1430-1900)	4	6	0	1	0	1.26	0.00	0.21	0.00	
19	Evening 2 (1830-2300)	4	6	0	1	0	1.26	0.00	0.21	0.00	
	Night (2230-0700)	8	6	0	1	0	2.53	0.00	0.42	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.84
	Day (0630-1500)	8	6	0	1	0	2.67	0.00	0.44	0.00	
	Evening 1 (1430-1900)	4	6	0	0	0	1.33	0.00	0.00	0.00	
18	Evening 2 (1830-2300)	4	6	0	0	0	1.33	0.00	0.00	0.00	
	Night (2230-0700)	8	6	0	0	0	2.67	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.44
	Day (0630-1500)	8	6	0	0	0	2.82	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	6	0	0	0	1.41	0.00	0.00	0.00	
17	Evening 2 (1830-2300)	4	6	0	0	0	1.41	0.00	0.00	0.00	
	Night (2230-0700)	8	6	0	0	0	2.82	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.47
	Day (0630-1500)	8	6	0	0	0	3.00	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	6	0	0	0	1.50	0.00	0.00	0.00	
16	Evening 2 (1830-2300)	4	6	0	0	0	1.50	0.00	0.00	0.00	
	Night (2230-0700)	8	5	0	0	0	2.50	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.50
	Day (0630-1500)	8	5	0	0	0	2.67	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	5	0	0	0	1.33	0.00	0.00	0.00	
15	Evening 2 (1830-2300)	4	5	0	0	0	1.33	0.00	0.00	0.00	
	Night (2230-0700)	8	5	0	0	0	2.67	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	5	0	0	0	2.86	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	5	0	0	0	1.43	0.00	0.00	0.00	
14	Evening 2 (1830-2300)	4	5	0	0	0	1.43	0.00	0.00	0.00	
	Night (2230-0700)	8	4	0	0	0	2.29	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	4	0	0	0	2.46	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	4	0	0	0	1.23	0.00	0.00	0.00	
13	Evening 2 (1830-2300)	4	4	0	0	0	1.23	0.00	0.00	0.00	
	Night (2230-0700)	8	4	0	0	0	2.46	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.38
	Day (0630-1500)	8	4	0	0	0	2.67	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	4	0	0	0	1.33	0.00	0.00	0.00	
12	Evening 2 (1830-2300)	4	4	0	0	0	1.33	0.00	0.00	0.00	
	Night (2230-0700)	8	4	0	0	0	2.67	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	3	0	0	0	2.18	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	3	0	0	0	1.09	0.00	0.00	0.00	
11	Evening 2 (1830-2300)	4	3	0	0	0	1.09	0.00	0.00	0.00	
	Night (2230-0700)	8	3	0	0	0	2.18	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.55
	Day (0630-1500)	8	3	0	0	0	2.40	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	3	0	0	0	1.20	0.00	0.00	0.00	
10	Evening 2 (1830-2300)	4	3	0	0	0	1.20	0.00	0.00	0.00	
	Night (2230-0700)	8	3	0	0	0	2.40	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator	0630-1500	1430-2300		x
Charge Nurse	0630-1900		1830-0700	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:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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:	**6S: Medical Intensive Care Unit (MICU)**		
Unit/ Clinic Type:	**ICU**		
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**		
Average Daily Census (2023):	**22.6**	**Maximum # of Beds:**	**28**
Effective as of:	**1/29/2024**		

Census

Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
28	Day (0630-1900)	12	15	0	1	0	6.43	0.00	0.43	0.00	
	Night (1830-0700)	12	15	0	1	0	6.43	0.00	0.43	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.71
27	Day (0630-1900)	12	15	0	1	0	6.67	0.00	0.44	0.00	
	Night (1830-0700)	12	15	0	1	0	6.67	0.00	0.44	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.22
26	Day (0630-1900)	12	14	0	1	0	6.46	0.00	0.46	0.00	
	Night (1830-0700)	12	14	0	1	0	6.46	0.00	0.46	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.85
25	Day (0630-1900)	12	14	0	1	0	6.72	0.00	0.48	0.00	
	Night (1830-0700)	12	14	0	1	0	6.72	0.00	0.48	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
24	Day (0630-1900)	12	13	0	1	0	6.50	0.00	0.50	0.00	
	Night (1830-0700)	12	13	0	1	0	6.50	0.00	0.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.00
23	Day (0630-1900)	12	13	0	1	0	6.78	0.00	0.52	0.00	
	Night (1830-0700)	12	13	0	1	0	6.78	0.00	0.52	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.61
22	Day (0630-1900)	12	12	0	1	0	6.55	0.00	0.55	0.00	
	Night (1830-0700)	12	12	0	1	0	6.55	0.00	0.55	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.18
21	Day (0630-1900)	12	12	0	1	0	6.86	0.00	0.57	0.00	
	Night (1830-0700)	12	12	0	1	0	6.86	0.00	0.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.86
20	Day (0630-1900)	12	11	0	1	0	6.60	0.00	0.60	0.00	
	Night (1830-0700)	12	11	0	1	0	6.60	0.00	0.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
19	Day (0630-1900)	12	11	0	1	0	6.95	0.00	0.63	0.00	
	Night (1830-0700)	12	11	0	1	0	6.95	0.00	0.63	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.16
18	Day (0630-1900)	12	10	0	1	0	6.67	0.00	0.67	0.00	
	Night (1830-0700)	12	10	0	1	0	6.67	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.67
17	Day (0630-1900)	12	10	0	1	0	7.06	0.00	0.71	0.00	
	Night (1830-0700)	12	10	0	1	0	7.06	0.00	0.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.53
16	Day (0630-1900)	12	9	0	1	0	6.75	0.00	0.75	0.00	
	Night (1830-0700)	12	9	0	1	0	6.75	0.00	0.75	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.00
15	Day (0630-1900)	12	9	0	1	0	7.20	0.00	0.80	0.00	
	Night (1830-0700)	12	9	0	1	0	7.20	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00
14	Day (0630-1900)	12	8	0	1	0	6.86	0.00	0.86	0.00	
	Night (1830-0700)	12	8	0	1	0	6.86	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.43
13	Day (0630-1900)	12	8	0	1	0	7.38	0.00	0.92	0.00	
	Night (1830-0700)	12	8	0	1	0	7.38	0.00	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.62
12	Day (0630-1900)	12	7	0	1	0	7.00	0.00	1.00	0.00	
	Night (1830-0700)	12	7	0	1	0	7.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00
	Day (0630-1900)	12	7	0	1	0	7.64	0.00	1.09	0.00	

11	Night (1830-0700)	12	7	0	1	0	7.64	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	17.45
10	Day (0630-1900)	12	6	0	1	0	7.20	0.00	1.20	0.00	
	Night (1830-0700)	12	6	0	1	0	7.20	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.80
9	Day (0630-1900)	12	6	0	1	0	8.00	0.00	1.33	0.00	
	Night (1830-0700)	12	6	0	1	0	8.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	18.67
8	Day (0630-1900)	12	5	0	0	0	7.50	0.00	0.00	0.00	
	Night (1830-0700)	12	5	0	0	0	7.50	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.00
7	Day (0630-1900)	12	5	0	0	0	7.50	0.00	0.00	0.00	
	Night (1830-0700)	12	5	0	0	0	7.50	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.00
6	Day (0630-1900)	12	4	0	0	0	6.00	0.00	0.00	0.00	
	Night (1830-0700)	12	4	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.00
5	Day (0630-1900)	12	4	0	0	0	6.00	0.00	0.00	0.00	
	Night (1830-0700)	12	4	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.00

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator-12 hours	0700-1930	x	x	x
Charge Nurse- 12 hours shift	0630-1900	x	1830-0630	x
Break Nurse- 8 hour shifts	1030-1900	x	2230-0700	x
Assistant Nurse Managers	x	x		x
Resource Nurse	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:

This is an ICU we also utilize a Resource RN that is part of our RN matrix.

☐ Skill mix

Description:

☐ Level of experience of nursing and patient care staff

Description:

☑ Need for specialized or intensive equipment

Description:

specialized equipment is utilized in the MICU ie: SLED

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

Description:

☑ Other

Description:

Due to the variable level of higher acuity patients and the neccessity for nurse's to have 1:1 (and sometimes 2:1) nurse to patient rations due to specialty equipment and/or acuity of patient, we need to consider this in determining our matrices.

Charge Nurses: This role is a mandatory minimum staffing requirement.

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:	**7A: General Medical Unit**		
Unit/ Clinic Type:	**Med-Surg**		
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**		
Average Daily Census (YTD 2024):	**25.6**	**Maximum # of Beds:**	**30**
Effective as of:	**3/18/2024**		

