

COVER PAGE

The following is the comprehensive hospital staffing
plan for Holy Family Hospital submitted to
the Washington State Department of Health in
accordance with Revised Code of Washington
70.41.420 for the year 2025 .

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Hospital Staffing Form

Attestation

Date: 12/23/24

I, the undersigned with responsibility for Holy Family Hospital attest that the attached hospital staffing plan and matrix are in accordance with RCW 70.41.420 for 2025, and includes all units covered under our hospital license under RCW 70.41.

As approved by: Susan Scott

Hospital Information

Name of Hospital: Holy Family Hospital		
Hospital License #: HAC.FS.00000139		
Hospital Street Address: 5633 N Lidgerwood St		
City/Town: Spokane	State: WA	Zip code: 99208
Is this hospital license affiliated with more than one location?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes" was selected, please provide the location name and address		
Review Type:	<input type="checkbox"/> Annual	Review Date:
	<input checked="" type="checkbox"/> Update	Next Review Date: 12/31/25
Effective Date: 1/1/25		
Date Approved: 12/23/25		

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:

Signature

CEO & Co-chairs Name:	Signature:	Date:
Susan Scott	approved via virtual format	12/23/2025
Adam Richards, CNO	approved via virtual format	12/23/2025
Tristan Twohig, RN	approved via virtual format	12/23/2025

Total Votes	
# of Approvals	# of Denials
9	0

Attestation Page

This plan has been submitted by the Hospital Staffing Committee to the Chief Executive of Holy Family Hospital.

Signed electronically
see attached.
Susan Scott, Holy Family Hospital COO

6/25/2025
Date of Approval

Response to 2025 proposed Staffing Plan:

I want to share my commitment and that of our team to continue to navigate the various aspects of the new staffing law as it unfolds over the upcoming year and work together with the staffing committee to implement the law together. I appreciate the time and effort the committee has taken to ensure our patients have the care they require to ensure a safe and positive hospital experience. I agree and accept the staffing plan as written and submitted to me on June 25, 2024.

Susan Scott MPA, BSN, NEA-BC

cc: Susan Stacey, INWA Chief Executive

Access unit staffing matrices here.

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	Emergency Room					
Unit/ Clinic Type:	Outpatient					
Unit/ Clinic Address:	5633 N Lidgerwood St.					
Effective as of:	1/1/2025					
Hours of the day						
Hour of the day	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
7:00a	Day	12	6			2
8:00a	Day	12	7			3
9:00a	Day	12	10			3
10:00a	Day	12	11			4
11:00a	Day	12	14			6
12:00p	Day	12	14			6
1:00p	Day	12	15			6
2:00p	Day	12	15			6
3:00p	Day	12	15			6
4:00p	Evening	12	15			6
5:00p	Evening	12	15			6
6:00p	Evening	12	15			6
7:00p	Evening	12	15			6
8:00p	Evening	12	15			6
9:00p	Evening	12	15			6
10:00p	Evening	12	15			6
11:00p	Night	12	12			4
12:00a	Night	12	12			3
1:00a	Night	12	10			3
2:00a	Night	12	9			2
3:00a	Night	12	6			2
4:00a	Night	12	6			2
5:00a	Night	12	6			2
6:00a	Night	12	6			2

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Respiratory Therapy	X	X	X	X
IV Therapy	X	X		X
Wound Care/Ostomy	X			
Rapid Response	X	X	X	X
Physical Therapist/Occupational Therapy	X			
Care Management (Case Managers/SW)	X			X
Phlebotomy	X	X	X	X
Chaplains	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

Based on acuity 1:1 ratio may be necessary; other patient ratios may increase or decrease based on acuity, staff availability, and/or other factors that influence staffing. It may be necessary to increase staff based on admission holds. In evaluating ER census and staffing, when the ER is holding medical admissions in increments of 4 admissions staff may be allocated/increased to assist with this care.

☐ Skill mix

Description:

☐ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

Description:

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

Description:

☐ Other

Description:



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

[illegible]

5	Day	12	4	0	1	0	9.60	0.00	2.40	0.00	21.60
	Night	12	4	0	0	0	9.60	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
6	Day	12	5	0	1	0	10.00	0.00	2.00	0.00	22.00
	Night	12	5	0	0	0	10.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7	Day	12	6	0	1	0	10.29	0.00	1.71	0.00	22.29
	Night	12	6	0	0	0	10.29	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
8	Day	12	6	0	1	0	9.00	0.00	1.50	0.00	19.50
	Night	12	6	0	0	0	9.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
9	Day	12	7	0	1	0	9.33	0.00	1.33	0.00	20.00
	Night	12	7	0	0	0	9.33	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10	Day	12	7	0	1	0	8.40	0.00	1.20	0.00	
	Night	12	7	0	0	0	8.40	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

[illegible]

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Respiratory Therapy	X	X	X	X
IV Therapy	X	X		X
Wound Care/Ostomy	X			
Rapid Response	X	X	X	X
Physical Therapist/Occupational Therapy	X			
Care Management (Case Managers/SW)	X			X
Phlebotomy	X	X	X	X
Chaplains	X			
Dialysis	X	X		Saturday
Lactation Services	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: At a census below 2 the department will staff at a core level described in the census level of 2.



DOH 346-154

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	Family Maternity Center					
Unit/ Clinic Type:	Mixed Inpatient and Outpatient					
Unit/ Clinic Address:	5633 N Lidgerwood Ave					
Effective as of:	1/1/2025					
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
13	D	12	14			2
	N	12	14			2
12	D	12	13			2
	N	12	13			2
	D	12	12			2
	N	12	12			2

11						
10	D	12	11			2
	N	12	11			2
9	D	12	10			1
	N	12	10			1
8	D	12	9			1
	N	12	9			1
7	D	12	8			1
	N	12	8			1

6	D	12	7			1
	N	12	7			1
5	D	12	6			1
	N	12	6			1
4	D	12	5			1
	N	12	5			1
3	D	12	4			1
	N	12	4			1
	D	12	3			1
	N	12	3			1

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Respiratory Therapy	X	X	X	X
IV Therapy	X	X		X
Wound Care/Ostomy	X			
Rapid Response	X	X	X	X
Physical Therapist/Occupational Therapy	X			
Care Management (Case Managers/SW)	X			X
Phlebotomy	X	X	X	X
Chaplains	X			
Dialysis	X	X		Saturday
Lactation Services	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: How to use: 1) Count Intrapartum staff numbers 2) Add PP/AP staff 3) Add NICU staff Total = total guideline for staff needed

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

Description: Acuity and CN discretion can override Triage/OBS 1:1 Initial triage process requires 10-20 minutes Subsequent care can be 1:1-3 If stable, assume into CN assignment. When to not LC the second OB tech. 1) AM scheduled c-section 2) Large amounts of DC's 3) +2 "active" IP 4) CN judgement per acuity. Actual staffing may vary based on variables such as Ilt calls or sudden increases in volume, the charge nurse will evaluate all of the variables in order to provide care for the patients on the unit.