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)
30	Day (0630-1500)	8	5	0	5	0	1.33	0.00	1.33	0.00	
	Evening 1 (1430-1900)	4	5	0	5	0	0.67	0.00	0.67	0.00	
	Evening 2 (1830-2300)	4	5	0	5	0	0.67	0.00	0.67	0.00	
	Night (2230-0700)	8	5	0	5	0	1.33	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
29	Day (0630-1500)	8	5	0	5	0	1.38	0.00	1.38	0.00	
	Evening 1 (1430-1900)	4	5	0	5	0	0.69	0.00	0.69	0.00	
	Evening 2 (1830-2300)	4	5	0	5	0	0.69	0.00	0.69	0.00	
	Night (2230-0700)	8	4	0	5	0	1.10	0.00	1.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
28	Day (0630-1500)	8	4	0	5	0	1.14	0.00	1.43	0.00	
	Evening 1 (1430-1900)	4	4	0	5	0	0.57	0.00	0.71	0.00	
	Evening 2 (1830-2300)	4	4	0	5	0	0.57	0.00	0.71	0.00	
	Night (2230-0700)	8	4	0	5	0	1.14	0.00	1.43	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.71
27	Day (0630-1500)	8	4	0	5	0	1.19	0.00	1.48	0.00	
	Evening 1 (1430-1900)	4	4	0	5	0	0.59	0.00	0.74	0.00	
	Evening 2 (1830-2300)	4	4	0	5	0	0.59	0.00	0.74	0.00	
	Night (2230-0700)	8	4	0	5	0	1.19	0.00	1.48	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
26	Day (0630-1500)	8	4	0	5	0	1.23	0.00	1.54	0.00	
	Evening 1 (1430-1900)	4	4	0	5	0	0.62	0.00	0.77	0.00	
	Evening 2 (1830-2300)	4	4	0	5	0	0.62	0.00	0.77	0.00	
	Night (2230-0700)	8	4	0	4	0	1.23	0.00	1.23	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
25	Day (0630-1500)	8	4	0	4	0	1.28	0.00	1.28	0.00	
	Evening 1 (1430-1900)	4	4	0	4	0	0.64	0.00	0.64	0.00	
	Evening 2 (1830-2300)	4	4	0	4	0	0.64	0.00	0.64	0.00	
	Night (2230-0700)	8	4	0	4	0	1.28	0.00	1.28	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.68
24	Day (0630-1500)	8	4	0	4	0	1.33	0.00	1.33	0.00	
	Evening 1 (1430-1900)	4	4	0	4	0	0.67	0.00	0.67	0.00	
	Evening 2 (1830-2300)	4	4	0	4	0	0.67	0.00	0.67	0.00	
	Night (2230-0700)	8	3	0	4	0	1.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.67
23	Day (0630-1500)	8	4	0	4	0	1.39	0.00	1.39	0.00	
	Evening 1 (1430-1900)	4	4	0	4	0	0.70	0.00	0.70	0.00	
	Evening 2 (1830-2300)	4	3	0	4	0	0.52	0.00	0.70	0.00	
	Night (2230-0700)	8	3	0	4	0	1.04	0.00	1.39	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.83
22	Day (0630-1500)	8	3	0	4	0	1.09	0.00	1.45	0.00	
	Evening 1 (1430-1900)	4	3	0	4	0	0.55	0.00	0.73	0.00	
	Evening 2 (1830-2300)	4	3	0	4	0	0.55	0.00	0.73	0.00	
	Night (2230-0700)	8	3	0	4	0	1.09	0.00	1.45	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.64
21	Day (0630-1500)	8	3	0	4	0	1.14	0.00	1.52	0.00	
	Evening 1 (1430-1900)	4	3	0	4	0	0.57	0.00	0.76	0.00	
	Evening 2 (1830-2300)	4	3	0	4	0	0.57	0.00	0.76	0.00	
	Night (2230-0700)	8	3	0	3	0	1.14	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.62
	Day (0630-1500)	8	3	0	3	0	1.20	0.00	1.20	0.00	
	Evening 1 (1430-1900)	4	3	0	3	0	0.60	0.00	0.60	0.00	

20	Evening 2 (1830-2300)	4	3	0	3	0	0.60	0.00	0.60	0.00	
	Night (2230-0700)	8	3	0	3	0	1.20	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20
	Day (0630-1500)	8	3	0	3	0	1.26	0.00	1.26	0.00	
	Evening 1 (1430-1900)	4	3	0	3	0	0.63	0.00	0.63	0.00	
19	Evening 2 (1830-2300)	4	3	0	3	0	0.63	0.00	0.63	0.00	
	Night (2230-0700)	8	3	0	2	0	1.26	0.00	0.84	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.16
	Day (0630-1500)	8	3	0	3	0	1.33	0.00	1.33	0.00	
	Evening 1 (1430-1900)	4	3	0	2	0	0.67	0.00	0.44	0.00	
18	Evening 2 (1830-2300)	4	3	0	3	0	0.67	0.00	0.67	0.00	
	Night (2230-0700)	8	3	0	2	0	1.33	0.00	0.89	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.33
	Day (0630-1500)	8	2	0	3	0	0.94	0.00	1.41	0.00	
	Evening 1 (1430-1900)	4	2	0	3	0	0.47	0.00	0.71	0.00	
17	Evening 2 (1830-2300)	4	2	0	3	0	0.47	0.00	0.71	0.00	
	Night (2230-0700)	8	2	0	3	0	0.94	0.00	1.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.06
	Day (0630-1500)	8	2	0	3	0	1.00	0.00	1.50	0.00	
	Evening 1 (1430-1900)	4	2	0	3	0	0.50	0.00	0.75	0.00	
16	Evening 2 (1830-2300)	4	2	0	3	0	0.50	0.00	0.75	0.00	
	Night (2230-0700)	8	2	0	3	0	1.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.50
	Day (0630-1500)	8	2	0	3	0	1.07	0.00	1.60	0.00	
	Evening 1 (1430-1900)	4	2	0	3	0	0.53	0.00	0.80	0.00	
15	Evening 2 (1830-2300)	4	2	0	3	0	0.53	0.00	0.80	0.00	
	Night (2230-0700)	8	2	0	2	0	1.07	0.00	1.07	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.47
	Day (0630-1500)	8	2	0	2	0	1.14	0.00	1.14	0.00	
	Evening 1 (1430-1900)	4	2	0	2	0	0.57	0.00	0.57	0.00	
14	Evening 2 (1830-2300)	4	2	0	2	0	0.57	0.00	0.57	0.00	
	Night (2230-0700)	8	2	0	2	0	1.14	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.86
	Day (0630-1500)	8	2	0	2	0	1.23	0.00	1.23	0.00	
	Evening 1 (1430-1900)	4	2	0	2	0	0.62	0.00	0.62	0.00	
13	Evening 2 (1830-2300)	4	2	0	2	0	0.62	0.00	0.62	0.00	
	Night (2230-0700)	8	2	0	2	0	1.23	0.00	1.23	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.38
	Day (0630-1500)	8	2	0	2	0	1.33	0.00	1.33	0.00	
	Evening 1 (1430-1900)	4	2	0	2	0	0.67	0.00	0.67	0.00	
12	Evening 2 (1830-2300)	4	2	0	2	0	0.67	0.00	0.67	0.00	
	Night (2230-0700)	8	2	0	1	0	1.33	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.33
	Day (0630-1500)	8	2	0	1	0	1.45	0.00	0.73	0.00	
	Evening 1 (1430-1900)	4	2	0	1	0	0.73	0.00	0.36	0.00	
11	Evening 2 (1830-2300)	4	2	0	1	0	0.73	0.00	0.36	0.00	
	Night (2230-0700)	8	2	0	1	0	1.45	0.00	0.73	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.55
	Day (0630-1500)	8	2	0	1	0	1.60	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	2	0	1	0	0.80	0.00	0.40	0.00	
10	Evening 2 (1830-2300)	4	2	0	1	0	0.80	0.00	0.40	0.00	
	Night (2230-0700)	8	2	0	1	0	1.60	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator	1000-1500 (10hr shifts)	1430-2030	n/a	1000-2030
Charge Nurse	0630-1900	x	1830-0700	24hr coverage
Case Manager	x			x
Nurse Manager	Variable	Variable	Variable	Variable
Assistant Nurse Manager -1	Variable	Variable	Variable	Variable
Assistant Nurse Manager - 2	Variable	Variable	Variable	Variable
Nurse Tech	x	x		
Sitter/PSA	x	x	x	x
IV Therapy	x	x		
Chaplain	x	x	x	x
ASAP nurse	x	x	x	x
Break Nurse	x	x	x	x

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

Description:

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

Description:

- Nurse Tech is scheduled to unit but hours fluctuate depends on date
- Sitter/PSA is provided as needed

☐ Skill mix

Description:

7A has both RNs and LPNS but there are not fixed numbers of RNs and LPNs per census. Numbers of RNs vs LPNs fluctuate depending on who are scheduled to work that date. For example, with census of 30, we can have either 3 RNs and 2 LPNs or 4 RNs and 1 LPNs. For the purpose of consistency on the template, we utilized the column "Min # of RNs" for the total number of nurses.

☐ 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:

Utilizing the ADC YTD in 2024 as the unit was closed for 3 months and did not have the same acuity of patients when the previous unit closed.

Charge Nurses: This role is a mandatory minimum staffing requirement.

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:	**7N: Cardiac Telemetry Unit**		
Unit/ Clinic Type:	**IMCU**		
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**		
Average Daily Census (2023):	**30.7**	**Maximum # of Beds:**	**32**
Effective as of:	**3/26/2024**		

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)
32	Day (0630-1500)	8	11	0	3	0	2.75	0.00	0.75	0.00	
	Evening 1 (1430-1900)	4	11	0	2	0	1.38	0.00	0.25	0.00	
	Evening 2 (1830-2300)	4	11	0	2	0	1.38	0.00	0.25	0.00	
	Night (2230-0700)	8	11	0	1	0	2.75	0.00	0.25	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.75
31	Day (0630-1500)	8	11	0	3	0	2.84	0.00	0.77	0.00	
	Evening 1 (1430-1900)	4	11	0	2	0	1.42	0.00	0.26	0.00	
	Evening 2 (1830-2300)	4	11	0	2	0	1.42	0.00	0.26	0.00	
	Night (2230-0700)	8	11	0	1	0	2.84	0.00	0.26	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.06
30	Day (0630-1500)	8	11	0	3	0	2.93	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	11	0	2	0	1.47	0.00	0.27	0.00	
	Evening 2 (1830-2300)	4	10	0	2	0	1.33	0.00	0.27	0.00	
	Night (2230-0700)	8	10	0	1	0	2.67	0.00	0.27	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.00
29	Day (0630-1500)	8	10	0	3	0	2.76	0.00	0.83	0.00	
	Evening 1 (1430-1900)	4	10	0	2	0	1.38	0.00	0.28	0.00	
	Evening 2 (1830-2300)	4	10	0	2	0	1.38	0.00	0.28	0.00	
	Night (2230-0700)	8	10	0	1	0	2.76	0.00	0.28	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.93
28	Day (0630-1500)	8	10	0	3	0	2.86	0.00	0.86	0.00	
	Evening 1 (1430-1900)	4	10	0	2	0	1.43	0.00	0.29	0.00	
	Evening 2 (1830-2300)	4	10	0	2	0	1.43	0.00	0.29	0.00	
	Night (2230-0700)	8	10	0	1	0	2.86	0.00	0.29	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.29
27	Day (0630-1500)	8	9	0	3	0	2.67	0.00	0.89	0.00	
	Evening 1 (1430-1900)	4	9	0	2	0	1.33	0.00	0.30	0.00	
	Evening 2 (1830-2300)	4	9	0	2	0	1.33	0.00	0.30	0.00	
	Night (2230-0700)	8	9	0	1	0	2.67	0.00	0.30	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.78
26	Day (0630-1500)	8	9	0	3	0	2.77	0.00	0.92	0.00	
	Evening 1 (1430-1900)	4	9	0	2	0	1.38	0.00	0.31	0.00	
	Evening 2 (1830-2300)	4	9	0	2	0	1.38	0.00	0.31	0.00	
	Night (2230-0700)	8	9	0	1	0	2.77	0.00	0.31	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.15
25	Day (0630-1500)	8	9	0	2	0	2.88	0.00	0.64	0.00	
	Evening 1 (1430-1900)	4	9	0	2	0	1.44	0.00	0.32	0.00	
	Evening 2 (1830-2300)	4	9	0	2	0	1.44	0.00	0.32	0.00	
	Night (2230-0700)	8	9	0	1	0	2.88	0.00	0.32	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.24
24	Day (0630-1500)	8	8	0	2	0	2.67	0.00	0.67	0.00	
	Evening 1 (1430-1900)	4	8	0	1	0	1.33	0.00	0.17	0.00	
	Evening 2 (1830-2300)	4	8	0	1	0	1.33	0.00	0.17	0.00	
	Night (2230-0700)	8	8	0	1	0	2.67	0.00	0.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.33
23	Day (0630-1500)	8	8	0	2	0	2.78	0.00	0.70	0.00	
	Evening 1 (1430-1900)	4	8	0	1	0	1.39	0.00	0.17	0.00	
	Evening 2 (1830-2300)	4	8	0	1	0	1.39	0.00	0.17	0.00	
	Night (2230-0700)	8	7	0	1	0	2.43	0.00	0.35	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.39
	Day (0630-1500)	8	8	0	2	0	2.91	0.00	0.73	0.00	
	Evening 1 (1430-1900)	4	8	0	1	0	1.45	0.00	0.18	0.00	

22	Evening 2 (1830-2300)	4	8	0	1	0	1.45	0.00	0.18	0.00	
	Night (2230-0700)	8	7	0	1	0	2.55	0.00	0.36	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.82
	Day (0630-1500)	8	7	0	1	0	2.67	0.00	0.38	0.00	
	Evening 1 (1430-1900)	4	7	0	1	0	1.33	0.00	0.19	0.00	
21	Evening 2 (1830-2300)	4	7	0	1	0	1.33	0.00	0.19	0.00	
	Night (2230-0700)	8	7	0	1	0	2.67	0.00	0.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.14
	Day (0630-1500)	8	7	0	1	0	2.80	0.00	0.40	0.00	
	Evening 1 (1430-1900)	4	7	0	1	0	1.40	0.00	0.20	0.00	
20	Evening 2 (1830-2300)	4	7	0	1	0	1.40	0.00	0.20	0.00	
	Night (2230-0700)	8	6	0	1	0	2.40	0.00	0.40	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.20
	Day (0630-1500)	8	6	0	1	0	2.53	0.00	0.42	0.00	
	Evening 1 (1430-1900)	4	6	0	1	0	1.26	0.00	0.21	0.00	
19	Evening 2 (1830-2300)	4	6	0	1	0	1.26	0.00	0.21	0.00	
	Night (2230-0700)	8	6	0	1	0	2.53	0.00	0.42	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.84
	Day (0630-1500)	8	6	0	1	0	2.67	0.00	0.44	0.00	
	Evening 1 (1430-1900)	4	6	0	0	0	1.33	0.00	0.00	0.00	
18	Evening 2 (1830-2300)	4	6	0	0	0	1.33	0.00	0.00	0.00	
	Night (2230-0700)	8	6	0	0	0	2.67	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.44
	Day (0630-1500)	8	6	0	0	0	2.82	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	6	0	0	0	1.41	0.00	0.00	0.00	
17	Evening 2 (1830-2300)	4	6	0	0	0	1.41	0.00	0.00	0.00	
	Night (2230-0700)	8	6	0	0	0	2.82	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.47
	Day (0630-1500)	8	6	0	0	0	3.00	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	6	0	0	0	1.50	0.00	0.00	0.00	
16	Evening 2 (1830-2300)	4	6	0	0	0	1.50	0.00	0.00	0.00	
	Night (2230-0700)	8	5	0	0	0	2.50	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.50
	Day (0630-1500)	8	5	0	0	0	2.67	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	5	0	0	0	1.33	0.00	0.00	0.00	
15	Evening 2 (1830-2300)	4	5	0	0	0	1.33	0.00	0.00	0.00	
	Night (2230-0700)	8	5	0	0	0	2.67	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	5	0	0	0	2.86	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	5	0	0	0	1.43	0.00	0.00	0.00	
14	Evening 2 (1830-2300)	4	5	0	0	0	1.43	0.00	0.00	0.00	
	Night (2230-0700)	8	4	0	0	0	2.29	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	4	0	0	0	2.46	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	4	0	0	0	1.23	0.00	0.00	0.00	
13	Evening 2 (1830-2300)	4	4	0	0	0	1.23	0.00	0.00	0.00	
	Night (2230-0700)	8	4	0	0	0	2.46	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.38
	Day (0630-1500)	8	4	0	0	0	2.67	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	4	0	0	0	1.33	0.00	0.00	0.00	
12	Evening 2 (1830-2300)	4	4	0	0	0	1.33	0.00	0.00	0.00	
	Night (2230-0700)	8	4	0	0	0	2.67	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	3	0	0	0	2.18	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	3	0	0	0	1.09	0.00	0.00	0.00	
11	Evening 2 (1830-2300)	4	3	0	0	0	1.09	0.00	0.00	0.00	
	Night (2230-0700)	8	3	0	0	0	2.18	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.55
	Day (0630-1500)	8	3	0	0	0	2.40	0.00	0.00	0.00	
	Evening 1 (1430-1900)	4	3	0	0	0	1.20	0.00	0.00	0.00	
10	Evening 2 (1830-2300)	4	3	0	0	0	1.20	0.00	0.00	0.00	
	Night (2230-0700)	8	3	0	0	0	2.40	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator	0630-1500	1430-2300		x
Charge Nurse	0630-1900		1830-0700	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:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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:	**7S: Surgical Intensive Care Unit (SICU)**		
Unit/ Clinic Type:	**ICU**		
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**		
Average Daily Census (2023):	**15.4**	**Maximum # of Beds:**	**20**
Effective as of:	**4/9/2024**		

Census

Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
20	Day (0630-1900)	12	11	0	0	0	6.60	0.00	0.00	0.00	
	Night (1830-0700)	12	11	0	0	0	6.60	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.20
19	Day (0630-1900)	12	11	0	0	0	6.95	0.00	0.00	0.00	
	Night (1830-0700)	12	11	0	0	0	6.95	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.89
18	Day (0630-1900)	12	10	0	0	0	6.67	0.00	0.00	0.00	
	Night (1830-0700)	12	10	0	0	0	6.67	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.33
17	Day (0630-1900)	12	10	0	0	0	7.06	0.00	0.00	0.00	
	Night (1830-0700)	12	10	0	0	0	7.06	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.12
16	Day (0630-1900)	12	9	0	0	0	6.75	0.00	0.00	0.00	
	Night (1830-0700)	12	9	0	0	0	6.75	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.50
15	Day (0630-1900)	12	9	0	0	0	7.20	0.00	0.00	0.00	
	Night (1830-0700)	12	9	0	0	0	7.20	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
14	Day (0630-1900)	12	8	0	0	0	6.86	0.00	0.00	0.00	
	Night (1830-0700)	12	8	0	0	0	6.86	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.71
13	Day (0630-1900)	12	8	0	0	0	7.38	0.00	0.00	0.00	
	Night (1830-0700)	12	8	0	0	0	7.38	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.77
12	Day (0630-1900)	12	7	0	0	0	7.00	0.00	0.00	0.00	
	Night (1830-0700)	12	7	0	0	0	7.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.00
11	Day (0630-1900)	12	7	0	0	0	7.64	0.00	0.00	0.00	
	Night (1830-0700)	12	7	0	0	0	7.64	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.27
10	Day (0630-1900)	12	6	0	0	0	7.20	0.00	0.00	0.00	
	Night (1830-0700)	12	6	0	0	0	7.20	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
9	Day (0630-1900)	12	6	0	0	0	8.00	0.00	0.00	0.00	
	Night (1830-0700)	12	6	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00
8	Day (0630-1900)	12	5	0	0	0	7.50	0.00	0.00	0.00	
	Night (1830-0700)	12	5	0	0	0	7.50	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.00
7	Day (0630-1900)	12	5	0	0	0	8.57	0.00	0.00	0.00	
	Night (1830-0700)	12	5	0	0	0	8.57	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	17.14
6	Day (0630-1900)	12	4	0	0	0	8.00	0.00	0.00	0.00	
	Night (1830-0700)	12	4	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00
5	Day (0630-1900)	12	4	0	0	0	9.60	0.00	0.00	0.00	
	Night (1830-0700)	12	4	0	0	0	9.60	0.00	0.00	0.00	
		0	2	0	0	0	0.00	0.00	0.00	0.00	19.20

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator	0700-1930	x	x	x
Charge Nurse- 12 hour shifts	0630-1900	x	1830-0700	x
Assistant Nurse Manager	x	x		x
Resource Nurse	x		x	x
Resource Nurse	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:

This is an ICU we also utilize a Resource RN that is part of our RN matrix.

☐ 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:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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:	**8N: Neuro Telemetry**		
Unit/ Clinic Type:	**Med-Surg**		
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**		
Average Daily Census (2023):	**31.3**	**Maximum # of Beds:**	**32**
Effective as of:	**12/1/2023**		