☒ Skill mix

Description: 1:3 in the NICU; dependent on acuity. If census is low, it is up to the CN/AMN judgement to staff a NICU nurse on the unit. This RN will be available as a general resource. To be considered the NB expert/resource; to attend deliveries, to be a code captain for Neonatal codes.

☐ 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: Intrapartum Risk AP/Hi acuity PP. 1:2 Early active labor, no complications/cervical ripening or early induction. 1:1 Active labor during epidural placement (1/2 hour post-placement then return 1:2 if no complications) very active labor/2nd stage (pushing). 1:1 - active labor without analgesia/anesthesia requiring labor support; Intrapartum/immediate postpartum, PP complications, inductions in the active phase, c-sections (2-hours post c/s) unstable AP, Unstable PP.



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Fixed Staffing Matrix

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

Unit/ Clinic Name:	Family Maternity Center- NICU					
Unit/ Clinic Type:	Mixed Inpatient and Outpatient					
Unit/ Clinic Address:	5633 N Lidgerwood Ave					
Effective as of:	1/1/2025					
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
13	D	12	5			
	N	12	5			
12	D	12	4			
	N	12	4			
	D	12	4			
	N	12	4			

6	D	12	2			
	N	12	2			
5	D	12	2			
	N	12	2			
4	D	12	2			
	N	12	2			
3	D	12	1			
	N	12	1			
	D	12	1			
	N	12	1			

2						
1	D	12	1			
	N	12	1			
0	D	12	0			
	N	12	0			

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Respiratory Therapy	X	X	X	X
IV Therapy	X	X		X
Wound Care/Ostomy	X			
Rapid Response	X	X	X	X
Physical Therapist/Occupational Therapy	X			
Care Management (Case Managers/SW)	X			X
Phlebotomy	X	X	X	X
Chaplains	X			
Lactation Services	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: How to use: 1) Count Intrapartum staff numbers 2) Add PP/AP staff 3) Add NICU staff Total = total guideline for staff needed

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

Description:

☒ Skill mix

Description: 1:3 in the NICU; dependent on acuity. If census is low, it is up to the CN/AMN judgement to staff a NICU nurse on the unit. This RN will be available as a general resource. To be considered the NB expert/resource; to attend deliveries, to be a code captain for Neonatal codes.

☐ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

Description:

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

Description:

☐ Other

Description:



DOH 346-154

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	Family Maternity Center- MBU					
Unit/ Clinic Type:	Mixed Inpatient and Outpatient					
Unit/ Clinic Address:	5633 N Lidgerwood Ave					
Effective as of:	1/1/2025					
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
24	D	12	4			
	N	12	4			
23	D	12	3			
	N	12	3			
22	D	12	3			
	N	12	3			

21	D	12	3			
	N	12	3			
20	D	12	3			
	N	12	3			
19	D	12	3			
	N	12	3			
18	D	12	3			
	N	12	3			
	D	12	3			
	N	12	3			

12	D	12	2			
	N	12	2			
11	D	12	2			
	N	12	2			
10	D	12	2			
	N	12	2			
9	D	12	2			
	N	12	2			
	D	12	2			
	N	12	2			

[illegible]

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Teams available to all units				
Respiratory Therapy	X	X	X	X
IV Therapy	X	X		X
Wound Care/Ostomy	X			
Rapid Response	X	X	X	X
Physical Therapist/Occupational Therapy	X			
Care Management (Case Managers/SW)	X			X
Phlebotomy	X	X	X	X
Chaplains	X			
Teams available to Inpatient				
Dialysis	X	X		Saturday
Lactation Services	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: How to use: 1) Count Intrapartum staff numbers 2) Add PP/AP staff 3) Add NICU staff Total = total guideline for staff needed. At a census below 7 the unit staffing will maintain 1 nurse for the purposes of post partum care.

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

Description: 1:3 (total of 8 patients) high risk patients may change (i.e. twins, mom on IV drip, PP hem

☐ 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:

--

<div><input type="checkbox"/> Other</div> <div>Description: Intrapartum Risk AP/Hi acuity PP: 1:2 Early active labor, no complications/cervical ripening or early induction. 1:1 Active labor during epidural placement (1/2 hour post-placement then return 1:2 if no complications) very active labor/2nd stage (pushing). 1:1 active labor without analgesia/anesthesia requiring labor support; Intrapartum/immediate postpartum, PP complications, inductions in the active phase, c-sections (2-hours post c/s) unstable AP, Unstable PP.</div>

Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:		Medical Oncology Unit									
Unit/ Clinic Type:		Inpatient Nursing									
Unit/ Clinic Address:		5633 N Lidgerood St., Spokane WA									
Average Daily		35				Maximum # of Beds:			46		
Effective as of:		1/1/2025									
Census											
Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
15	Day	12	5	0	1	0	4.00	0.00	0.80	0.00	4.80
	Night	12	4	0	0	0	3.20	0.00	0.00	0.00	
16	Day	12	5	0	1	0	3.75	0.00	0.75	0.00	4.50
	Night	12	4	0	0	0	3.00	0.00	0.00	0.00	
17	Day	12	5	0	1	0	3.53	0.00	0.71	0.00	4.24
	Night	12	5	0	0	0	3.53	0.00	0.00	0.00	
18	Day	12	6	0	1	0	4.00	0.00	0.67	0.00	4.67
	Night	12	5	0	0	0	3.33	0.00	0.00	0.00	
19	Day	12	6	0	1	0	3.79	0.00	0.63	0.00	4.42
	Night	12	5	0	0	0	3.16	0.00	0.00	0.00	
20	Day	12	6	0	1	0	3.60	0.00	0.60	0.00	4.20
	Night	12	5	0	1	0	3.00	0.00	0.60	0.00	
21	Day	12	6	0	1	0	3.43	0.00	0.57	0.00	4.00
	Night	12	6	0	1	0	3.43	0.00	0.57	0.00	
22	Day	12	7	0	1	0	3.82	0.00	0.55	0.00	4.36
	Night	12	6	0	1	0	3.27	0.00	0.55	0.00	
23	Day	12	7	0	1	0	3.65	0.00	0.52	0.00	4.17
	Night	12	6	0	1	0	3.13	0.00	0.52	0.00	
24	Day	12	7	0	2	0	3.50	0.00	1.00	0.00	4.50
	Night	12	6	0	1	0	3.00	0.00	0.50	0.00	
25	Day	12	7	0	2	0	3.36	0.00	0.96	0.00	4.32
	Night	12	6	0	1	0	2.88	0.00	0.48	0.00	
26	Day	12	8	0	2	0	3.69	0.00	0.92	0.00	4.62
	Night	12	6	0	1	0	2.77	0.00	0.46	0.00	
27	Day	12	8	0	2	0	3.56	0.00	0.89	0.00	4.44
	Night	12	7	0	1	0	3.11	0.00	0.44	0.00	
28	Day	12	8	0	2	0	3.43	0.00	0.86	0.00	4.29
	Night	12	7	0	2	0	3.00	0.00	0.86	0.00	
29	Day	12	9	0	2	0	3.72	0.00	0.83	0.00	4.55
	Night	12	7	0	2	0	2.90	0.00	0.83	0.00	
30	Day	12	9	0	2	0	3.60	0.00	0.80	0.00	4.40
	Night	12	7	0	2	0	2.80	0.00	0.80	0.00	
31	Day	12	9	0	2	0	3.48	0.00	0.77	0.00	4.26
	Night	12	8	0	2	0	3.10	0.00	0.77	0.00	

32	Day	12	9	0	3	0	3.38	0.00	1.13	0.00	4.50
	Night	12	8	0	2	0	3.00	0.00	0.75	0.00	
33	Day	12	10	0	3	0	3.64	0.00	1.09	0.00	4.73
	Night	12	8	0	2	0	2.91	0.00	0.73	0.00	
34	Day	12	10	0	3	0	3.53	0.00	1.06	0.00	4.59
	Night	12	8	0	2	0	2.82	0.00	0.71	0.00	
35	Day	12	10	0	3	0	3.43	0.00	1.03	0.00	4.46
	Night	12	8	0	2	0	2.74	0.00	0.69	0.00	
36	Day	12	10	0	3	0	3.33	0.00	1.00	0.00	4.33
	Night	12	9	0	2	0	3.00	0.00	0.67	0.00	
37	Day	12	11	0	3	0	3.57	0.00	0.97	0.00	4.54
	Night	12	9	0	2	0	2.92	0.00	0.65	0.00	
38	Day	12	11	0	3	0	3.47	0.00	0.95	0.00	4.42
	Night	12	10	0	2	0	3.16	0.00	0.63	0.00	
39	Day	12	11	0	4	0	3.38	0.00	1.23	0.00	4.62
	Night	12	10	0	2	0	3.08	0.00	0.62	0.00	
40	Day	12	11	0	4	0	3.30	0.00	1.20	0.00	4.50
	Night	12	10	0	2	0	3.00	0.00	0.60	0.00	
41	Day	12	12	0	4	0	3.51	0.00	1.17	0.00	4.68
	Night	12	10	0	2	0	2.93	0.00	0.59	0.00	
42	Day	12	12	0	4	0	3.43	0.00	1.14	0.00	4.57
	Night	12	10	0	3	0	2.86	0.00	0.86	0.00	
43	Day	12	12	0	4	0	3.35	0.00	1.12	0.00	4.47
	Night	12	11	0	3	0	3.07	0.00	0.84	0.00	
44	Day	12	13	0	4	0	3.55	0.00	1.09	0.00	4.64
	Night	12	11	0	3	0	3.00	0.00	0.82	0.00	
45	Day	12	13	0	4	0	3.47	0.00	1.07	0.00	4.53
	Night	12	11	0	3	0	2.93	0.00	0.80	0.00	
46	Day	12	13	0	4	0	3.39	0.00	1.04	0.00	4.43
	Night	12	11	0	3	0	2.87	0.00	0.78	0.00	

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Respiratory Therapy	X	X	X	X
IV Therapy	X	X		X
Wound Care/Ostomy	X			
Rapid Response	X	X	X	X
Physical Therapist/Occupational Therapy	X			
Care Management (Case Managers/SW)	X			X
Phlebotomy	X	X	X	X
Chaplains	X			
Dialysis	X	X		Saturday
Lactation Services	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: At a census of X (listed below) additional hours of CNA/RN can be utilized

Census	Night	23-27	add 4 hours of CNA
	Night	25-26	add 4 hours of RN
	Day/Night	30-31	add 4 hours CNA
	Night	21-41	add 4 hours of CNA

☐ 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: At a census between 1-14 this unit will combine patients with another medical unit to ensure a minimum of 14 patients or the unit will temporarily close.

☐ Other

Description: A secretary will be staffed Monday through Friday 7:00am to 3:30p



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Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:		Surgical									
Unit/ Clinic Type:		Inpatient Nursing									
Unit/ Clinic Address:		5633 N Lidgerood St., Spokane WA									
Average Daily Census:		26				Maximum # of Beds:			56		
Effective as of:		2025									
Census											
Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
5	Day	12	2	0	0	0	4.80	0.00	0.00	0.00	4.80
	Night	12	2	0	0	0	4.80	0.00	0.00	0.00	
6	Day	12	2	0	0	0	4.00	0.00	0.00	0.00	4.00
	Night	12	2	0	0	0	4.00	0.00	0.00	0.00	
7	Day	12	2	0	0	0	3.43	0.00	0.00	0.00	3.43
	Night	12	2	0	0	0	3.43	0.00	0.00	0.00	
8	Day	12	2	0	1	0	3.00	0.00	1.50	0.00	4.50
	Night	12	2	0	0	0	3.00	0.00	0.00	0.00	
9	Day	12	3	0	1	0	4.00	0.00	1.33	0.00	5.33
	Night	12	2	0	0	0	2.67	0.00	0.00	0.00	
10	Day	12	3	0	1	0	3.60	0.00	1.20	0.00	4.80
	Night	12	3	0	0	0	3.60	0.00	0.00	0.00	
11	Day	12	3	0	1	0	3.27	0.00	1.09	0.00	4.36
	Night	12	3	0	0	0	3.27	0.00	0.00	0.00	
12	Day	12	3	0	1	0	3.00	0.00	1.00	0.00	4.00
	Night	12	3	0	0	0	3.00	0.00	0.00	0.00	
13	Day	12	4	0	1	0	3.69	0.00	0.92	0.00	4.62
	Night	12	3	0	0	0	2.77	0.00	0.00	0.00	
14	Day	12	4	0	1	0	3.43	0.00	0.86	0.00	4.29
	Night	12	3	0	0	0	2.57	0.00	0.00	0.00	
15	Day	12	4	0	1	0	3.20	0.00	0.80	0.00	4.00
	Night	12	3	0	0	0	2.40	0.00	0.00	0.00	
16	Day	12	4	0	1	0	3.00	0.00	0.75	0.00	3.75
	Night	12	4	0	0	0	3.00	0.00	0.00	0.00	
17	Day	12	5	0	1	0	3.53	0.00	0.71	0.00	4.24
	Night	12	4	0	0	0	2.82	0.00	0.00	0.00	
18	Day	12	5	0	1	0	3.33	0.00	0.67	0.00	4.00
	Night	12	4	0	1	0	2.67	0.00	0.67	0.00	
19	Day	12	5	0	1	0	3.16	0.00	0.63	0.00	

19	Night	12	4	0	1	0	2.53	0.00	0.63	0.00	3.79
20	Day	12	5	0	1	0	3.00	0.00	0.60	0.00	3.60
	Night	12	4	0	1	0	2.40	0.00	0.60	0.00	
21	Day	12	5	0	1	0	2.86	0.00	0.57	0.00	3.43
	Night	12	5	0	1	0	2.86	0.00	0.57	0.00	
22	Day	12	5	0	1	0	2.73	0.00	0.55	0.00	3.27
	Night	12	5	0	1	0	2.73	0.00	0.55	0.00	
23	Day	12	6	0	2	0	3.13	0.00	1.04	0.00	4.17
	Night	12	5	0	1	0	2.61	0.00	0.52	0.00	
24	Day	12	6	0	2	0	3.00	0.00	1.00	0.00	4.00
	Night	12	5	0	1	0	2.50	0.00	0.50	0.00	
25	Day	12	6	0	2	0	2.88	0.00	0.96	0.00	3.84
	Night	12	5	0	2	0	2.40	0.00	0.96	0.00	
26	Day	12	6	0	2	0	2.77	0.00	0.92	0.00	3.69
	Night	12	6	0	2	0	2.77	0.00	0.92	0.00	
27	Day	12	7	0	2	0	16.80	0.00	4.80	0.00	21.60
	Night	12	6	0	2	0	14.40	0.00	4.80	0.00	
28	Day	12	7	0	2	0	3.00	0.00	0.86	0.00	3.86
	Night	12	6	0	2	0	2.57	0.00	0.86	0.00	
29	Day	12	8	0	2	0	3.31	0.00	0.83	0.00	4.14
	Night	12	6	0	2	0	2.48	0.00	0.83	0.00	
30	Day	12	8	0	3	0	19.20	0.00	7.20	0.00	26.40
	Night	12	6	0	2	0	14.40	0.00	4.80	0.00	
31	Day	12	8	0	3	0	3.10	0.00	1.16	0.00	4.26
	Night	12	7	0	2	0	2.71	0.00	0.77	0.00	
32	Day	12	8	0	3	0	3.00	0.00	1.13	0.00	4.13
	Night	12	7	0	2	0	2.63	0.00	0.75	0.00	
33	Day	12	9	0	3	0	3.27	0.00	1.09	0.00	4.36
	Night	12	7	0	2	0	2.55	0.00	0.73	0.00	
34	Day	12	9	0	3	0	3.18	0.00	1.06	0.00	4.24
	Night	12	7	0	2	0	2.47	0.00	0.71	0.00	
35	Day	12	9	0	3	0	3.09	0.00	1.03	0.00	4.11
	Night	12	7	0	3	0	2.40	0.00	1.03	0.00	
36	Day	12	9	0	3	0	3.00	0.00	1.00	0.00	4.00
	Night	12	8	0	3	0	2.67	0.00	1.00	0.00	
37	Day	12	10	0	3	0	3.24	0.00	0.97	0.00	4.22
	Night	12	8	0	3	0	2.59	0.00	0.97	0.00	
38	Day	12	10	0	3	0	3.16	0.00	0.95	0.00	4.11
	Night	12	8	0	3	0	2.53	0.00	0.95	0.00	
39	Day	12	10	0	4	0	3.08	0.00	1.23	0.00	4.31
	Night	12	8	0	3	0	2.46	0.00	0.92	0.00	
40	Day	12	10	0	4	0	3.00	0.00	1.20	0.00	4.20
	Night	12	8	0	3	0	2.67	0.00	1.00	0.00	
41	Day	12	11	0	4	0	3.22	0.00	1.17	0.00	4.39
	Night	12	9	0	3	0	2.63	0.00	0.88	0.00	
42	Day	12	11	0	4	0	3.14	0.00	1.14	0.00	4.29
	Night	12	9	0	4	0	2.57	0.00	1.14	0.00	
43	Day	12	11	0	4	0	3.07	0.00	1.12	0.00	4.19
	Night	12	9	0	4	0	2.51	0.00	1.12	0.00	
44	Day	12	11	0	4	0	3.00	0.00	1.09	0.00	4.09
	Night	12	9	0	4	0	2.45	0.00	1.09	0.00	
45	Day	12	12	0	4	0	3.20	0.00	1.07	0.00	4.27
	Night	12	9	0	4	0	2.40	0.00	1.07	0.00	
46	Day	12	12	0	4	0	3.13	0.00	1.04	0.00	4.17
	Night	12	10	0	4	0	2.61	0.00	1.04	0.00	