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)
	Day (0630-1500)	8	9	0	4	0	2.25	0.00	1.00	0.00	
	Evening 1 (1430-1900)	4	9	0	3	0	1.13	0.00	0.38	0.00	
32	Evening 2 (1830-2300)	4	9	0	3	0	1.13	0.00	0.38	0.00	
	Night (2230-0700)	8	9	0	3	0	2.25	0.00	0.75	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.25
	Day (0630-1500)	8	9	0	4	0	2.32	0.00	1.03	0.00	
	Evening 1 (1430-1900)	4	9	0	3	0	1.16	0.00	0.39	0.00	
31	Evening 2 (1830-2300)	4	9	0	3	0	1.16	0.00	0.39	0.00	
	Night (2230-0700)	8	9	0	3	0	2.32	0.00	0.77	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.55
	Day (0630-1500)	8	9	0	3	0	2.40	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	9	0	3	0	1.20	0.00	0.40	0.00	
30	Evening 2 (1830-2300)	4	9	0	3	0	1.20	0.00	0.40	0.00	
	Night (2230-0700)	8	9	0	3	0	2.40	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
	Day (0630-1500)	8	8	0	3	0	2.21	0.00	0.83	0.00	
	Evening 1 (1430-1900)	4	8	0	3	0	1.10	0.00	0.41	0.00	
29	Evening 2 (1830-2300)	4	8	0	3	0	1.10	0.00	0.41	0.00	
	Night (2230-0700)	8	8	0	3	0	2.21	0.00	0.83	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.10
	Day (0630-1500)	8	8	0	3	0	2.29	0.00	0.86	0.00	
	Evening 1 (1430-1900)	4	8	0	3	0	1.14	0.00	0.43	0.00	
28	Evening 2 (1830-2300)	4	8	0	3	0	1.14	0.00	0.43	0.00	
	Night (2230-0700)	8	8	0	3	0	2.29	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.43
	Day (0630-1500)	8	8	0	3	0	2.37	0.00	0.89	0.00	
	Evening 1 (1430-1900)	4	8	0	3	0	1.19	0.00	0.44	0.00	
27	Evening 2 (1830-2300)	4	8	0	3	0	1.19	0.00	0.44	0.00	
	Night (2230-0700)	8	8	0	3	0	2.37	0.00	0.89	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.78
	Day (0630-1500)	8	7	0	3	0	2.15	0.00	0.92	0.00	
	Evening 1 (1430-1900)	4	7	0	3	0	1.08	0.00	0.46	0.00	
26	Evening 2 (1830-2300)	4	7	0	3	0	1.08	0.00	0.46	0.00	
	Night (2230-0700)	8	7	0	3	0	2.15	0.00	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.23
	Day (0630-1500)	8	7	0	3	0	2.24	0.00	0.96	0.00	
	Evening 1 (1430-1900)	4	7	0	2	0	1.12	0.00	0.32	0.00	
25	Evening 2 (1830-2300)	4	7	0	2	0	1.12	0.00	0.32	0.00	
	Night (2230-0700)	8	7	0	2	0	2.24	0.00	0.64	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.96
	Day (0630-1500)	8	7	0	2	0	2.33	0.00	0.67	0.00	
	Evening 1 (1430-1900)	4	7	0	2	0	1.17	0.00	0.33	0.00	
24	Evening 2 (1830-2300)	4	7	0	2	0	1.17	0.00	0.33	0.00	
	Night (2230-0700)	8	7	0	2	0	2.33	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
	Day (0630-1500)	8	6	0	2	0	2.09	0.00	0.70	0.00	
	Evening 1 (1430-1900)	4	6	0	2	0	1.04	0.00	0.35	0.00	
23	Evening 2 (1830-2300)	4	6	0	2	0	1.04	0.00	0.35	0.00	
	Night (2230-0700)	8	6	0	2	0	2.09	0.00	0.70	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.35
	Day (0630-1500)	8	6	0	2	0	2.18	0.00	0.73	0.00	
	Evening 1 (1430-1900)	4	6	0	2	0	1.09	0.00	0.36	0.00	

22	Evening 2 (1830-2300)	4	6	0	2	0	1.09	0.00	0.36	0.00	
	Night (2230-0700)	8	6	0	2	0	2.18	0.00	0.73	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.73
	Day (0630-1500)	8	6	0	2	0	2.29	0.00	0.76	0.00	
	Evening 1 (1430-1900)	4	6	0	2	0	1.14	0.00	0.38	0.00	
21	Evening 2 (1830-2300)	4	6	0	2	0	1.14	0.00	0.38	0.00	
	Night (2230-0700)	8	6	0	2	0	2.29	0.00	0.76	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.14
	Day (0630-1500)	8	5	0	2	0	2.00	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	5	0	2	0	1.00	0.00	0.40	0.00	
20	Evening 2 (1830-2300)	4	5	0	2	0	1.00	0.00	0.40	0.00	
	Night (2230-0700)	8	5	0	1	0	2.00	0.00	0.40	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	5	0	2	0	2.11	0.00	0.84	0.00	
	Evening 1 (1430-1900)	4	5	0	1	0	1.05	0.00	0.21	0.00	
19	Evening 2 (1830-2300)	4	5	0	1	0	1.05	0.00	0.21	0.00	
	Night (2230-0700)	8	5	0	1	0	2.11	0.00	0.42	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	5	0	1	0	2.22	0.00	0.44	0.00	
	Evening 1 (1430-1900)	4	5	0	1	0	1.11	0.00	0.22	0.00	
18	Evening 2 (1830-2300)	4	5	0	1	0	1.11	0.00	0.22	0.00	
	Night (2230-0700)	8	5	0	1	0	2.22	0.00	0.44	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	5	0	1	0	2.35	0.00	0.47	0.00	
	Evening 1 (1430-1900)	4	5	0	1	0	1.18	0.00	0.24	0.00	
17	Evening 2 (1830-2300)	4	5	0	1	0	1.18	0.00	0.24	0.00	
	Night (2230-0700)	8	5	0	1	0	2.35	0.00	0.47	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.47
	Day (0630-1500)	8	4	0	1	0	2.00	0.00	0.50	0.00	
	Evening 1 (1430-1900)	4	4	0	1	0	1.00	0.00	0.25	0.00	
16	Evening 2 (1830-2300)	4	4	0	1	0	1.00	0.00	0.25	0.00	
	Night (2230-0700)	8	4	0	1	0	2.00	0.00	0.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.50
	Day (0630-1500)	8	4	0	1	0	2.13	0.00	0.53	0.00	
	Evening 1 (1430-1900)	4	4	0	1	0	1.07	0.00	0.27	0.00	
15	Evening 2 (1830-2300)	4	4	0	1	0	1.07	0.00	0.27	0.00	
	Night (2230-0700)	8	4	0	1	0	2.13	0.00	0.53	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	4	0	1	0	2.29	0.00	0.57	0.00	
	Evening 1 (1430-1900)	4	4	0	1	0	1.14	0.00	0.29	0.00	
14	Evening 2 (1830-2300)	4	4	0	1	0	1.14	0.00	0.29	0.00	
	Night (2230-0700)	8	4	0	1	0	2.29	0.00	0.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.57
	Day (0630-1500)	8	3	0	1	0	1.85	0.00	0.62	0.00	
	Evening 1 (1430-1900)	4	3	0	1	0	0.92	0.00	0.31	0.00	
13	Evening 2 (1830-2300)	4	3	0	1	0	0.92	0.00	0.31	0.00	
	Night (2230-0700)	8	3	0	1	0	1.85	0.00	0.62	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.38
	Day (0630-1500)	8	3	0	1	0	2.00	0.00	0.67	0.00	
	Evening 1 (1430-1900)	4	3	0	1	0	1.00	0.00	0.33	0.00	
12	Evening 2 (1830-2300)	4	3	0	1	0	1.00	0.00	0.33	0.00	
	Night (2230-0700)	8	3	0	1	0	2.00	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	3	0	1	0	2.18	0.00	0.73	0.00	
	Evening 1 (1430-1900)	4	3	0	1	0	1.09	0.00	0.36	0.00	
11	Evening 2 (1830-2300)	4	3	0	1	0	1.09	0.00	0.36	0.00	
	Night (2230-0700)	8	3	0	0	0	2.18	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	3	0	1	0	2.40	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	3	0	1	0	1.20	0.00	0.40	0.00	
10	Evening 2 (1830-2300)	4	3	0	1	0	1.20	0.00	0.40	0.00	
	Night (2230-0700)	8	3	0	0	0	2.40	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.80

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator	0630-1430	1430-2300		0630-2300
Nurse Techs	x (variable)	x (variable)	x (variable)	x (variable)
Stroke Coordinator	0800-1600			
Charge Nurse	0630-1430	1430-2230	2230-0700	X (24hr coverage)
Break Nurse	0630-1430	1430-2230	2230-0700	X (24hr coverage)
Physical Therapy	X	X		X
Occupatitonal Therapy	X	X		X
Discharge Planner	X	X		X
Wound Care	X	X		X
Rapid Response	0630-1430	1430-2230	2230-0700	X (24hr coverage)
IV Therapy	X	X		X
Chaplain	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:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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:	**8S: Med-Surg Orthopedic**		
Unit/ Clinic Type:	**Med-Surg**		
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**		
Average Daily Census (2023):	**31.0**	**Maximum # of Beds:**	**32**
Effective as of:	**12/1/2023**		

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)
32	Day (0630-1500)	8	9	0	4	0	2.25	0.00	1.00	0.00	
	Evening 1 (1430-1900)	4	9	0	3	0	1.13	0.00	0.38	0.00	
	Evening 2 (1830-2300)	4	9	0	3	0	1.13	0.00	0.38	0.00	
	Night (2230-0700)	8	8	0	3	0	2.00	0.00	0.75	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
31	Day (0630-1500)	8	9	0	4	0	2.32	0.00	1.03	0.00	
	Evening 1 (1430-1900)	4	9	0	3	0	1.16	0.00	0.39	0.00	
	Evening 2 (1830-2300)	4	9	0	3	0	1.16	0.00	0.39	0.00	
	Night (2230-0700)	8	8	0	3	0	2.06	0.00	0.77	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.29
30	Day (0630-1500)	8	8	0	4	0	2.13	0.00	1.07	0.00	
	Evening 1 (1430-1900)	4	8	0	3	0	1.07	0.00	0.40	0.00	
	Evening 2 (1830-2300)	4	8	0	3	0	1.07	0.00	0.40	0.00	
	Night (2230-0700)	8	7	0	3	0	1.87	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.80
29	Day (0630-1500)	8	8	0	4	0	2.21	0.00	1.10	0.00	
	Evening 1 (1430-1900)	4	8	0	3	0	1.10	0.00	0.41	0.00	
	Evening 2 (1830-2300)	4	8	0	3	0	1.10	0.00	0.41	0.00	
	Night (2230-0700)	8	7	0	2	0	1.93	0.00	0.55	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.83
28	Day (0630-1500)	8	8	0	3	0	2.29	0.00	0.86	0.00	
	Evening 1 (1430-1900)	4	7	0	3	0	1.00	0.00	0.43	0.00	
	Evening 2 (1830-2300)	4	7	0	3	0	1.00	0.00	0.43	0.00	
	Night (2230-0700)	8	7	0	2	0	2.00	0.00	0.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.57
27	Day (0630-1500)	8	7	0	3	0	2.07	0.00	0.89	0.00	
	Evening 1 (1430-1900)	4	7	0	3	0	1.04	0.00	0.44	0.00	
	Evening 2 (1830-2300)	4	7	0	3	0	1.04	0.00	0.44	0.00	
	Night (2230-0700)	8	7	0	2	0	2.07	0.00	0.59	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.59
26	Day (0630-1500)	8	7	0	3	0	2.15	0.00	0.92	0.00	
	Evening 1 (1430-1900)	4	7	0	3	0	1.08	0.00	0.46	0.00	
	Evening 2 (1830-2300)	4	7	0	3	0	1.08	0.00	0.46	0.00	
	Night (2230-0700)	8	6	0	2	0	1.85	0.00	0.62	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.62
25	Day (0630-1500)	8	7	0	3	0	2.24	0.00	0.96	0.00	
	Evening 1 (1430-1900)	4	7	0	3	0	1.12	0.00	0.48	0.00	
	Evening 2 (1830-2300)	4	7	0	3	0	1.12	0.00	0.48	0.00	
	Night (2230-0700)	8	5	0	2	0	1.60	0.00	0.64	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.64
24	Day (0630-1500)	8	6	0	3	0	2.00	0.00	1.00	0.00	
	Evening 1 (1430-1900)	4	6	0	3	0	1.00	0.00	0.50	0.00	
	Evening 2 (1830-2300)	4	6	0	3	0	1.00	0.00	0.50	0.00	
	Night (2230-0700)	8	5	0	2	0	1.67	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.33
23	Day (0630-1500)	8	6	0	2	0	2.09	0.00	0.70	0.00	
	Evening 1 (1430-1900)	4	6	0	3	0	1.04	0.00	0.52	0.00	
	Evening 2 (1830-2300)	4	6	0	3	0	1.04	0.00	0.52	0.00	
	Night (2230-0700)	8	5	0	2	0	1.74	0.00	0.70	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.35
	Day (0630-1500)	8	6	0	2	0	2.18	0.00	0.73	0.00	
	Evening 1 (1430-1900)	4	6	0	3	0	1.09	0.00	0.55	0.00	