47	Day	12	12	0	4	0	3.06	0.00	1.02	0.00	4.09
	Night	12	10	0	4	0	2.55	0.00	1.02	0.00	
48	Day	12	12	0	4	0	3.00	0.00	1.00	0.00	4.00
	Night	12	10	0	4	0	2.50	0.00	1.00	0.00	
49	Day	12	12	0	4	0	2.94	0.00	0.98	0.00	3.92
	Night	12	10	0	4	0	2.45	0.00	0.98	0.00	
50	Day	12	13	0	4	0	3.12	0.00	0.96	0.00	4.08
	Night	12	10	0	4	0	2.40	0.00	0.96	0.00	
51	Day	12	13	0	4	0	3.06	0.00	0.94	0.00	4.00
	Night	12	11	0	4	0	2.59	0.00	0.94	0.00	
52	Day	12	13	0	4	0	3.00	0.00	0.92	0.00	3.92
	Night	12	11	0	4	0	2.54	0.00	0.92	0.00	
53	Day	12	14	0	4	0	3.17	0.00	0.91	0.00	4.08
	Night	12	11	0	4	0	2.49	0.00	0.91	0.00	
54	Day	12	14	0	4	0	3.11	0.00	0.89	0.00	4.00
	Night	12	11	0	4	0	2.44	0.00	0.89	0.00	
55	Day	12	14	0	4	0	3.05	0.00	0.87	0.00	3.93
	Night	12	12	0	4	0	2.62	0.00	0.87	0.00	
56	Day	12	14	0	4	0	3.00	0.00	1.33	0.00	4.33
	Night	12	12	0	4	0	2.57	0.00	1.33	0.00	



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Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:		Surgical Co-caring									
Unit/ Clinic Type:		Inpatient Nursing									
Unit/ Clinic Address:		5633 N Lidgerood St., Spokane WA									
Average Daily Census:		26				Maximum # of Beds:			56		
Effective as of:		1/1/2025									
Census											
Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
5	Day	12	1	0	1	0	2.40	0.00	2.40	0.00	4.80
	Night	12	1	0	1	0	2.40	0.00	2.40	0.00	
6	Day	12	1	0	1	0	2.00	0.00	2.00	0.00	4.00
	Night	12	1	0	1	0	2.00	0.00	2.00	0.00	
7	Day	12	2	0	2	0	3.43	0.00	3.43	0.00	6.86
	Night	12	2	0	2	0	3.43	0.00	3.43	0.00	
8	Day	12	2	0	2	0	3.00	0.00	3.00	0.00	6.00
	Night	12	2	0	2	0	3.00	0.00	3.00	0.00	
9	Day	12	2	0	2	0	2.67	0.00	2.67	0.00	5.33
	Night	12	2	0	2	0	2.67	0.00	2.67	0.00	
10	Day	12	2	0	2	0	2.40	0.00	2.40	0.00	4.80
	Night	12	2	0	2	0	2.40	0.00	2.40	0.00	
11	Day	12	2	0	2	0	2.18	0.00	2.18	0.00	4.36
	Night	12	2	0	2	0	2.18	0.00	2.18	0.00	
12	Day	12	2	0	2	0	2.00	0.00	2.00	0.00	4.00
	Night	12	2	0	2	0	2.00	0.00	2.00	0.00	
13	Day	12	3	0	3	0	2.77	0.00	2.77	0.00	5.54
	Night	12	3	0	3	0	2.77	0.00	2.77	0.00	
14	Day	12	3	0	3	0	2.57	0.00	2.57	0.00	5.14
	Night	12	3	0	3	0	2.57	0.00	2.57	0.00	
15	Day	12	3	0	3	0	2.40	0.00	2.40	0.00	4.80
	Night	12	3	0	3	0	2.40	0.00	2.40	0.00	
16	Day	12	3	0	3	0	2.25	0.00	2.25	0.00	4.50
	Night	12	3	0	3	0	2.25	0.00	2.25	0.00	
17	Day	12	3	0	3	0	2.12	0.00	2.12	0.00	4.24
	Night	12	3	0	3	0	2.12	0.00	2.12	0.00	
18	Day	12	3	0	3	0	2.00	0.00	2.00	0.00	4.00
	Night	12	3	0	3	0	2.00	0.00	2.00	0.00	
19	Day	12	4	0	4	0	2.53	0.00	2.53	0.00	

19	Night	12	4	0	4	0	2.53	0.00	2.53	0.00	5.05
20	Day	12	4	0	4	0	2.40	0.00	2.40	0.00	4.80
	Night	12	4	0	4	0	2.40	0.00	2.40	0.00	
21	Day	12	4	0	4	0	2.29	0.00	2.29	0.00	4.57
	Night	12	4	0	4	0	2.29	0.00	2.29	0.00	
22	Day	12	4	0	4	0	2.18	0.00	2.18	0.00	4.36
	Night	12	4	0	4	0	2.18	0.00	2.18	0.00	
23	Day	12	4	0	4	0	2.09	0.00	2.09	0.00	4.17
	Night	12	4	0	4	0	2.09	0.00	2.09	0.00	
24	Day	12	4	0	4	0	2.00	0.00	2.00	0.00	4.00
	Night	12	4	0	4	0	2.00	0.00	2.00	0.00	
25	Day	12	5	0	5	0	2.40	0.00	2.40	0.00	4.80
	Night	12	5	0	5	0	2.40	0.00	2.40	0.00	
26	Day	12	5	0	5	0	2.31	0.00	2.31	0.00	4.62
	Night	12	5	0	5	0	2.31	0.00	2.31	0.00	
27	Day	12	5	0	5	0	2.22	0.00	2.22	0.00	4.44
	Night	12	5	0	5	0	2.22	0.00	2.22	0.00	
28	Day	12	5	0	5	0	2.14	0.00	2.14	0.00	4.29
	Night	12	5	0	5	0	2.14	0.00	2.14	0.00	
29	Day	12	5	0	5	0	2.07	0.00	2.07	0.00	4.14
	Night	12	5	0	5	0	2.07	0.00	2.07	0.00	
30	Day	12	5	0	5	0	2.00	0.00	2.00	0.00	4.00
	Night	12	5	0	5	0	2.00	0.00	2.00	0.00	
31	Day	12	6	0	5	0	2.32	0.00	1.94	0.00	4.26
	Night	12	6	0	6	0	2.32	0.00	2.32	0.00	
32	Day	12	6	0	6	0	2.25	0.00	2.25	0.00	4.50
	Night	12	6	0	6	0	2.25	0.00	2.25	0.00	
33	Day	12	6	0	6	0	2.18	0.00	2.18	0.00	4.36
	Night	12	6	0	6	0	2.18	0.00	2.18	0.00	
34	Day	12	6	0	6	0	2.12	0.00	2.12	0.00	4.24
	Night	12	6	0	6	0	2.12	0.00	2.12	0.00	
35	Day	12	6	0	6	0	2.06	0.00	2.06	0.00	4.11
	Night	12	6	0	6	0	2.06	0.00	2.06	0.00	
36	Day	12	6	0	6	0	2.00	0.00	2.00	0.00	4.00
	Night	12	6	0	6	0	2.00	0.00	2.00	0.00	
37	Day	12	7	0	7	0	2.27	0.00	2.27	0.00	4.54
	Night	12	7	0	7	0	2.27	0.00	2.27	0.00	
38	Day	12	7	0	7	0	2.21	0.00	2.21	0.00	4.42
	Night	12	7	0	7	0	2.21	0.00	2.21	0.00	
39	Day	12	7	0	7	0	2.15	0.00	2.15	0.00	4.31
	Night	12	7	0	7	0	2.15	0.00	2.15	0.00	
40	Day	12	7	0	7	0	2.10	0.00	2.10	0.00	4.20
	Night	12	7	0	7	0	2.33	0.00	2.33	0.00	
41	Day	12	7	0	7	0	2.05	0.00	2.05	0.00	4.10
	Night	12	7	0	7	0	2.05	0.00	2.05	0.00	
42	Day	12	7	0	7	0	2.00	0.00	2.00	0.00	4.00
	Night	12	7	0	7	0	2.00	0.00	2.00	0.00	
43	Day	12	8	0	8	0	2.23	0.00	2.23	0.00	4.47
	Night	12	8	0	8	0	2.23	0.00	2.23	0.00	
44	Day	12	8	0	8	0	2.18	0.00	2.18	0.00	4.36
	Night	12	8	0	8	0	2.18	0.00	2.18	0.00	
45	Day	12	8	0	8	0	2.13	0.00	2.13	0.00	4.27
	Night	12	8	0	8	0	2.13	0.00	2.13	0.00	
46	Day	12	8	0	8	0	2.09	0.00	2.09	0.00	4.17
	Night	12	8	0	8	0	2.09	0.00	2.09	0.00	

47	Day	12	8	0	8	0	2.04	0.00	2.04	0.00	4.09
	Night	12	8	0	8	0	2.04	0.00	2.04	0.00	
48	Day	12	8	0	8	0	2.00	0.00	2.00	0.00	4.00
	Night	12	8	0	8	0	2.00	0.00	2.00	0.00	
49	Day	12	9	0	9	0	2.20	0.00	2.20	0.00	4.41
	Night	12	9	0	9	0	2.20	0.00	2.20	0.00	
50	Day	12	9	0	9	0	2.16	0.00	2.16	0.00	4.32
	Night	12	9	0	9	0	2.16	0.00	2.16	0.00	
51	Day	12	9	0	9	0	2.12	0.00	2.12	0.00	4.24
	Night	12	9	0	9	0	2.12	0.00	2.12	0.00	
52	Day	12	9	0	9	0	2.08	0.00	2.08	0.00	4.15
	Night	12	9	0	9	0	2.08	0.00	2.08	0.00	
53	Day	12	9	0	9	0	2.04	0.00	2.04	0.00	4.08
	Night	12	9	0	9	0	2.04	0.00	2.04	0.00	
54	Day	12	9	0	9	0	2.00	0.00	2.00	0.00	4.00
	Night	12	9	0	9	0	2.00	0.00	2.00	0.00	
55	Day	12	10	0	10	0	2.18	0.00	2.18	0.00	4.36
	Night	12	10	0	10	0	2.18	0.00	2.18	0.00	
56	Day	12	10	0	10	0	2.14	0.00	2.14	0.00	4.29
	Night	12	10	0	10	0	2.14	0.00	2.14	0.00	

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Respiratory Therapy	X	X	X	X
IV Therapy	X	X		X
Wound Care/Ostomy	X			
Rapid Response	X	X	X	X
Physical Therapist/Occupational Therapy	X			
Care Management (Case Managers/SW)	X			X
Phlebotomy	X	X	X	X
Chaplains	X			
Dialysis	X	X		Saturday
Lactation Services	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: To account for fractional CNA's, the staffing plan will allow for hours of additional CNA as described below as needed:

Census Surgical Traditional :					
12-14	Nights: add 4 hours of CNA	35-38	33, 34	Night: add 4 hours of CNA	15-17
	Nights: add 8 hours of CNA			Day: add 6 hours of NAC	
18, 19	Days/Nights: add 4 hours of CNA		38-41	Night: add 4 hours of NAC	
20-22	Days: add 8 hours of CNA				
	Nights: add 4 hours of CNA	RN Hours	Census		
23	Nights: add 6 hours of CNA				
24	Nights: add 8 hours of CNA		22	Day: add 6 hours RN	25-26
	Day: add 6 hours of CNA	26	Day add 6 hours RN		
27-29	Day: add 8 hours of CNA				32-38
	Day: add 6 hours of CNA				

☐ 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: At a census of 4 patients for this unit (Surgical) the patients will be combined with another unit to increase census ensure the minimum number is reached, or this unit will be closed to combine patients.

☒ Other

Description: Using this model of care, team nursing is incorporated. On Day Shift with census 1-15 one vRN is added, with census 16-30 two vRN's are added, with census 31-45 three vRN's are added, with census 46-max 56 four vRN's are added. For Night shift, census 1-30 one vRN is added, 31-56 two vRN's are added.

A Unit secretary will work seven days a week for 10 hours per day.