22	Evening 2 (1830-2300)	4	6	0	3	0	1.09	0.00	0.55	0.00	
	Night (2230-0700)	8	5	0	1	0	1.82	0.00	0.36	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.36
	Day (0630-1500)	8	6	0	2	0	2.29	0.00	0.76	0.00	
	Evening 1 (1430-1900)	4	5	0	3	0	0.95	0.00	0.57	0.00	
21	Evening 2 (1830-2300)	4	5	0	3	0	0.95	0.00	0.57	0.00	
	Night (2230-0700)	8	5	0	1	0	1.90	0.00	0.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.38
	Day (0630-1500)	8	5	0	2	0	2.00	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	5	0	3	0	1.00	0.00	0.60	0.00	
20	Evening 2 (1830-2300)	4	5	0	3	0	1.00	0.00	0.60	0.00	
	Night (2230-0700)	8	4	0	1	0	1.60	0.00	0.40	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	5	0	2	0	2.11	0.00	0.84	0.00	
	Evening 1 (1430-1900)	4	5	0	3	0	1.05	0.00	0.63	0.00	
19	Evening 2 (1830-2300)	4	5	0	3	0	1.05	0.00	0.63	0.00	
	Night (2230-0700)	8	4	0	1	0	1.68	0.00	0.42	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.42
	Day (0630-1500)	8	5	0	2	0	2.22	0.00	0.89	0.00	
	Evening 1 (1430-1900)	4	5	0	2	0	1.11	0.00	0.44	0.00	
18	Evening 2 (1830-2300)	4	5	0	2	0	1.11	0.00	0.44	0.00	
	Night (2230-0700)	8	4	0	1	0	1.78	0.00	0.44	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.44
	Day (0630-1500)	8	4	0	2	0	1.88	0.00	0.94	0.00	
	Evening 1 (1430-1900)	4	4	0	2	0	0.94	0.00	0.47	0.00	
17	Evening 2 (1830-2300)	4	4	0	2	0	0.94	0.00	0.47	0.00	
	Night (2230-0700)	8	4	0	1	0	1.88	0.00	0.47	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	4	0	1	0	2.00	0.00	0.50	0.00	
	Evening 1 (1430-1900)	4	4	0	2	0	1.00	0.00	0.50	0.00	
16	Evening 2 (1830-2300)	4	4	0	2	0	1.00	0.00	0.50	0.00	
	Night (2230-0700)	8	4	0	1	0	2.00	0.00	0.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	4	0	1	0	2.13	0.00	0.53	0.00	
	Evening 1 (1430-1900)	4	4	0	2	0	1.07	0.00	0.53	0.00	
15	Evening 2 (1830-2300)	4	4	0	2	0	1.07	0.00	0.53	0.00	
	Night (2230-0700)	8	3	0	1	0	1.60	0.00	0.53	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	4	0	1	0	2.29	0.00	0.57	0.00	
	Evening 1 (1430-1900)	4	4	0	2	0	1.14	0.00	0.57	0.00	
14	Evening 2 (1830-2300)	4	4	0	2	0	1.14	0.00	0.57	0.00	
	Night (2230-0700)	8	3	0	1	0	1.71	0.00	0.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.57
	Day (0630-1500)	8	4	0	1	0	2.46	0.00	0.62	0.00	
	Evening 1 (1430-1900)	4	4	0	2	0	1.23	0.00	0.62	0.00	
13	Evening 2 (1830-2300)	4	4	0	2	0	1.23	0.00	0.62	0.00	
	Night (2230-0700)	8	3	0	1	0	1.85	0.00	0.62	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.23
	Day (0630-1500)	8	3	0	1	0	2.00	0.00	0.67	0.00	
	Evening 1 (1430-1900)	4	3	0	2	0	1.00	0.00	0.67	0.00	
12	Evening 2 (1830-2300)	4	3	0	2	0	1.00	0.00	0.67	0.00	
	Night (2230-0700)	8	3	0	1	0	2.00	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.67
	Day (0630-1500)	8	3	0	1	0	2.18	0.00	0.73	0.00	
	Evening 1 (1430-1900)	4	3	0	1	0	1.09	0.00	0.36	0.00	
11	Evening 2 (1830-2300)	4	3	0	1	0	1.09	0.00	0.36	0.00	
	Night (2230-0700)	8	2	0	0	0	1.45	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.27
	Day (0630-1500)	8	3	0	1	0	2.40	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	2	0	1	0	0.80	0.00	0.40	0.00	
10	Evening 2 (1830-2300)	4	2	0	1	0	0.80	0.00	0.40	0.00	
	Night (2230-0700)	8	1	0	0	0	0.80	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.40

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator	0630-1430	1430-2300		0630-2300
Nurse Techs	x (variable)	x (variable)	x (variable)	x (variable)
Charge Nurse	0630-1430	1430-2230	2230-0700	X (24hr coverage)
Break Nurse	0630-1430	1430-2230	2230-0700	X (24hr coverage)
Physical Therapy	X	X		X
Occupatitonal Therapy	X	X		X
Discharge Planner	X	X		X
Wound Care	X	X		X
Rapid Response	0630-1430	1430-2230	2230-0700	X (24hr coverage)
IV Therapy	X	X		X
Chaplain	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:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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:	**9N: Medical Oncology**		
Unit/ Clinic Type:	**Med-Surg**		
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**		
Average Daily Census (2023):	**30.8**	**Maximum # of Beds:**	**32**
Effective as of:	**12/11/2023**		

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)
	Day (0630-1500)	8	9	0	3	0	2.25	0.00	0.75	0.00	
	Evening 1 (1430-1900)	4	9	0	3	0	1.13	0.00	0.38	0.00	
32	Evening 2 (1830-2300)	4	9	0	3	0	1.13	0.00	0.38	0.00	
	Night (2230-0700)	8	9	0	3	0	2.25	0.00	0.75	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
	Day (0630-1500)	8	9	0	3	0	2.32	0.00	0.77	0.00	
	Evening 1 (1430-1900)	4	9	0	3	0	1.16	0.00	0.39	0.00	
31	Evening 2 (1830-2300)	4	9	0	3	0	1.16	0.00	0.39	0.00	
	Night (2230-0700)	8	9	0	3	0	2.32	0.00	0.77	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.29
	Day (0630-1500)	8	9	0	3	0	2.40	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	9	0	2	0	1.20	0.00	0.27	0.00	
30	Evening 2 (1830-2300)	4	9	0	2	0	1.20	0.00	0.27	0.00	
	Night (2230-0700)	8	9	0	2	0	2.40	0.00	0.53	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.07
	Day (0630-1500)	8	8	0	3	0	2.21	0.00	0.83	0.00	
	Evening 1 (1430-1900)	4	8	0	2	0	1.10	0.00	0.28	0.00	
29	Evening 2 (1830-2300)	4	8	0	2	0	1.10	0.00	0.28	0.00	
	Night (2230-0700)	8	8	0	2	0	2.21	0.00	0.55	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.55
	Day (0630-1500)	8	8	0	3	0	2.29	0.00	0.86	0.00	
	Evening 1 (1430-1900)	4	8	0	2	0	1.14	0.00	0.29	0.00	
28	Evening 2 (1830-2300)	4	8	0	2	0	1.14	0.00	0.29	0.00	
	Night (2230-0700)	8	8	0	2	0	2.29	0.00	0.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.86
	Day (0630-1500)	8	7	0	3	0	2.07	0.00	0.89	0.00	
	Evening 1 (1430-1900)	4	7	0	2	0	1.04	0.00	0.30	0.00	
27	Evening 2 (1830-2300)	4	7	0	2	0	1.04	0.00	0.30	0.00	
	Night (2230-0700)	8	7	0	2	0	2.07	0.00	0.59	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.30
	Day (0630-1500)	8	7	0	2	0	2.15	0.00	0.62	0.00	
	Evening 1 (1430-1900)	4	7	0	2	0	1.08	0.00	0.31	0.00	
26	Evening 2 (1830-2300)	4	7	0	2	0	1.08	0.00	0.31	0.00	
	Night (2230-0700)	8	7	0	2	0	2.15	0.00	0.62	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.31
	Day (0630-1500)	8	7	0	2	0	2.24	0.00	0.64	0.00	
	Evening 1 (1430-1900)	4	7	0	2	0	1.12	0.00	0.32	0.00	
25	Evening 2 (1830-2300)	4	7	0	2	0	1.12	0.00	0.32	0.00	
	Night (2230-0700)	8	7	0	1	0	2.24	0.00	0.32	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.32
	Day (0630-1500)	8	7	0	2	0	2.33	0.00	0.67	0.00	
	Evening 1 (1430-1900)	4	7	0	2	0	1.17	0.00	0.33	0.00	
24	Evening 2 (1830-2300)	4	7	0	2	0	1.17	0.00	0.33	0.00	
	Night (2230-0700)	8	6	0	1	0	2.00	0.00	0.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.33
	Day (0630-1500)	8	6	0	2	0	2.09	0.00	0.70	0.00	
	Evening 1 (1430-1900)	4	6	0	2	0	1.04	0.00	0.35	0.00	
23	Evening 2 (1830-2300)	4	6	0	2	0	1.04	0.00	0.35	0.00	
	Night (2230-0700)	8	6	0	1	0	2.09	0.00	0.35	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	6	0	2	0	2.18	0.00	0.73	0.00	
	Evening 1 (1430-1900)	4	6	0	2	0	1.09	0.00	0.36	0.00	

22	Evening 2 (1830-2300)	4	6	0	2	0	1.09	0.00	0.36	0.00	
	Night (2230-0700)	8	5	0	1	0	1.82	0.00	0.36	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	6	0	2	0	2.29	0.00	0.76	0.00	
	Evening 1 (1430-1900)	4	6	0	2	0	1.14	0.00	0.38	0.00	
21	Evening 2 (1830-2300)	4	6	0	2	0	1.14	0.00	0.38	0.00	
	Night (2230-0700)	8	5	0	1	0	1.90	0.00	0.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.38
	Day (0630-1500)	8	6	0	2	0	2.40	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	6	0	1	0	1.20	0.00	0.20	0.00	
20	Evening 2 (1830-2300)	4	6	0	1	0	1.20	0.00	0.20	0.00	
	Night (2230-0700)	8	4	0	1	0	1.60	0.00	0.40	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	5	0	2	0	2.11	0.00	0.84	0.00	
	Evening 1 (1430-1900)	4	5	0	1	0	1.05	0.00	0.21	0.00	
19	Evening 2 (1830-2300)	4	5	0	1	0	1.05	0.00	0.21	0.00	
	Night (2230-0700)	8	4	0	1	0	1.68	0.00	0.42	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.58
	Day (0630-1500)	8	5	0	2	0	2.22	0.00	0.89	0.00	
	Evening 1 (1430-1900)	4	5	0	1	0	1.11	0.00	0.22	0.00	
18	Evening 2 (1830-2300)	4	5	0	1	0	1.11	0.00	0.22	0.00	
	Night (2230-0700)	8	4	0	1	0	1.78	0.00	0.44	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	5	0	2	0	2.35	0.00	0.94	0.00	
	Evening 1 (1430-1900)	4	5	0	1	0	1.18	0.00	0.24	0.00	
17	Evening 2 (1830-2300)	4	5	0	1	0	1.18	0.00	0.24	0.00	
	Night (2230-0700)	8	3	0	1	0	1.41	0.00	0.47	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	5	0	2	0	2.50	0.00	1.00	0.00	
	Evening 1 (1430-1900)	4	5	0	1	0	1.25	0.00	0.25	0.00	
16	Evening 2 (1830-2300)	4	5	0	1	0	1.25	0.00	0.25	0.00	
	Night (2230-0700)	8	3	0	0	0	1.50	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	5	0	2	0	2.67	0.00	1.07	0.00	
	Evening 1 (1430-1900)	4	5	0	0	0	1.33	0.00	0.00	0.00	
15	Evening 2 (1830-2300)	4	5	0	0	0	1.33	0.00	0.00	0.00	
	Night (2230-0700)	8	3	0	0	0	1.60	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	5	0	1	0	2.86	0.00	0.57	0.00	
	Evening 1 (1430-1900)	4	5	0	0	0	1.43	0.00	0.00	0.00	
14	Evening 2 (1830-2300)	4	5	0	0	0	1.43	0.00	0.00	0.00	
	Night (2230-0700)	8	3	0	0	0	1.71	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	4	0	1	0	2.46	0.00	0.62	0.00	
	Evening 1 (1430-1900)	4	4	0	0	0	1.23	0.00	0.00	0.00	
13	Evening 2 (1830-2300)	4	4	0	0	0	1.23	0.00	0.00	0.00	
	Night (2230-0700)	8	3	0	0	0	1.85	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.38
	Day (0630-1500)	8	3	0	1	0	2.00	0.00	0.67	0.00	
	Evening 1 (1430-1900)	4	3	0	0	0	1.00	0.00	0.00	0.00	
12	Evening 2 (1830-2300)	4	3	0	0	0	1.00	0.00	0.00	0.00	
	Night (2230-0700)	8	3	0	0	0	2.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.67
	Day (0630-1500)	8	3	0	1	0	2.18	0.00	0.73	0.00	
	Evening 1 (1430-1900)	4	3	0	0	0	1.09	0.00	0.00	0.00	
11	Evening 2 (1830-2300)	4	3	0	0	0	1.09	0.00	0.00	0.00	
	Night (2230-0700)	8	3	0	0	0	2.18	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.27
	Day (0630-1500)	8	2	0	1	0	1.60	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	2	0	0	0	0.80	0.00	0.00	0.00	
10	Evening 2 (1830-2300)	4	2	0	0	0	0.80	0.00	0.00	0.00	
	Night (2230-0700)	8	2	0	0	0	1.60	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.60

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator	0630-1500	1430-2300		x
Nurse Techs- Variable Shifts	0630-1500	1430-2300	2300-0700	x
Charge Nurse	0630-1900		1830-0700	x
Nurse Manager- Variable	x			
Assistant Nurse Manager- Variable	x			

Unit Information

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

☑ Activity such as patient admissions, discharges, and transfers

Description:

Receive oncology direct admits

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

Description:

Unit utilizes chemo certified RNs and matrix is made based on our chemo patient population

☑ Skill mix

Description:

Unit utilizes chemo certified RNs and matrix is made based on our chemo patient population

☐ 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:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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:	**9S: Surgical Trauma**		
Unit/ Clinic Type:	**Med-Surg**		
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**		
Average Daily Census (2023):	**30.8**	**Maximum # of Beds:**	**32**
Effective as of:	**12/5/2023**		

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)
	Day (0630-1500)	8	9	0	4	0	2.25	0.00	1.00	0.00	
	Evening 1 (1430-1900)	4	9	0	3	0	1.13	0.00	0.38	0.00	
32	Evening 2 (1830-2300)	4	9	0	3	0	1.13	0.00	0.38	0.00	
	Night (2230-0700)	8	8	0	3	0	2.00	0.00	0.75	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
	Day (0630-1500)	8	9	0	4	0	2.32	0.00	1.03	0.00	
	Evening 1 (1430-1900)	4	9	0	3	0	1.16	0.00	0.39	0.00	
31	Evening 2 (1830-2300)	4	9	0	3	0	1.16	0.00	0.39	0.00	
	Night (2230-0700)	8	8	0	3	0	2.06	0.00	0.77	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.29
	Day (0630-1500)	8	9	0	3	0	2.40	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	8	0	3	0	1.07	0.00	0.40	0.00	
30	Evening 2 (1830-2300)	4	8	0	3	0	1.07	0.00	0.40	0.00	
	Night (2230-0700)	8	7	0	3	0	1.87	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.80
	Day (0630-1500)	8	8	0	3	0	2.21	0.00	0.83	0.00	
	Evening 1 (1430-1900)	4	8	0	3	0	1.10	0.00	0.41	0.00	
29	Evening 2 (1830-2300)	4	8	0	3	0	1.10	0.00	0.41	0.00	
	Night (2230-0700)	8	7	0	3	0	1.93	0.00	0.83	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.83
	Day (0630-1500)	8	8	0	3	0	2.29	0.00	0.86	0.00	
	Evening 1 (1430-1900)	4	7	0	3	0	1.00	0.00	0.43	0.00	
28	Evening 2 (1830-2300)	4	7	0	3	0	1.00	0.00	0.43	0.00	
	Night (2230-0700)	8	7	0	3	0	2.00	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.86
	Day (0630-1500)	8	7	0	3	0	2.07	0.00	0.89	0.00	
	Evening 1 (1430-1900)	4	7	0	3	0	1.04	0.00	0.44	0.00	
27	Evening 2 (1830-2300)	4	7	0	3	0	1.04	0.00	0.44	0.00	
	Night (2230-0700)	8	7	0	2	0	2.07	0.00	0.59	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.59
	Day (0630-1500)	8	7	0	3	0	2.15	0.00	0.92	0.00	
	Evening 1 (1430-1900)	4	7	0	2	0	1.08	0.00	0.31	0.00	
26	Evening 2 (1830-2300)	4	7	0	2	0	1.08	0.00	0.31	0.00	
	Night (2230-0700)	8	7	0	2	0	2.15	0.00	0.62	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.62
	Day (0630-1500)	8	7	0	3	0	2.24	0.00	0.96	0.00	
	Evening 1 (1430-1900)	4	7	0	2	0	1.12	0.00	0.32	0.00	
25	Evening 2 (1830-2300)	4	7	0	2	0	1.12	0.00	0.32	0.00	
	Night (2230-0700)	8	6	0	2	0	1.92	0.00	0.64	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.64
	Day (0630-1500)	8	7	0	2	0	2.33	0.00	0.67	0.00	
	Evening 1 (1430-1900)	4	6	0	2	0	1.00	0.00	0.33	0.00	
24	Evening 2 (1830-2300)	4	6	0	2	0	1.00	0.00	0.33	0.00	
	Night (2230-0700)	8	6	0	2	0	2.00	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.33
	Day (0630-1500)	8	7	0	2	0	2.43	0.00	0.70	0.00	
	Evening 1 (1430-1900)	4	6	0	2	0	1.04	0.00	0.35	0.00	
23	Evening 2 (1830-2300)	4	6	0	2	0	1.04	0.00	0.35	0.00	
	Night (2230-0700)	8	5	0	2	0	1.74	0.00	0.70	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.35
	Day (0630-1500)	8	6	0	2	0	2.18	0.00	0.73	0.00	
	Evening 1 (1430-1900)	4	6	0	2	0	1.09	0.00	0.36	0.00	

22	Evening 2 (1830-2300)	4	6	0	2	0	1.09	0.00	0.36	0.00	
	Night (2230-0700)	8	5	0	1	0	1.82	0.00	0.36	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	6	0	2	0	2.29	0.00	0.76	0.00	
	Evening 1 (1430-1900)	4	5	0	2	0	0.95	0.00	0.38	0.00	
21	Evening 2 (1830-2300)	4	5	0	2	0	0.95	0.00	0.38	0.00	
	Night (2230-0700)	8	5	0	1	0	1.90	0.00	0.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	5	0	2	0	2.00	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	5	0	2	0	1.00	0.00	0.40	0.00	
20	Evening 2 (1830-2300)	4	5	0	2	0	1.00	0.00	0.40	0.00	
	Night (2230-0700)	8	5	0	1	0	2.00	0.00	0.40	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	5	0	2	0	2.11	0.00	0.84	0.00	
	Evening 1 (1430-1900)	4	5	0	2	0	1.05	0.00	0.42	0.00	
19	Evening 2 (1830-2300)	4	5	0	2	0	1.05	0.00	0.42	0.00	
	Night (2230-0700)	8	4	0	1	0	1.68	0.00	0.42	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	5	0	2	0	2.22	0.00	0.89	0.00	
	Evening 1 (1430-1900)	4	5	0	2	0	1.11	0.00	0.44	0.00	
18	Evening 2 (1830-2300)	4	5	0	2	0	1.11	0.00	0.44	0.00	
	Night (2230-0700)	8	4	0	1	0	1.78	0.00	0.44	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.44
	Day (0630-1500)	8	5	0	2	0	2.35	0.00	0.94	0.00	
	Evening 1 (1430-1900)	4	4	0	2	0	0.94	0.00	0.47	0.00	
17	Evening 2 (1830-2300)	4	4	0	2	0	0.94	0.00	0.47	0.00	
	Night (2230-0700)	8	4	0	1	0	1.88	0.00	0.47	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.47
	Day (0630-1500)	8	4	0	2	0	2.00	0.00	1.00	0.00	
	Evening 1 (1430-1900)	4	4	0	1	0	1.00	0.00	0.25	0.00	
16	Evening 2 (1830-2300)	4	4	0	1	0	1.00	0.00	0.25	0.00	
	Night (2230-0700)	8	4	0	1	0	2.00	0.00	0.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	4	0	1	0	2.13	0.00	0.53	0.00	
	Evening 1 (1430-1900)	4	4	0	1	0	1.07	0.00	0.27	0.00	
15	Evening 2 (1830-2300)	4	4	0	1	0	1.07	0.00	0.27	0.00	
	Night (2230-0700)	8	4	0	1	0	2.13	0.00	0.53	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	4	0	1	0	2.29	0.00	0.57	0.00	
	Evening 1 (1430-1900)	4	4	0	1	0	1.14	0.00	0.29	0.00	
14	Evening 2 (1830-2300)	4	4	0	1	0	1.14	0.00	0.29	0.00	
	Night (2230-0700)	8	3	0	1	0	1.71	0.00	0.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	4	0	1	0	2.46	0.00	0.62	0.00	
	Evening 1 (1430-1900)	4	4	0	1	0	1.23	0.00	0.31	0.00	
13	Evening 2 (1830-2300)	4	4	0	1	0	1.23	0.00	0.31	0.00	
	Night (2230-0700)	8	3	0	1	0	1.85	0.00	0.62	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.62
	Day (0630-1500)	8	3	0	1	0	2.00	0.00	0.67	0.00	
	Evening 1 (1430-1900)	4	3	0	1	0	1.00	0.00	0.33	0.00	
12	Evening 2 (1830-2300)	4	3	0	1	0	1.00	0.00	0.33	0.00	
	Night (2230-0700)	8	3	0	0	0	2.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.33
	Day (0630-1500)	8	3	0	1	0	2.18	0.00	0.73	0.00	
	Evening 1 (1430-1900)	4	3	0	1	0	1.09	0.00	0.36	0.00	
11	Evening 2 (1830-2300)	4	3	0	1	0	1.09	0.00	0.36	0.00	
	Night (2230-0700)	8	2	0	0	0	1.45	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.27
	Day (0630-1500)	8	3	0	1	0	2.40	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	2	0	1	0	0.80	0.00	0.40	0.00	
10	Evening 2 (1830-2300)	4	2	0	1	0	0.80	0.00	0.40	0.00	
	Night (2230-0700)	8	2	0	0	0	1.60	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator	0630-1500	1430-2300		x
Nurse Techs- Variable Shifts	0630-1500	1430-2300	2300-0700	x
Charge Nurse	0630-1900		1830-0700	x
Assistant Nurse Manager	x			
Nurse Manager	x			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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:	**10N: Medical-Telemetry**		
Unit/ Clinic Type:	**Med-Surg**		
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**		
Average Daily Census (2023):	**31.5**	**Maximum # of Beds:**	**32**
Effective as of:	**8/1/2024**		

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)
	Day (0630-1500)	8	9	0	4	0	2.25	0.00	1.00	0.00	
	Evening 1 (1430-1900)	4	9	0	3	0	1.13	0.00	0.38	0.00	
32	Evening 2 (1830-2300)	4	9	0	3	0	1.13	0.00	0.38	0.00	
	Night (2230-0700)	8	8	0	3	0	2.00	0.00	0.75	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
	Day (0630-1500)	8	9	0	4	0	2.32	0.00	1.03	0.00	
	Evening 1 (1430-1900)	4	9	0	3	0	1.16	0.00	0.39	0.00	
31	Evening 2 (1830-2300)	4	9	0	3	0	1.16	0.00	0.39	0.00	
	Night (2230-0700)	8	8	0	3	0	2.06	0.00	0.77	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.29
	Day (0630-1500)	8	9	0	3	0	2.40	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	8	0	3	0	1.07	0.00	0.40	0.00	
30	Evening 2 (1830-2300)	4	8	0	3	0	1.07	0.00	0.40	0.00	
	Night (2230-0700)	8	7	0	3	0	1.87	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.80
	Day (0630-1500)	8	8	0	3	0	2.21	0.00	0.83	0.00	
	Evening 1 (1430-1900)	4	8	0	3	0	1.10	0.00	0.41	0.00	
29	Evening 2 (1830-2300)	4	8	0	3	0	1.10	0.00	0.41	0.00	
	Night (2230-0700)	8	7	0	3	0	1.93	0.00	0.83	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.83
	Day (0630-1500)	8	8	0	3	0	2.29	0.00	0.86	0.00	
	Evening 1 (1430-1900)	4	7	0	3	0	1.00	0.00	0.43	0.00	
28	Evening 2 (1830-2300)	4	7	0	3	0	1.00	0.00	0.43	0.00	
	Night (2230-0700)	8	7	0	3	0	2.00	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.86
	Day (0630-1500)	8	7	0	3	0	2.07	0.00	0.89	0.00	
	Evening 1 (1430-1900)	4	7	0	3	0	1.04	0.00	0.44	0.00	
27	Evening 2 (1830-2300)	4	7	0	3	0	1.04	0.00	0.44	0.00	
	Night (2230-0700)	8	7	0	2	0	2.07	0.00	0.59	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.59
	Day (0630-1500)	8	7	0	3	0	2.15	0.00	0.92	0.00	
	Evening 1 (1430-1900)	4	7	0	2	0	1.08	0.00	0.31	0.00	
26	Evening 2 (1830-2300)	4	7	0	2	0	1.08	0.00	0.31	0.00	
	Night (2230-0700)	8	7	0	2	0	2.15	0.00	0.62	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.62
	Day (0630-1500)	8	7	0	3	0	2.24	0.00	0.96	0.00	
	Evening 1 (1430-1900)	4	7	0	2	0	1.12	0.00	0.32	0.00	
25	Evening 2 (1830-2300)	4	7	0	2	0	1.12	0.00	0.32	0.00	
	Night (2230-0700)	8	6	0	2	0	1.92	0.00	0.64	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.64
	Day (0630-1500)	8	7	0	2	0	2.33	0.00	0.67	0.00	
	Evening 1 (1430-1900)	4	6	0	2	0	1.00	0.00	0.33	0.00	
24	Evening 2 (1830-2300)	4	6	0	2	0	1.00	0.00	0.33	0.00	
	Night (2230-0700)	8	6	0	2	0	2.00	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.33
	Day (0630-1500)	8	7	0	2	0	2.43	0.00	0.70	0.00	
	Evening 1 (1430-1900)	4	6	0	2	0	1.04	0.00	0.35	0.00	
23	Evening 2 (1830-2300)	4	6	0	2	0	1.04	0.00	0.35	0.00	
	Night (2230-0700)	8	5	0	2	0	1.74	0.00	0.70	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.35
	Day (0630-1500)	8	6	0	2	0	2.18	0.00	0.73	0.00	
	Evening 1 (1430-1900)	4	6	0	2	0	1.09	0.00	0.36	0.00	

22	Evening 2 (1830-2300)	4	6	0	2	0	1.09	0.00	0.36	0.00	
	Night (2230-0700)	8	5	0	1	0	1.82	0.00	0.36	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	6	0	2	0	2.29	0.00	0.76	0.00	
	Evening 1 (1430-1900)	4	5	0	2	0	0.95	0.00	0.38	0.00	
21	Evening 2 (1830-2300)	4	5	0	2	0	0.95	0.00	0.38	0.00	
	Night (2230-0700)	8	5	0	1	0	1.90	0.00	0.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	5	0	2	0	2.00	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	5	0	2	0	1.00	0.00	0.40	0.00	
20	Evening 2 (1830-2300)	4	5	0	2	0	1.00	0.00	0.40	0.00	
	Night (2230-0700)	8	5	0	1	0	2.00	0.00	0.40	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	5	0	2	0	2.11	0.00	0.84	0.00	
	Evening 1 (1430-1900)	4	5	0	2	0	1.05	0.00	0.42	0.00	
19	Evening 2 (1830-2300)	4	5	0	2	0	1.05	0.00	0.42	0.00	
	Night (2230-0700)	8	4	0	1	0	1.68	0.00	0.42	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	5	0	2	0	2.22	0.00	0.89	0.00	
	Evening 1 (1430-1900)	4	5	0	2	0	1.11	0.00	0.44	0.00	
18	Evening 2 (1830-2300)	4	5	0	2	0	1.11	0.00	0.44	0.00	
	Night (2230-0700)	8	4	0	1	0	1.78	0.00	0.44	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.44
	Day (0630-1500)	8	5	0	2	0	2.35	0.00	0.94	0.00	
	Evening 1 (1430-1900)	4	4	0	2	0	0.94	0.00	0.47	0.00	
17	Evening 2 (1830-2300)	4	4	0	2	0	0.94	0.00	0.47	0.00	
	Night (2230-0700)	8	4	0	1	0	1.88	0.00	0.47	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.47
	Day (0630-1500)	8	4	0	2	0	2.00	0.00	1.00	0.00	
	Evening 1 (1430-1900)	4	4	0	1	0	1.00	0.00	0.25	0.00	
16	Evening 2 (1830-2300)	4	4	0	1	0	1.00	0.00	0.25	0.00	
	Night (2230-0700)	8	4	0	1	0	2.00	0.00	0.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	4	0	1	0	2.13	0.00	0.53	0.00	
	Evening 1 (1430-1900)	4	4	0	1	0	1.07	0.00	0.27	0.00	
15	Evening 2 (1830-2300)	4	4	0	1	0	1.07	0.00	0.27	0.00	
	Night (2230-0700)	8	4	0	1	0	2.13	0.00	0.53	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	4	0	1	0	2.29	0.00	0.57	0.00	
	Evening 1 (1430-1900)	4	4	0	1	0	1.14	0.00	0.29	0.00	
14	Evening 2 (1830-2300)	4	4	0	1	0	1.14	0.00	0.29	0.00	
	Night (2230-0700)	8	3	0	1	0	1.71	0.00	0.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	4	0	1	0	2.46	0.00	0.62	0.00	
	Evening 1 (1430-1900)	4	4	0	1	0	1.23	0.00	0.31	0.00	
13	Evening 2 (1830-2300)	4	4	0	1	0	1.23	0.00	0.31	0.00	
	Night (2230-0700)	8	3	0	1	0	1.85	0.00	0.62	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.62
	Day (0630-1500)	8	3	0	1	0	2.00	0.00	0.67	0.00	
	Evening 1 (1430-1900)	4	3	0	1	0	1.00	0.00	0.33	0.00	
12	Evening 2 (1830-2300)	4	3	0	1	0	1.00	0.00	0.33	0.00	
	Night (2230-0700)	8	3	0	0	0	2.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.33
	Day (0630-1500)	8	3	0	1	0	2.18	0.00	0.73	0.00	
	Evening 1 (1430-1900)	4	3	0	1	0	1.09	0.00	0.36	0.00	
11	Evening 2 (1830-2300)	4	3	0	1	0	1.09	0.00	0.36	0.00	
	Night (2230-0700)	8	2	0	0	0	1.45	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.27
	Day (0630-1500)	8	3	0	1	0	2.40	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	2	0	1	0	0.80	0.00	0.40	0.00	
10	Evening 2 (1830-2300)	4	2	0	1	0	0.80	0.00	0.40	0.00	
	Night (2230-0700)	8	2	0	0	0	1.60	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator	0630-1500	1430-2300		0630-2300
Charge Nurse-12 hrs	0630-1900		1830-0700	24 hour coverage
Nurse Techs	0630-1500	1430-2300	2230-0700	24 hour coverage

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:

Charge Nurses: This role is a mandatory minimum staffing requirement.

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:	**10N: Telemetry**		
Unit/ Clinic Type:	**Med-Surg**		
Unit/ Clinic Address:	**1700 13th Street Everett, WA 98201**		
Average Daily Census (2023):	**31.2**	**Maximum # of Beds:**	**32**
Effective as of:	**3/28/2024**		

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)
32	Day (0630-1500)	8	9	0	4	0	2.25	0.00	1.00	0.00	
	Evening 1 (1430-1900)	4	9	0	3	0	1.13	0.00	0.38	0.00	
	Evening 2 (1830-2300)	4	9	0	3	0	1.13	0.00	0.38	0.00	
	Night (2230-0700)	8	9	0	3	0	2.25	0.00	0.75	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.25
31	Day (0630-1500)	8	9	0	4	0	2.32	0.00	1.03	0.00	
	Evening 1 (1430-1900)	4	9	0	3	0	1.16	0.00	0.39	0.00	
	Evening 2 (1830-2300)	4	9	0	3	0	1.16	0.00	0.39	0.00	
	Night (2230-0700)	8	9	0	3	0	2.32	0.00	0.77	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.55
30	Day (0630-1500)	8	9	0	3	0	2.40	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	9	0	3	0	1.20	0.00	0.40	0.00	
	Evening 2 (1830-2300)	4	9	0	3	0	1.20	0.00	0.40	0.00	
	Night (2230-0700)	8	9	0	3	0	2.40	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
29	Day (0630-1500)	8	8	0	3	0	2.21	0.00	0.83	0.00	
	Evening 1 (1430-1900)	4	8	0	3	0	1.10	0.00	0.41	0.00	
	Evening 2 (1830-2300)	4	8	0	3	0	1.10	0.00	0.41	0.00	
	Night (2230-0700)	8	8	0	3	0	2.21	0.00	0.83	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.10
28	Day (0630-1500)	8	8	0	3	0	2.29	0.00	0.86	0.00	
	Evening 1 (1430-1900)	4	8	0	3	0	1.14	0.00	0.43	0.00	
	Evening 2 (1830-2300)	4	8	0	3	0	1.14	0.00	0.43	0.00	
	Night (2230-0700)	8	8	0	3	0	2.29	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.43
27	Day (0630-1500)	8	8	0	3	0	2.37	0.00	0.89	0.00	
	Evening 1 (1430-1900)	4	8	0	3	0	1.19	0.00	0.44	0.00	
	Evening 2 (1830-2300)	4	8	0	3	0	1.19	0.00	0.44	0.00	
	Night (2230-0700)	8	8	0	3	0	2.37	0.00	0.89	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.78
26	Day (0630-1500)	8	7	0	3	0	2.15	0.00	0.92	0.00	
	Evening 1 (1430-1900)	4	7	0	3	0	1.08	0.00	0.46	0.00	
	Evening 2 (1830-2300)	4	7	0	3	0	1.08	0.00	0.46	0.00	
	Night (2230-0700)	8	7	0	3	0	2.15	0.00	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.23
25	Day (0630-1500)	8	7	0	3	0	2.24	0.00	0.96	0.00	
	Evening 1 (1430-1900)	4	7	0	2	0	1.12	0.00	0.32	0.00	
	Evening 2 (1830-2300)	4	7	0	2	0	1.12	0.00	0.32	0.00	
	Night (2230-0700)	8	7	0	2	0	2.24	0.00	0.64	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.96
24	Day (0630-1500)	8	7	0	2	0	2.33	0.00	0.67	0.00	
	Evening 1 (1430-1900)	4	7	0	2	0	1.17	0.00	0.33	0.00	
	Evening 2 (1830-2300)	4	7	0	2	0	1.17	0.00	0.33	0.00	
	Night (2230-0700)	8	7	0	2	0	2.33	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
23	Day (0630-1500)	8	6	0	2	0	2.09	0.00	0.70	0.00	
	Evening 1 (1430-1900)	4	6	0	2	0	1.04	0.00	0.35	0.00	
	Evening 2 (1830-2300)	4	6	0	2	0	1.04	0.00	0.35	0.00	
	Night (2230-0700)	8	6	0	2	0	2.09	0.00	0.70	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.35
	Day (0630-1500)	8	6	0	2	0	2.18	0.00	0.73	0.00	
	Evening 1 (1430-1900)	4	6	0	2	0	1.09	0.00	0.36	0.00	

22	Evening 2 (1830-2300)	4	6	0	2	0	1.09	0.00	0.36	0.00	
	Night (2230-0700)	8	6	0	2	0	2.18	0.00	0.73	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.73
	Day (0630-1500)	8	6	0	2	0	2.29	0.00	0.76	0.00	
	Evening 1 (1430-1900)	4	6	0	2	0	1.14	0.00	0.38	0.00	
21	Evening 2 (1830-2300)	4	6	0	2	0	1.14	0.00	0.38	0.00	
	Night (2230-0700)	8	6	0	2	0	2.29	0.00	0.76	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.14
	Day (0630-1500)	8	5	0	2	0	2.00	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	5	0	2	0	1.00	0.00	0.40	0.00	
20	Evening 2 (1830-2300)	4	5	0	2	0	1.00	0.00	0.40	0.00	
	Night (2230-0700)	8	5	0	2	0	2.00	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.40
	Day (0630-1500)	8	5	0	2	0	2.11	0.00	0.84	0.00	
	Evening 1 (1430-1900)	4	5	0	1	0	1.05	0.00	0.21	0.00	
19	Evening 2 (1830-2300)	4	5	0	1	0	1.05	0.00	0.21	0.00	
	Night (2230-0700)	8	5	0	1	0	2.11	0.00	0.42	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	5	0	1	0	2.22	0.00	0.44	0.00	
	Evening 1 (1430-1900)	4	5	0	1	0	1.11	0.00	0.22	0.00	
18	Evening 2 (1830-2300)	4	5	0	1	0	1.11	0.00	0.22	0.00	
	Night (2230-0700)	8	5	0	1	0	2.22	0.00	0.44	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	5	0	1	0	2.35	0.00	0.47	0.00	
	Evening 1 (1430-1900)	4	5	0	1	0	1.18	0.00	0.24	0.00	
17	Evening 2 (1830-2300)	4	5	0	1	0	1.18	0.00	0.24	0.00	
	Night (2230-0700)	8	5	0	1	0	2.35	0.00	0.47	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.47
	Day (0630-1500)	8	4	0	1	0	2.00	0.00	0.50	0.00	
	Evening 1 (1430-1900)	4	4	0	1	0	1.00	0.00	0.25	0.00	
16	Evening 2 (1830-2300)	4	4	0	1	0	1.00	0.00	0.25	0.00	
	Night (2230-0700)	8	4	0	1	0	2.00	0.00	0.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.50
	Day (0630-1500)	8	4	0	1	0	2.13	0.00	0.53	0.00	
	Evening 1 (1430-1900)	4	4	0	1	0	1.07	0.00	0.27	0.00	
15	Evening 2 (1830-2300)	4	4	0	1	0	1.07	0.00	0.27	0.00	
	Night (2230-0700)	8	4	0	1	0	2.13	0.00	0.53	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	4	0	1	0	2.29	0.00	0.57	0.00	
	Evening 1 (1430-1900)	4	4	0	1	0	1.14	0.00	0.29	0.00	
14	Evening 2 (1830-2300)	4	4	0	1	0	1.14	0.00	0.29	0.00	
	Night (2230-0700)	8	4	0	1	0	2.29	0.00	0.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.57
	Day (0630-1500)	8	3	0	1	0	1.85	0.00	0.62	0.00	
	Evening 1 (1430-1900)	4	3	0	1	0	0.92	0.00	0.31	0.00	
13	Evening 2 (1830-2300)	4	3	0	1	0	0.92	0.00	0.31	0.00	
	Night (2230-0700)	8	3	0	1	0	1.85	0.00	0.62	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.38
	Day (0630-1500)	8	3	0	1	0	2.00	0.00	0.67	0.00	
	Evening 1 (1430-1900)	4	3	0	1	0	1.00	0.00	0.33	0.00	
12	Evening 2 (1830-2300)	4	3	0	1	0	1.00	0.00	0.33	0.00	
	Night (2230-0700)	8	3	0	1	0	2.00	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	3	0	1	0	2.18	0.00	0.73	0.00	
	Evening 1 (1430-1900)	4	3	0	1	0	1.09	0.00	0.36	0.00	
11	Evening 2 (1830-2300)	4	3	0	1	0	1.09	0.00	0.36	0.00	
	Night (2230-0700)	8	3	0	0	0	2.18	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day (0630-1500)	8	3	0	1	0	2.40	0.00	0.80	0.00	
	Evening 1 (1430-1900)	4	3	0	1	0	1.20	0.00	0.40	0.00	
10	Evening 2 (1830-2300)	4	3	0	1	0	1.20	0.00	0.40	0.00	
	Night (2230-0700)	8	2	0	0	0	1.60	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00

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.

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator	0630-1500	1430-2300		0630-2300
Charge Nurse	0630-1900		1830-0700	24 hour coverage
Nurse Techs	0630-1500	1430-2300	2230-0700	24 hour coverage

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:

Charge Nurses: This role is a mandatory minimum staffing requirement.