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Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:		Progressive Care Unit (PCU)									
Unit/ Clinic Type:		Inpatient Nursing									
Unit/ Clinic Address:		5633 N Lidgerood St., Spokane WA									
Average Daily Census:		36				Maximum # of Beds:			42		
Effective as of:		1/1/2025									
Census											
Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
6	Day	12	2	0	0	0	4.00	0.00	0.00	0.00	4.00
	Night	12	2	0	0	0	4.00	0.00	0.00	0.00	
7	Day	12	3	0	0	0	5.14	0.00	0.00	0.00	5.14
	Night	12	2	0	0	0	3.43	0.00	0.00	0.00	
8	Day	12	3	0	0	0	4.50	0.00	0.00	0.00	4.50
	Night	12	2	0	0	0	3.00	0.00	0.00	0.00	
9	Day	12	3	0	1	0	4.00	0.00	1.33	0.00	5.33
	Night	12	3	0	0	0	4.00	0.00	0.00	0.00	
10	Day	12	3	0	1	0	3.60	0.00	1.20	0.00	4.80
	Night	12	3	0	1	0	3.60	0.00	1.20	0.00	
11	Day	12	3	0	1	0	3.27	0.00	1.09	0.00	4.36
	Night	12	3	0	1	0	3.27	0.00	1.09	0.00	
12	Day	12	4	0	1	0	4.00	0.00	1.00	0.00	5.00
	Night	12	3	0	1	0	3.00	0.00	1.00	0.00	
13	Day	12	4	0	1	0	3.69	0.00	0.92	0.00	4.62
	Night	12	3	0	1	0	2.77	0.00	0.92	0.00	
14	Day	12	4	0	1	0	3.43	0.00	0.86	0.00	4.29
	Night	12	3	0	1	0	2.57	0.00	0.86	0.00	
15	Day	12	4	0	1	0	3.20	0.00	0.80	0.00	4.00
	Night	12	4	0	1	0	3.20	0.00	0.80	0.00	
16	Day	12	4	0	2	0	3.00	0.00	1.50	0.00	4.50
	Night	12	4	0	1	0	3.00	0.00	0.75	0.00	
17	Day	12	5	0	2	0	3.53	0.00	1.41	0.00	4.94
	Night	12	4	0	1	0	2.82	0.00	0.71	0.00	
18	Day	12	5	0	2	0	3.33	0.00	1.33	0.00	4.67
	Night	12	5	0	1	0	3.33	0.00	0.67	0.00	
19	Day	12	6	0	2	0	3.79	0.00	1.26	0.00	5.05
	Night	12	5	0	1	0	3.16	0.00	0.63	0.00	
20	Day	12	6	0	2	0	3.60	0.00	1.20	0.00	

20	Night	12	5	0	1	0	3.00	0.00	0.60	0.00	4.80
21	Day	12	6	0	2	0	3.43	0.00	1.14	0.00	4.57
	Night	12	6	0	1	0	3.43	0.00	0.57	0.00	
22	Day	12	6	0	3	0	3.27	0.00	1.64	0.00	4.91
	Night	12	6	0	1	0	3.27	0.00	0.55	0.00	
23	Day	12	7	0	3	0	3.65	0.00	1.57	0.00	5.22
	Night	12	6	0	1	0	3.13	0.00	0.52	0.00	
24	Day	12	7	0	3	0	3.50	0.00	1.50	0.00	5.00
	Night	12	6	0	2	0	3.00	0.00	1.00	0.00	
25	Day	12	7	0	3	0	3.36	0.00	1.44	0.00	4.80
	Night	12	6	0	2	0	2.88	0.00	0.96	0.00	
26	Day	12	8	0	3	0	3.69	0.00	1.38	0.00	5.08
	Night	12	6	0	2	0	2.77	0.00	0.92	0.00	
27	Day	12	8	0	3	0	3.56	0.00	1.33	0.00	4.89
	Night	12	7	0	2	0	3.11	0.00	0.89	0.00	
28	Day	12	8	0	3	0	3.43	0.00	1.29	0.00	4.71
	Night	12	8	0	2	0	3.43	0.00	0.86	0.00	
29	Day	12	9	0	3	0	3.72	0.00	1.24	0.00	4.97
	Night	12	8	0	2	0	3.31	0.00	0.83	0.00	
30	Day	12	9	0	3	0	3.60	0.00	1.20	0.00	4.80
	Night	12	8	0	2	0	3.20	0.00	0.80	0.00	
31	Day	12	9	0	4	0	3.48	0.00	1.55	0.00	5.03
	Night	12	8	0	2	0	3.10	0.00	0.77	0.00	
32	Day	12	10	0	4	0	3.75	0.00	1.50	0.00	5.25
	Night	12	9	0	2	0	3.38	0.00	0.75	0.00	
33	Day	12	10	0	4	0	3.64	0.00	1.45	0.00	5.09
	Night	12	9	0	2	0	3.27	0.00	0.73	0.00	
34	Day	12	10	0	4	0	3.53	0.00	1.41	0.00	4.94
	Night	12	9	0	2	0	3.18	0.00	0.71	0.00	
35	Day	12	11	0	4	0	3.77	0.00	1.37	0.00	5.14
	Night	12	10	0	2	0	3.43	0.00	0.69	0.00	
36	Day	12	11	0	4	0	3.67	0.00	1.33	0.00	5.00
	Night	12	10	0	3	0	3.33	0.00	1.00	0.00	
37	Day	12	11	0	4	0	3.57	0.00	1.30	0.00	4.86
	Night	12	10	0	3	0	3.24	0.00	0.97	0.00	
38	Day	12	12	0	4	0	3.79	0.00	1.26	0.00	5.05
	Night	12	10	0	3	0	3.16	0.00	0.95	0.00	
39	Day	12	12	0	4	0	3.69	0.00	1.23	0.00	4.92
	Night	12	11	0	3	0	3.38	0.00	0.92	0.00	
40	Day	12	12	0	4	0	3.60	0.00	1.20	0.00	4.80
	Night	12	11	0	3	0	3.30	0.00	0.90	0.00	
41	Day	12	12	0	4	0	3.51	0.00	1.17	0.00	4.68
	Night	12	11	0	3	0	3.57	0.00	0.97	0.00	
42	Day	12	12	0	4	0	3.43	0.00	1.14	0.00	4.57
	Night	12	11	0	3	0	3.14	0.00	0.86	0.00	

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Respiratory Therapy	X	X	X	X
IV Therapy	X	X		X
Wound Care/Ostomy	X			
Rapid Response	X	X	X	X
Physical Therapist/Occupational Therapy	X			
Care Management (Case Managers/SW)	X			X
Phlebotomy	X	X	X	X
Chaplains	X			
Dialysis	X	X		Saturday
Lactation Services	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

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	Surgical Medical Admit Unit (SMAU)					
Unit/ Clinic Type:	Mixed Inpatient and Outpatient					
Unit/ Clinic Address:	5633 N Lidgerwood Ave					
Effective as of:	1/1/2025					
Hours of the day						
Hour of the day	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	UAP's
5:00a	Day	12	7		2	1
6:00a	Day	12	7		2	1
7:00a	Day	12	8		2	1
8:00a	Day	12	9		2	1
9:00a	Day	12	10		2	1
10:00a	Day	12	10		2	1
11:00a	Day	12	12		2	1
12:00p	Day	12	12		2	1
1:00p	Day	12	12		2	1
2:00p	Day	12	5		1	
3:00p	Evening	12	5		1	
4:00p	Evening	12	5		1	
5:00p	Evening	12	5		1	
6:00p	Evening	12	5			

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Respiratory Therapy	X	X	X	X
IV Therapy	X	X		X
Wound Care/Ostomy	X			
Rapid Response	X	X	X	X
Physical Therapist/Occupational Therapy	X			
Care Management (Case Managers/SW)	X			X
Phlebotomy	X	X	X	X
Chaplains	X			
Lactation Services	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: We usually start a supplemental RN as one of the 0530 RN's. We staff 2 or more RN's in the nerve block pod based on number of blocks needed each day. Staff is flexed up or down as needed based on volumes. NAC's are shared with PACU, SMAU and OR for transport purposes.



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Fixed Staffing Matrix

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

Unit/ Clinic Name:	Post Anesthesia Care Unit (PACU)					
Unit/ Clinic Type:	Mixed Inpatient and outpatient					
Unit/ Clinic Address:	5633 N Lidgerwood Ave					
Effective as of:	1/1/2025					
Hours of the day						
Hour of the day	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
8:00a	Day	12	2			
9:00a	Day	12	4			
10:00a	Day	12	4		1	
11:00a	Day	12	6		1	
12:00p	Day	12	6		1	
1:00p	Day	12	6		1	
2:00p	Day	12	6		1	
3:00p	Evening	12	6		1	
4:00p	Evening	12	5		1	
5:00p	Evening	12	4		1	
6:00p	Evening	12	3		1	
7:00p	Evening	12	2			

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Respiratory Therapy	X	X	X	X
IV Therapy	X	X		X
Wound Care/Ostomy	X			
Rapid Response	X	X	X	X
Physical Therapist/Occupational Therapy	X			
Care Management (Case Managers/SW)	X			X
Phlebotomy	X	X	X	X
Chaplains	X			
Lactation Services	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: Staff is flexed up or down based on volumes. The NAC/transporter is shared with SMAU and OR to cover sick calls and for transport purposes. RN planned count includes the charge RN who may take patients when needed.

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

Description:

☐ Skill mix

Description:

☐ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

Description:

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

Description:

☐ Other

Description:



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Fixed Staffing Matrix

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

Unit/ Clinic Name:	Operating Room					
Unit/ Clinic Type:	Inpatient and outpatient					
Unit/ Clinic Address:	5633 N Lidgerwood Ave					
Effective as of:	1/1/2025					
Hours of the day						
Hour of the day	Shift Type	Shift Length	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
open staffing	D	12	1	0	1	0
700	D	12	10	0	1	0
1500	E	12	4	0	3	0
1700	E	12	2	0	1	0
1900	E	12	1	0	1	0

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Teams available to all units				
Respiratory Therapy	X	X	X	X
IV Therapy	X	X		X
Wound Care/Ostomy	X			
Rapid Response	X	X	X	X
Physical Therapist/Occupational Therapy	X			
Care Management (Case Managers/SW)	X			X
Phlebotomy	X	X	X	X
Chaplains	X			
Teams available to Inpatient				
Dialysis	X	X		Saturday
Lactation Services	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: A Certified Surgical Tech (CST) will be utilized throughout the day based on caseload. An Anesthesia tech will also be incorporated based on workload and time of day.

☐ 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: Partial numbers reflect partial shift coverage and volume based staffing for the operating room. A shared transport resource is routinely available to assist (SMAU, PACU and OR).



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Fixed Staffing Matrix

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

Unit/ Clinic Name:	Endoscopy					
Unit/ Clinic Type:	Inpatient and Outpatient					
Unit/ Clinic Address:	5633 N Lidgerwood Ave					
Effective as of: 2025	1/1/2025					
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
1	Day	12	6	0	1	0
2	Day	12	9	0	1	0
3	Day	12	12	0	1	0
4	Day	12	14	0	1	0

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Respiratory Therapy	X	X	X	X
IV Therapy	X	X		X
Wound Care/Ostomy	X			
Rapid Response	X	X	X	X
Physical Therapist/Occupational Therapy	X			
Care Management (Case Managers/SW)	X			X
Phlebotomy	X	X	X	X
Chaplains	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: add 1 Additional Nurse for Motilities on Monday and Wednesday

☒ Skill mix

Description: Procedural techs will be added based on caseload 2 tech's will be used for each room that is open. The role of scope processing will also be added based on caseload 1 scope processor will be added for 1-2 rooms and 2 scope processor will be added for 3-4 rooms.

☐ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

Description:

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

Description:

☐ Other

Description:



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Fixed Staffing Matrix

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

Unit/ Clinic Name:	Infusion					
Unit/ Clinic Type:	Outpatient					
Unit/ Clinic Address:	5633 N Lidgerwood Ave					
Effective as of:	1/1/2025					
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
1	Day	12	2		0	
2	Day	12	2		0	
	Day	12	2		0	

[illegible]

8	Day	12	2		0	
9	Day	12	2		0	
10	Day	12	2		0	
11	Day	12	2		0	
	Day	12	2		0	

12					
13	Day	12	3		1
14	Day	12	3		1
15	Day	12	3		1
16	Day	12	3		1

[illegible]

21	Day	12	4		1
22	Day	12	4		1
23	Day	12	4		1
24	Day	12	4		1
	Day	12	4		1

[illegible]

30	Day	12	5		2
31	Day	12	5		2
32	Day	12	5		2
33	Day	12	5		2
	Day	12	5		2

34					
35	Day	12	5		2
36	Day	12	5		2
37	Day	12	6		2
38	Day	12	6		2

[illegible]

[illegible]

Unit Information

Additional Care Team Members

[illegible]

Unit Information

Factors Considered in the Development of the Unit Staffing Plan

(Check all that apply):

- ☒
- Activity such as patient admissions, discharges, and transfers

Description: This unit utilizes two schedulers.

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

Description: If volume exceeds 46 seven nurses and two NAC's will be utilized.

- ☐
- 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: