COVER PAGE

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

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Hospital Staffing Form

Attestation

Date: 6/2/25

I, the undersigned with responsibility for Providence St. Mary Medical Cent attest that the attached hospital staffing plan and matrix are in accordance with RCW 70.41.420 for 2025 , and includes all units covered under our hospital license under RCW 70.41.

As approved by:	Reza Kaleel		
	The	P	6/3/2025
	18	C	

Hospital Information

Name of Hospital: Providence St. Mary Medical Center						
Hospital License #: HAC.F	Hospital License #: HAC.FS.0000050					
Hospital Street Address: 401	W. Po	plar S	St.			
City/Town: Walla Walla	а	State: W	Α		Zip code: 99362	
Is this hospital license affiliated wi	ith more tha	an one locat	ion?	√ Yes		
If "Yes" was selected, please provide the location name and address Chase Medical Complex 380 Chase Ave Walla Walla, WA 99362						
Review Type:	Anr	nual	Review Dat	_{e:} 1/1/26		
	√ Upd	late	Next Reviev	w Date: 1/1	/26	
Effective Date: 6/16/25						
Date Approved: 5/28/25						

Hospital Information Continued (Optional)

Fi	actors Considered in the Development of the Hospital Staffing Plan (check all that apply):
147	Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations
Descript	tion:
	Terms of applicable collective bargaining agreement
Descript United f	rtion: Food and Commercial Workers 3000 Employment Agreement (2022-2025)
ar	elevant state and federal laws and rules including those regarding meal and rest breaks nd use of overtime and on-call shifts
Descript Engross	sed Second Substitute Bill 5236
√ H	lospital finances and resources
Descript	tion:
√ c	Other
level of	e daily census and acuity, minimum daily census and acuity, staff skill mix and experience, the need for specialized equipment, the geography of the patient care at the availability of other personnel and patient care staff supporting nursing

Signature

CEO & Co-chairs Name:	Signature:	Date:
Reza Kaleel, Chief Executive		6/3/2025
Melissa Bowe, Director Emergency Services, Co-Chair	W 191554 12. 180 We	0225
Amanda Fortney, RN, Co-Chair	(I mender atus	6/5/25
		•

Total	Votes
# of Approvals	# of Denials
13	0
	
<u>.</u>	

Access unit staffing matrices here.

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Fixed Staffing Matrix

ī								
Unit/ Clinic Name:	Outpatient Infusion (Kror	Outpatient Infusion (Kronos - 170073002001)						
Unit/ Clinic Type:	Hospital	lospital						
Unit/ Clinic Address:	401 W Poplar St., Walla V	Valla, WA 9936	52					
Effective as of:	6/1/2025							
Day of the week								
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's		
Monday	0800-1630	8.5	2	0	0	0		
Tuesday	0800-1630	8.5	2	0	0	0		
Wednesday	0800-1630	8.5	2	0	0	0		
Thursday	0800-1630	8.5	2	0	0	0		
Friday	0800-1630	8.5	2	0	0	0		
Saturday	0800-1300	5.0	1	0	0	0		
Sunday	0800-1300	5.0	1	0	0	0		



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(Washington Relay) or email doh.information@doh.wa.gov.

Additional Care Team Members						
		Shift Coverage				
Occupation	Day	Evening	Night	Weekend		
Outpatient Infusion Unit Info						
Case Manager/Discharge Planner	Χ					
Chaplain	Χ					
Diagnostic Imaging	Χ					
Environmental Services	Х			Х		
Radiation Therapist	Х					
Social Worker	Х					
Lab	Х					
Security	Х			Х		
Pharmacy	Х					
Respiratory Therapy	Х			Х		
RN Navigators	Х					
PSR/Schedulers	Х					

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply): Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

	$\overline{}$
☐ Other	
- Calci	
Unit information in aludos acrosivas in addition to lluvusing atoff lluvba are quallable approving atoly 000/ of the time for each abi	
Unit information includes caregivers, in addition to "nursing staff," who are available approximately 80% of the time for each shi	ι
indicated and who have potential patient impact/contact.	



Unit/ Clinic Name:

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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.

Cancer Center Chemotherapy (Kronos - 170076410001)

		-р/ (,			
Unit/ Clinic Type:	HUD						
Unit/ Clinic Address:	401 W Poplar St., Walla W	/alla, WA 9936	52				
Effective as of:	6/1/2025	/1/2025					
Day of the week							
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	
Monday	0700-1600	8.5	1	0	0	0	
	0730-1630	8.5	1	0	0	0	
	0800-1700	8.5	1	0	0	0	
Tuesday	0700-1600	8.5	1	0	0	0	
	0730-1630	8.5	1	0	0	0	
	0800-1700	8.5	1	0	0	0	
Wednesday	0700-1600	8.5	1	0	0	0	
	0730-1630	8.5	1	0	0	0	
	0800-1700	8.5	1	0	0	0	

Thursday	0700-1600	8.5	1	0	0	0
	0730-1630	8.5	1	0	0	0
	0800-1700	8.5	1	0	0	0
Friday	0700-1200	5.0	1	0	0	0
	0730-1230	5.0	1	0	0	0



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(Washington Relay) or email doh.information@doh.wa.gov.

Additional Care Team Members					
		Shift Coverage			
Occupation	Day	Evening	Night	Weekend	
Chemotherapy Unit Info					
Case Manager/Discharge Planner	Χ				
Chaplain	Χ				
Diagnostic Imaging	Χ				
Environmental Services	Χ	Х			
Radiation Therapist	Χ				
Social Worker	Х				
Lab	Χ				
Security	Χ	Х			
Pharmacy	Χ				
Respiratory Therapy	Χ				
RN Navigators	Х				
PSR/Schedulers	Х				

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

Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
☐ Other
Unit Information includes caregivers, in addition to "nursing staff," who are available approximately 80% of the time for each indicated shift and who have potential patient impact/contact.



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Fixed Staffing Matrix

Unit/ Clinic Name:	Cancer Center Medical Oncology (Kronos - 170050028001)											
Unit/ Clinic Type:	HUD											
Unit/ Clinic Address:	401 W Poplar St., Walla Walla, WA 99362											
Effective as of:	5/1/2025											
Day of the week												
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's						
Monday	0700-1600	8.5	0	0	0	1						
	0730-1630	8.5	1	0	0	0						
	0800-1630	8.0	1	0	0	0						
Tuesday	0700-1600	8.5	0	0	0	1						
	0730-1630	8.5	1	0	0	0						
	0800-1630	8.0	1	0	0	0						
Wednesday	0700-1600	8.5	0	0	0	1						
	0730-1630	8.5	1	0	0	0						
	0800-1630	8.0	1	0	0	0						

Thursday	0700-1600	8.5	0	0	0	1
	0730-1630	8.5	1	0	0	0
	0800-1630	8.0	1	0	0	0
Friday	0700-1100	4	0	0	0	1
	0730-1200	5	1	0	0	0



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(Washington Relay) or email doh.information@doh.wa.gov.

Additional Care Team Members									
	Shift Coverage								
Occupation	Day	Evening	Night	Weekend					
Medical Oncology Unit Info									
Case Manager/Discharge Planner	X								
Chaplain	X								
Diagnostic Imaging	X								
Environmental Services	Х	Х							
Radiation Therapist	Х								
Social Worker	Х								
Lab	Х								
Security	Х	Х							
Pharmacy	Х								
Respiratory Therapy	Х								
RN Navigators	Х								
PSR/Schedulers	Χ								

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

Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication
preparation areas, and equipment
☐ Other
List information in aludes coverings in addition to lineuraing staff llushed are qualified annual impactable 000% of the time for the chift
Unit information includes caregivers, in addition to "nursing staff," who are available approximately 80% of the time for the shift
indicated and who have potential patient impact/contact.



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Fixed Staffing Matrix

Unit/ Clinic Name:	Cancer Center Radiation Oncology (Kronos - 170050026002)											
Unit/ Clinic Type:	HUD	HUD										
Unit/ Clinic Address:	401 W Poplar St., Walla V	101 W Poplar St., Walla Walla, WA 99362										
Effective as of:	6/1/2025	/1/2025										
Day of the week												
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's						
Monday	0800-1630	8	1	0	0	1						
Tuesday	0800-1630	8	1	0	0	1						
Wednesday	0800-1630	8	1	0	0	1						
Thursday	0800-1630	8	1	0	0	1						
Friday	0800-1400	6	0	0	0	1						
	0800-1300	5	1	0	0	0						



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(Washington Relay) or email doh.information@doh.wa.gov.

Additional Care Team Members									
	Shift Coverage								
Occupation	Day	Evening	Night	Weekend					
Radiation Oncology Unit Info									
Case Manager/Discharge Planner	Χ								
Chaplain	Χ								
Diagnostic Imaging	Χ								
Environmental Services	Х	Х							
Radiation Therapist	Х								
Social Worker	Х								
Lab	Х								
Security	Х	Х							
Pharmacy	Х								
Respiratory Therapy	Х								
RN Navigators	Х								
PSR/Schedulers	Х								

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

Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
☐ Other
Unit information includes caregivers, in addition to "nursing staff," who are available approximately 80% of the time for the shift indicated and who have potential patient impact/contact.



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Na	ime:	Operating Roo	Operating Room - Intraop (Kronos - 170074210001)								
Unit/ Clinic Ty	pe:	Operating Roo	Operating Room - Intraop								
Unit/ Clinic Ad	ldress:	401 W Poplar	401 W Poplar Street, Walla Walla, WA 99362								
Average Daily	Census:	N/A				Maxim	um # of Bed	s:	N/A		
Effective as of	:	6/1/2025									
# of Rooms											
# of Rooms	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
1	Monday-Friday 0700-1530	8	2	0	0	2	8	0	0	8	26.00
	Monday-Friday 0700-1930	12	0	0	0	1	0	0	0	6	
	Monday-Friday 1100-1930	8	1	0	0	0	4	0	0	0	

2	Monday-Friday										38.00
	0700-1530	8	2	0	0	2	8	0	0	8	
	Monday-Friday										
	0700-1930	12	1	0	0	2	6	0	0	12	
	Monday-Friday										
	1100-1930	8	1	0	0	0	4	0	0	0	
3	Monday-Friday										28.00
	0700-1530	8	2	0	0	3	5	0	0	8	
	Monday-Friday										
	0700-1930	12	1	0	0	2	4	0	0	8	
	Monday-Friday										
	1100-1930	8	1	0	0	0	3	0	0	0	
4	Monday-Friday										23.00
	0700-1530	8	3	0	0	3	6	0	0	6	
	Monday-Friday										
	0700-1930	12	1	0	0	2	3	0	0	6	
	Monday-Friday										
	1100-1930	8	1	0	0	0	2	0	0	0	
5	Monday-Friday										22.40
	0700-1530	8	3	0	0	4	5	0	0	6	
	Monday-Friday										
	0700-1930	12	2	0	0	2	5	0	0	5	
	Monday-Friday										
	1100-1930	8	1	0	0	0	2	0	0	0	



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(Washington Relay) or email doh.information@doh.wa.gov.

Additional Care Team Members									
	Shift Coverage								
Occupation	Day	Evening	Night	Weekend					
Operating Room Unit Info									
Case Manager/Discharge Planner	X								
Clerical Assistant	X								
Chaplain	X								
Diagnostic Imaging	X								
Environmental Services	Х								
Lab	Х								
Operating Room Assistant	Х	Х							
Therapies	Х								
Sterile Processing Technician	X	Х							

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):	
☐ Other	
This volume-based matrix includes the charge nurse, RNs, Surgical Techs, and Anesthesia Techs. The Metric Measure is ma number of rooms at the end of the day. Unit information includes caregivers, in addition to "nursing staff," who are available approximately 80% of the time for the shift indicated and who have potential patient impact/contact.	



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Fixed Staffing Matrix

Unit/ Clinic Name:	Cardiac Cath Lab & Diagnostic Imaging (Kronos - 17007570001, Epic - 1222090 IR Intraop, 1222086 CV Intraop)											
Unit/ Clinic Type:	Procedural Care											
Unit/ Clinic Address:	401 W Poplar St., Walla W	401 W Poplar St., Walla Walla, WA										
Effective as of:	6/1/2025											
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						
Cardiac Cath Lab	Monday 0630-1700	10	2			1						
	Tuesday 0630-1700	10	2			1						
	Wednesday 0630-1700	10	2			1						
	Thursday 0630-1700	10	2			1						
	Friday 0630-1700	10	2			1						
Diagnostic Imaging	Monday 0630-1700	10	1			1						
	Tuesday 0630-1700	10	1			1						

Wednesday 0630-1700	10	1		1
Thursday 0630-1700	10	1		1
Friday 0630-1700	10	1		1



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Additional Care Team Members											
	Shift Coverage										
Occupation	Day	Evening	Night	Weekend							
Cath Lab Unit Info											
Case Manager/Discharge Planner	X										
Clerical Assistant	X										
Chaplain	Х										
Diagnostic Imaging	Х										
Environmental Services	Х										
Lab	X										
Respiratory Therapy	Х										
Therapies	Х										
				_							

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply): Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication Other This fixed matrix includes the Charge Nurse, RNs, and Cath Lab Techs. Unit information includes caregivers, in addition to "nursing staff," who are available approximately 80% of the time for the shift indicated and who have potential patient impact/contact.



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Fixed Staffing Matrix

Unit/ Clinic Name:	Emergency Department (Kronos - 170070100002)											
Unit/ Clinic Type:	Emergency Department	Emergency Department										
Unit/ Clinic Address:	401 W Poplar, Walla Wall	101 W Poplar, Walla Walla, WA										
Effective as of:	6/1/2025	/1/2025										
Day of the week												
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's						
Sunday	0700-1930	12	3			3						
	0900-2130	12	2			0						
	1200-0030	12	1			1						
	1900-0730	12	3			2						
Monday	0700-1930	12	3			3						
	0900-2130	12	2			0						
	1200-0030	12	1			1						
	1900-0730	12	3			2						
Tuesday	0700-1930	12	3			3						

	0900-2130	12	2		0
	1200-0030	12	1		1
	1900-0730	12	3		2
Wednesday	0700-1930	12	3		3
	0900-2130	12	2		0
	1200-0030	12	1		1
	1900-0730	12	3		2
Thursday	0700-1930	12	3		3
	0900-2130	12	2		0
	1200-0030	12	1		1
	1900-0730	12	3		2
Friday	0700-1930	12	3		3
	0900-2130	12	2		0
	1200-0030	12	1		1
	1900-0730	12	3		2
Saturday	0700-1930	12	3		3
	0900-2130	12	2		0
	1200-0030	12	1	_	1
	1900-0730	12	3		2



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Additional Care Team Members										
	Shift Coverage									
Occupation	Day	Evening	Night	Weekend						
ED Unit Info	X									
Case Manager/Discharge Planner Chaplain	X	X	Х	X						
Charge Nurse	Χ	Х	Х	Х						
Diagnostic Imaging	Х	Х	Х	Χ						
Environmental Services	Х	Х	Х	Х						
Lab	Х									
Patient Care Attendants	Х									
Respiratory Therapy	Χ	Х	Х	Χ						
Receptionist	Х									
Security	Х	Х	Х	Χ						
Therapies	Χ									

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

Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication
preparation areas, and equipment
N Company of the Comp
☐ Other
This fixed matrix does not include the Charge Nurse. Unit information includes caregivers, in addition to "nursing staff," who are
available approximately 80% of the time for the shift indicated and who have potential patient impact/contact.



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Na	ame:	Mixed Acuity Unit (Step-Down Acuity) (K				ronos - 1	700601000	01)			
Unit/ Clinic Ty	pe:	Hospital	Hospital								
Unit/ Clinic Ac	ldress:	401 W Poplar	401 W Poplar Street, Walla Walla, WA 99362								
Average Daily	Census:	4				Maxim	um # of Bed	s:	14		
Effective as of	:	6/1/2025									
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)
1	0700-1930	12.0	2	0	0	0	24	0	0	0	48.00
	1900-0730	12.0	2	0	0	0	24	0	0	0	
2	0700-1930	12.0	2	0	0	0	12	0	0	0	24.00
	1900-0730	12.0	2	0	0	0	12	0	0	0	
3	0700-1930	12.0	2	0	0	0	8	0	0	0	16.00
	1900-0730	12.0	2	0	0	0	8	0	0	0	

4	0700-1930	12.0	2	0	0	0	6	0	0	0	12.00
	1900-0730	12.0	2	0	0	0	6	0	0	0	
5	0700-1930	12.0	2	0	0	0	5	0	0	0	9.60
	1900-0730	12.0	2	0	0	0	5	0	0	0	
6	0700-1930	12.0	2	0	0	1	4	0	0	2	12.00
	1900-0730	12.0	2	0	0	1	4	0	0	2	
7	0700-1930	12.0	2	0	0	1	3	0	0	2	10.29
	1900-0730	12.0	2	0	0	1	3	0	0	2	
8	0700-1930	12.0	2	0	0	1	3	0	0	2	9.00
	1900-0730	12.0	2	0	0	1	3	0	0	2	
9	0700-1930	12.0	3	0	0	1	4	0	0	1	10.67
	1900-0730	12.0	3	0	0	1	4	0	0	1	
10	0700-1930	12.0	3	0	0	2	4	0	0	2	12.00
	1900-0730	12.0	3	0	0	2	4	0	0	2	
11	0700-1930	12.0	3	0	0	2	3	0	0	2	10.91
	1900-0730	12.0	3	0	0	2	3	0	0	2	
12	0700-1930	12.0	3	0	0	2	3	0	0	2	10.00
	1900-0730	12.0	3	0	0	2	3	0	0	2	
13	0700-1930	12.0	4	0	0	2	4	0	0	2	11.08
	1900-0730	12.0	4	0	0	2	4	0	0	2	
14	0700-1930	12.0	4	0	0	2	3	0	0	2	10.29
	1900-0730	12.0	4	0	0	2	3	0	0	2	



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Additional Care Team Members										
	Shift Coverage									
Occupation	Day	Evening	Night	Weekend						
Mixed Acuity Unit Info										
Respiratory Therapy	X	Х	Х	Х						
Imaging	X	Х	Х	Х						
Lab	X	Х	Х	Х						
Dietary	Х	Х		Χ						
Pallative Care	Х									
Chaplain	Х	Х								
Case Manager	Х									
EVS staff	Х	Х	Х	X						
Telemetry Tech	Х	Х	Х	Х						
Charge Nurse	Х	Х	Х	Х						

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

	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication
	preparation areas, and equipment
<u> </u>	preparation areas, and equipment
1	
1	
1	
	Other
in a	Charge Nurse is not included in this staffing plan, but can take a patient load if needed. Unit Information includes caregivers, addition to "nursing staff," who are available approximately 80% of the time for the shift indicated and who have potential ient impact/contact. The ICU is considered a acituity-adaptable unit, all beds are universal, accommodating intensive care,
Ste	p-down, and medical/surgical overflow level of care patients.
1	
1	
1	
1	



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Fixed Staffing Matrix

Unit/ Clinic Name:	Cardiopulmonary Rehab	Cardiopulmonary Rehab (Kronos - 170075930001)										
Unit/ Clinic Type:	Outpatient Cardiopulmo	Outpatient Cardiopulmonary Rehab										
Unit/ Clinic Address:	401 W Poplar, Walla Wal	401 W Poplar, Walla Walla, WA										
Effective as of:	6/1/2025	5/1/2025										
Day of the week												
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's						
Monday	0700-1530	8	1									
Tuesday	0700-1530	8	1									
Wednesday	0700-1530	8	1									
Thursday	0700-1530	8	1									
Friday	0700-1530	8	1									



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(Washington Relay) or email doh.information@doh.wa.gov.

Additional Care Team Members												
	Shift Coverage											
Occupation	Day	Evening	Night	Weekend								
*Cardiopulmonary Rehab Unit Info												
Exercise Physiologist	Χ											
Respiratory Therapist	Χ											
Receptionist	Х											
Security	Х											
Environmental Services	Х											

Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
☐ Other
Unit information includes caregivers, in addition to "nursing staff," who are available approximately 80% of the time for the shift indicated and who have potential patient impact/contact.



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Fixed Staffing Matrix

Unit/ Clinic Name:		Surgery and Procedure Center (Kronos - 170074270001, Epic - 1224376 WSM Preadmit Clinic, 1221768 WSM OR Pre Op)												
Unit/ Clinic Type:	Hospital	Hospital												
Unit/ Clinic Address:	401 W Poplar, Walla Wa	101 W Poplar, Walla Walla WA												
Effective as of:	6/1/2025	/1/2025												
Hours of the day														
Hour of the day	Day of the week	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's								
0500	Monday-Friday	1	0			1								
0600	Monday-Friday	1	6			2								
0700	Monday-Friday	1	6			2								
0800	Monday-Friday	1	10			2								
0900	Monday-Friday	1	12			2								

1000	Monday-Friday	1	12		2
1100	Monday-Friday	1	12		2
1200	Monday-Friday	1	12		2
1300	Monday-Friday	1	12		2
1400	Monday-Friday	1	10		2
1500	Monday-Friday	1	8		2
1600	Monday-Friday	1	6		1
1700	Monday-Friday	1	4		0
1800	Monday-Friday	1	4		0
1900	Monday-Friday	1	4		0
2000	Monday-Friday	1	3		0
2100	Monday-Friday	1	3		0
2200	Monday-Friday	1	2		0
2300-0500 Unit Closed	Monday-Friday	6	0		0



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(Washington Relay) or email doh.information@doh.wa.gov.

Additional Care Team Members												
	Shift Coverage											
Occupation	Day	Evening	Night	Weekend								
SPC Unit Info												
Case Manager/Discharge Planner	Χ											
Clerical Assistant	Χ											
Chaplain	Х											
Diagnostic Imaging	Х											
Environmental Services	Х											
Lab	Х											
Operating Room Assistant	Х	Х										
Therapies	Χ											

Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication
preparation areas, and equipment
ртораталот агоазу ата одагртот
☐ Other
The Charge Nurse is included in this staffing matrix. Unit information includes caregivers, in addition to "nursing staff," who are
available approximately 80% of the time for the shift indicated and who have potential patient impact/contact.



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Na	ime:	Endoscopy (K	ndoscopy (Kronos 170077610001)									
Unit/ Clinic Ty	pe:	Procedural Ca	ocedural Care									
Unit/ Clinic Ad	ldress:	401 W Poplar	01 W Poplar St., Walla Walla, WA									
Average Daily	Census:	N/A				Maxim	um # of Bed	s:	N/A			
Effective as of	:	6/1/2025	1/2025									
# of Rooms												
# of Rooms	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)	
1	Monday-Friday 0700-1530	8	1	0	0	2	8	0	0	16	24.00	
2	Monday-Friday 0700-1530	8	2	0	0	3	8	0	0	12	20.00	



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(Washington Relay) or email doh.information@doh.wa.gov.

Additional Care Team Members												
	Shift Coverage											
Occupation	Day	Evening	Night	Weekend								
Endo Unit Info												
Case Manager/Discharge Planner	X											
Clerical Assistant	X											
Chaplain	Χ											
Diagnostic Imaging	Χ											
Environmental Services	Χ											
Lab	Χ											
Operating Room Assistant	Χ	Х										
Therapies	Χ											

Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication	
preparation areas, and equipment	
☐ Other	
The Charge Nurse is not included in this staffing matrix, but is available to take a patient load as needed. Unit information	
includes caregivers, in addition to "nursing staff," who are available approximately 80% of the time for the shift indicated and v	who
have potential patient impact/contact.	WIIO
liave potentiat patient impact/contact.	



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Na	me:	Medical Uni	Medical Unit (Kronos - 170061700001)									
Unit/ Clinic Ty	pe:	Medical Acu	te/Pediat	tric								
Unit/ Clinic Ad	dress:	401 W Popla	401 W Poplar St., 3rd Floor, Walla Walla, WA									
Average Daily	Census:	25				Maxim	um # of Bed	s:	32			
Effective as of:		6/1/2025										
Census												
Census	Shift Type	Shift Length in Hours	- Of					Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)	
5	0700-1900	12	2	0	0	1	4.80	0.00	0.00	2.40	14.40	
	1900-0700	12	2	0	0	1	4.80	0.00	0.00	2.40		
6	0700-1900	12	2	0	0	1	4.00	0.00	0.00	2.00	12.00	
	1900-0700	12	2	0	0	1	4.00	0.00	0.00	2.00		
7	0700-1900	12	2	0	0	1	3.43	0.00	0.00	1.71	10.29	
	1900-0700	12	2	0	0	1	3.43	0.00	0.00	1.71		

1900-0700	8	0700-1900	12	2	0	0	1	3.00	0.00	0.00	1.50	9.00
190-0700		1900-0700	12	2	0	0	1	3.00	0.00	0.00	1.50	
10	9	0700-1900	12	2	0	0	2	2.67	0.00	0.00	2.67	9.33
1900-0700 12 2 0 0 2 2.40 0.00 0.00 2.40		1900-0700	12	2	0	0	1	2.67	0.00	0.00	1.33	
11	10	0700-1900	12	2	0	0	2	2.40	0.00	0.00	2.40	9.60
1900-0700		1900-0700	12	2	0	0	2	2.40	0.00	0.00	2.40	
12	11	0700-1900	12	3	0	0	2	3.27	0.00	0.00	2.18	9.82
1900-0700		1900-0700	12	2	0	0	2	2.18	0.00	0.00	2.18	
13	12	0700-1900	12	3	0	0	2	3.00	0.00	0.00	2.00	9.00
1900-0700 12 3 0 0 2 2.77 0.00 0.00 1.85		1900-0700	12	2	0	0	2	2.00	0.00	0.00	2.00	
14 0700-1900 12 3 0 0 2 2.57 0.00 0.00 1.71 8.57 1900-0700 12 3 0 0 2 2.57 0.00 0.00 1.71 8.57 15 0700-1900 12 3 0 0 2 2.40 0.00 0.00 1.60 8.00 16 0700-1900 12 4 0 0 2 2.40 0.00 0.00 1.60 8.00 16 0700-1900 12 4 0 0 2 3.00 0.00 0.00 1.50 8.25 17 0700-1900 12 4 0 0 3 2.82 0.00 0.00 2.12 8.47 18 0700-1900 12 4 0 0 3 2.67 0.00 0.00 1.33 8.00 19 0700-1900 12 4 0 0 3	13	0700-1900	12	3	0	0	2	2.77	0.00	0.00	1.85	9.23
1900-0700		1900-0700	12	3	0	0	2	2.77	0.00	0.00	1.85	
15	14	0700-1900	12	3	0	0	2	2.57	0.00	0.00	1.71	8.57
1900-0700		1900-0700	12	3	0	0	2	2.57	0.00	0.00	1.71	
16	15	0700-1900	12	3	0	0	2	2.40	0.00	0.00	1.60	8.00
1900-0700 12 3 0 0 2 2.25 0.00 0.00 1.50		1900-0700	12	3	0	0	2	2.40	0.00	0.00	1.60	
17 0700-1900 12 4 0 0 3 2.82 0.00 0.00 2.12 8.47 1900-0700 12 3 0 0 2 2.12 0.00 0.00 1.41 8.47 18 0700-1900 12 4 0 0 3 2.67 0.00 0.00 2.00 8.00 19 0700-1900 12 4 0 0 3 2.53 0.00 0.00 1.89 8.84 19 0700-1900 12 4 0 0 3 2.53 0.00 0.00 1.89 8.84 20 0700-1900 12 4 0 0 3 2.40 0.00 0.00 1.89 8.40 21 0700-1900 12 4 0 0 3 2.40 0.00 0.00 1.80 8.40 21 0700-1900 12 5 0 0 3	16	0700-1900	12	4	0	0	2	3.00	0.00	0.00	1.50	8.25
1900-0700		1900-0700	12	3	0	0	2	2.25	0.00	0.00	1.50	
18 0700-1900 12 4 0 0 3 2.67 0.00 0.00 2.00 8.00 19 0700-1900 12 4 0 0 3 2.53 0.00 0.00 1.89 8.84 1900-0700 12 4 0 0 3 2.53 0.00 0.00 1.89 8.84 20 0700-1900 12 4 0 0 3 2.40 0.00 0.00 1.80 8.40 20 0700-1900 12 4 0 0 3 2.40 0.00 0.00 1.80 8.40 21 0700-1900 12 5 0 0 3 2.86 0.00 0.00 1.71 8.57 1900-0700 12 4 0 0 3 2.29 0.00 0.00 1.64 8.18 22 0700-1900 12 5 0 0 3 2.18 0.00 0.00 1.64 8.18 23 0700-1900 12 5	17	0700-1900	12	4	0	0	3	2.82	0.00	0.00	2.12	8.47
1900-0700 12 3 0 0 2 2.00 0.00 0.00 1.33 19 0700-1900 12 4 0 0 3 2.53 0.00 0.00 1.89 8.84 1900-0700 12 4 0 0 3 2.53 0.00 0.00 1.89 8.84 20 0700-1900 12 4 0 0 3 2.40 0.00 0.00 1.80 8.40 21 0700-1900 12 4 0 0 3 2.86 0.00 0.00 1.71 8.57 1900-0700 12 4 0 0 3 2.86 0.00 0.00 1.71 8.57 22 0700-1900 12 5 0 0 3 2.73 0.00 0.00 1.64 8.18 23 0700-1900 12 4 0 0 3 2.18 0.00 0.00		1900-0700	12	3	0	0	2	2.12	0.00	0.00	1.41	
19 0700-1900 12 4 0 0 3 2.53 0.00 0.00 1.89 8.84 1900-0700 12 4 0 0 3 2.53 0.00 0.00 1.89 20 0700-1900 12 4 0 0 3 2.40 0.00 0.00 1.80 21 0700-1900 12 5 0 0 3 2.86 0.00 0.00 1.71 8.57 1900-0700 12 4 0 0 3 2.73 0.00 0.00 1.64 8.18 22 0700-1900 12 5 0 0 3 2.73 0.00 0.00 1.64 8.18 23 0700-1900 12 5 0 0 3 2.61 0.00 0.00 1.57 7.83	18	0700-1900	12	4	0	0	3	2.67	0.00	0.00	2.00	8.00
1900-0700 12 4 0 0 3 2.53 0.00 0.00 1.89 20 0700-1900 12 4 0 0 3 2.40 0.00 0.00 1.80 8.40 1900-0700 12 4 0 0 3 2.40 0.00 0.00 1.80 21 0700-1900 12 5 0 0 3 2.86 0.00 0.00 1.71 8.57 1900-0700 12 4 0 0 3 2.29 0.00 0.00 1.71 8.57 22 0700-1900 12 5 0 0 3 2.73 0.00 0.00 1.64 8.18 1900-0700 12 4 0 0 3 2.18 0.00 0.00 1.64 23 0700-1900 12 5 0 0 3 2.61 0.00 0.00 1.57 7.83		1900-0700	12	3	0	0	2	2.00	0.00	0.00	1.33	
20 0700-1900 12 4 0 0 3 2.40 0.00 0.00 1.80 8.40 1900-0700 12 4 0 0 3 2.40 0.00 0.00 1.80 21 0700-1900 12 5 0 0 3 2.86 0.00 0.00 1.71 8.57 1900-0700 12 4 0 0 3 2.29 0.00 0.00 1.71 8.18 22 0700-1900 12 5 0 0 3 2.73 0.00 0.00 1.64 8.18 1900-0700 12 4 0 0 3 2.18 0.00 0.00 1.64 23 0700-1900 12 5 0 0 3 2.61 0.00 0.00 1.57 7.83	19	0700-1900	12	4	0	0	3	2.53	0.00	0.00	1.89	8.84
21 0700-1900 12 4 0 0 3 2.40 0.00 0.00 1.80 21 0700-1900 12 5 0 0 3 2.86 0.00 0.00 1.71 8.57 1900-0700 12 4 0 0 3 2.29 0.00 0.00 1.71 22 0700-1900 12 5 0 0 3 2.73 0.00 0.00 1.64 8.18 1900-0700 12 4 0 0 3 2.18 0.00 0.00 1.64 23 0700-1900 12 5 0 0 3 2.61 0.00 0.00 1.57 7.83		1900-0700	12	4	0	0	3	2.53	0.00	0.00	1.89	
21 0700-1900 12 5 0 0 3 2.86 0.00 0.00 1.71 8.57 1900-0700 12 4 0 0 3 2.29 0.00 0.00 1.71 22 0700-1900 12 5 0 0 3 2.73 0.00 0.00 1.64 8.18 1900-0700 12 4 0 0 3 2.18 0.00 0.00 1.64 23 0700-1900 12 5 0 0 3 2.61 0.00 0.00 1.57 7.83	20	0700-1900	12	4	0	0	3	2.40	0.00	0.00	1.80	8.40
1900-0700 12 4 0 0 3 2.29 0.00 0.00 1.71 22 0700-1900 12 5 0 0 3 2.73 0.00 0.00 1.64 8.18 1900-0700 12 4 0 0 3 2.18 0.00 0.00 1.64 23 0700-1900 12 5 0 0 3 2.61 0.00 0.00 1.57 7.83		1900-0700	12	4	0	0	3	2.40	0.00	0.00	1.80	
22 0700-1900 12 5 0 0 3 2.73 0.00 0.00 1.64 8.18 1900-0700 12 4 0 0 3 2.18 0.00 0.00 1.64 23 0700-1900 12 5 0 0 3 2.61 0.00 0.00 1.57 7.83	21	0700-1900	12	5	0	0	3	2.86	0.00	0.00	1.71	8.57
1900-0700 12 4 0 0 3 2.18 0.00 0.00 1.64 23 0700-1900 12 5 0 0 3 2.61 0.00 0.00 1.57 7.83		1900-0700	12	4	0	0	3	2.29	0.00	0.00	1.71	
23 0700-1900 12 5 0 0 3 2.61 0.00 0.00 1.57 7.83	22	0700-1900	12	5	0	0	3	2.73	0.00	0.00	1.64	8.18
		1900-0700	12	4	0	0	3	2.18	0.00	0.00	1.64	
1900-0700 12 4 0 0 3 2.09 0.00 0.00 1.57	23	0700-1900	12	5	0	0	3	2.61	0.00	0.00	1.57	7.83
		1900-0700	12	4	0	0	3	2.09	0.00	0.00	1.57	

24	Day (7a-7p)	12	5	0	0	3	2.50	0.00	0.00	1.50	7.50
	Night (7p- 7a)	12	4	0	0	3	2.00	0.00	0.00	1.50	
25	Day (7a-7p)	12	5	0	0	4	2.40	0.00	0.00	1.92	8.16
	Night (7p- 7a)	12	5	0	0	3	2.40	0.00	0.00	1.44	
26	Day (7a-7p)	12	6	0	0	4	2.77	0.00	0.00	1.85	8.31
	Night (7p- 7a)	12	5	0	0	3	2.31	0.00	0.00	1.38	
27	Day (7a-7p)	12	6	0	0	4	2.67	0.00	0.00	1.78	8.00
	Night (7p- 7a)	12	5	0	0	3	2.22	0.00	0.00	1.33	
28	Day (7a-7p)	12	6	0	0	4	2.57	0.00	0.00	1.71	8.14
	Night (7p- 7a)	12	5	0	0	4	2.14	0.00	0.00	1.71	
29	Day (7a-7p)	12	6	0	0	4	2.48	0.00	0.00	1.66	7.86
	Night (7p- 7a)	12	5	0	0	4	2.07	0.00	0.00	1.66	
30	Day (7a-7p)	12	6	0	0	4	2.40	0.00	0.00	1.60	7.60
	Night (7p- 7a)	12	5	0	0	4	2.00	0.00	0.00	1.60	
31	Day (7a-7p)	12	7	0	0	4	2.71	0.00	0.00	1.55	8.13
	Night (7p- 7a)	12	6	0	0	4	2.32	0.00	0.00	1.55	
32	Day (7a-7p)	12	7	0	0	4	2.63	0.00	0.00	1.50	7.88
	Night (7p- 7a)	12	6	0	0	4	2.25	0.00	0.00	1.50	
33	Day (7a-7p)	12	7	0	0	5	2.55	0.00	0.00	1.82	8.00
	Night (7p- 7a)	12	6	0	0	4	2.18	0.00	0.00	1.45	
34	Day (7a-7p)	12	7	0	0	5	2.47	0.00	0.00	1.76	7.76
	Night (7p- 7a)	12	6	0	0	4	2.12	0.00	0.00	1.41	



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Additional Care Team Members											
	Shift Coverage										
Occupation	Day	Evening	Night	Weekend							
Medical Unit Info											
Case Manager/Discharge Planner	X			Χ							
Receptionist	X	Х		Χ							
Chaplain	Х										
Diagnostic Imaging	Х										
Environmental Services	Х	Х		Х							
Lab	Х	Х	Х	Χ							
Therapies	Х										
Security	Х	Х	Х	Х							
Respiratory Therapy	Х	X	Х	Х							

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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Oth or
☐ Other
Unit would be closed for a census below 5. The Charge Nurse is included in this matrix. Unit information includes caregivers, in
addition to "nursing staff," who are available approximately 80% of the time for the shift indicated and who have potential patient
impact/contact.



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Patient Volume-based Staffing Matrix Formula Template

gical Unit (Vrance 17006170002)

Unit/ Clinic Na	ime:	Surgical Unit (Surgical Unit (Kronos - 17006170003)								
Unit/ Clinic Ty	pe:	Surgical, CVA,	Ortho								
Unit/ Clinic Ad	ldress:	401 W Poplar	St., 4th F	loor, Wa	lla Walla,	WA					
Average Daily	age Daily Census: 16 Maximum					um # of Bed	s:	22			
Effective as of	:	6/2/2025									
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	0700-1900	12	2	0	0	1	4.80	0.00	0.00	2.40	14.40
	1900-0700	12	2	0	0	1	4.80	0.00	0.00	2.40	
6	0700-1900	12	2	0	0	1	4.00	0.00	0.00	2.00	12.00
	1900-0700	12	2	0	0	1	4.00	0.00	0.00	2.00	
7	0700-1900	12	2	0	0	1	3.43	0.00	0.00	1.71	10.29
	1900-0700	12	2	0	0	1	3.43	0.00	0.00	1.71	

8	0700-1900	12	2	0	0	1	3.00	0.00	0.00	1.50	9.00
	1900-0700	12	2	0	0	1	3.00	0.00	0.00	1.50	
9	0700-1900	12	2	0	0	2	2.67	0.00	0.00	2.67	9.33
	1900-0700	12	2	0	0	1	2.67	0.00	0.00	1.33	
10	0700-1900	12	2	0	0	2	2.40	0.00	0.00	2.40	9.60
	1900-0700	12	2	0	0	2	2.40	0.00	0.00	2.40	
11	0700-1900	12	3	0	0	2	3.27	0.00	0.00	2.18	9.82
	1900-0700	12	2	0	0	2	2.18	0.00	0.00	2.18	
12	0700-1900	12	3	0	0	2	3.00	0.00	0.00	2.00	9.00
	1900-0700	12	2	0	0	2	2.00	0.00	0.00	2.00	
13	0700-1900	12	3	0	0	2	2.77	0.00	0.00	1.85	9.23
	1900-0700	12	3	0	0	2	2.77	0.00	0.00	1.85	
14	0700-1900	12	3	0	0	2	2.57	0.00	0.00	1.71	8.57
	1900-0700	12	3	0	0	2	2.57	0.00	0.00	1.71	
15	0700-1900	12	3	0	0	2	2.40	0.00	0.00	1.60	8.00
	1900-0700	12	3	0	0	2	2.40	0.00	0.00	1.60	
16	0700-1900	12	4	0	0	2	3.00	0.00	0.00	1.50	8.25
	1900-0700	12	3	0	0	2	2.25	0.00	0.00	1.50	
17	0700-1900	12	4	0	0	3	2.82	0.00	0.00	2.12	8.47
	1900-0700	12	3	0	0	2	2.12	0.00	0.00	1.41	
18	0700-1900	12	4	0	0	3	2.67	0.00	0.00	2.00	8.00
	1900-0700	12	3	0	0	2	2.00	0.00	0.00	1.33	
19	0700-1900	12	4	0	0	3	2.53	0.00	0.00	1.89	8.84
	1900-0700	12	4	0	0	3	2.53	0.00	0.00	1.89	
20	0700-1900	12	4	0	0	3	2.40	0.00	0.00	1.80	8.40
	1900-0700	12	4	0	0	3	2.40	0.00	0.00	1.80	
21	0700-1900	12	5	0	0	3	2.86	0.00	0.00	1.71	8.57
	1900-0700	12	4	0	0	3	2.29	0.00	0.00	1.71	
22	0700-1900	12	5	0	0	3	2.73	0.00	0.00	1.64	8.18
	1900-0700	12	4	0	0	3	2.18	0.00	0.00	1.64	



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Additional Care Team Members											
	Shift Coverage										
Occupation	Day	Evening	Night	Weekend							
Surgical Unit Info											
Case Manager/Discharge Planner	X			Χ							
Receptionist	Χ	Х		Χ							
Chaplain	X										
Diagnostic Imaging	Х										
Environmental Services	X	Х		Х							
Lab	Х	Х	Х	Х							
Therapies	Χ										
Security	Χ	Х	Х	Х							
Respiratory Therapy	Х	Х	Х	Х							

Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication
preparation areas, and equipment
☐ Other
This unit would close for a census below 5. The Charge Nurse is included in this matrix. Unit information includes caregivers, in addition to "nursing staff," who are available approximately 80% of the time for the shift indicated and who have potential patient impact/contact.



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Na	me:	Inpatient Reh	patient Rehab (Kronos - 170064400001)								
Unit/ Clinic Ty	pe:	Adult IPR									
Unit/ Clinic Ad	dress:	401 W Poplar	St., 3rd F	loor, Wa	lla Walla,	WA					
Average Daily	Census:	6 Maximum # of Beds: 8									
Effective as of		6/1/2025									
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)
1	0700-1900	12	1	0	0	0	12.00	0.00	0.00	0.00	24.00
	1900-0700	12	1	0	0	0	12.00	0.00	0.00	0.00	
2	0700-1900	12	1	0	0	0	6.00	0.00	0.00	0.00	12.00
	1900-0700	12	1	0	0	0	6.00	0.00	0.00	0.00	
3	0700-1900	12	1	0	0	0	4.00	0.00	0.00	0.00	8.00
	1900-0700	12	1	0	0	0	4.00	0.00	0.00	0.00	

4	0700-1900	12	1	0	0	1	3.00	0.00	0.00	3.00	9.00
	1900-0700	12	1	0	0	0	3.00	0.00	0.00	0.00	
5	0700-1900	12	1	0	0	1	2.40	0.00	0.00	2.40	9.60
	1900-0700	12	1	0	0	1	2.40	0.00	0.00	2.40	
6	0700-1900	12	1	0	0	1	2.00	0.00	0.00	2.00	8.00
	1900-0700	12	1	0	0	1	2.00	0.00	0.00	2.00	
7	0700-1900	12	1	0	0	1	1.71	0.00	0.00	1.71	6.86
	1900-0700	12	1	0	0	1	1.71	0.00	0.00	1.71	
8	0700-1900	12	1	0	0	1	1.50	0.00	0.00	1.50	6.00
	1900-0700	12	1	0	0	1	1.50	0.00	0.00	1.50	



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Additional Care Team Members										
	Shift Coverage									
Occupation	Day	Evening	Night	Weekend						
IPR Unit Info	· · · · · · · · · · · · · · · · · · ·									
Case Manager/Discharge Planner	X			X						
Receptionist	Х	X		Х						
Chaplain	Х									
Diagnostic Imaging	X									
Environmental Services	Х	Х		Х						
Lab	Х	Х	Х	Χ						
Therapies	X									
Security	X	Х	Х	Χ						
Respiratory Therapy	Х	Х	Х	Х						

Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication
preparation areas, and equipment
☐ Other
List information in aludes coverings in addition to lineuraing staff llushed are qualled a propositionately 000/ of the time for the chift
Unit information includes caregivers, in addition to "nursing staff," who are available approximately 80% of the time for the shift
indicated and who have potential patient impact/contact.



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Na	ame:	Labor and Delivery and Postpartum Unit (Kronos - 170064000001, Epic - WSM Mother Baby 1222005 & WSM Labor and Delivery 1222004)										
Unit/ Clinic Ty	pe:	Women's Serv	vices									
Unit/ Clinic Ad	ldress:	401 W Poplar St., Walla Walla, WA										
Average Daily	Census:	2.5 Maximum # of Beds: 10										
Effective as of	:	6/1/2025										
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)	
1	0700-1930	12	1	0	0	0	12.00	0.00	0.00	0.00	24.00	
	1900-0730	12	1	0	0	0	12.00	0.00	0.00	0.00		
2	0700-1930	12	1	0	0	0	6.00	0.00	0.00	0.00	12.00	
	1900-0730	12	1	0	0	0	6.00	0.00	0.00	0.00		
3	0700-1930	12	1	0	0	1	4.00	0.00	0.00	4.00	16.00	

	1900-0730	12	1	0	0	1	4.00	0.00	0.00	4.00	
4	0700-1930	12	1	0	0	1	3.00	0.00	0.00	3.00	12.00
	1900-0730	12	1	0	0	1	3.00	0.00	0.00	3.00	
5	0700-1930	12	1	0	0	1	2.40	0.00	0.00	2.40	9.60
	1900-0730	12	1	0	0	1	2.40	0.00	0.00	2.40	
6	0700-1930	12	2	0	0	1	4.00	0.00	0.00	2.00	12.00
	1900-0730	12	2	0	0	1	4.00	0.00	0.00	2.00	
7	0700-1930	12	2	0	0	1	3.43	0.00	0.00	1.71	10.29
	1900-0730	12	2	0	0	1	3.43	0.00	0.00	1.71	
8	0700-1930	12	2	0	0	1	3.00	0.00	0.00	1.50	9.00
	1900-0730	12	2	0	0	1	3.00	0.00	0.00	1.50	
9	0700-1930	12	2	0	0	1	2.67	0.00	0.00	1.33	8.00
	1900-0730	12	2	0	0	1	2.67	0.00	0.00	1.33	
10	0700-1930	12	3	0	0	1	3.60	0.00	0.00	1.20	9.60
	1900-0730	12	3	0	0	1	3.60	0.00	0.00	1.20	
11	0700-1930	12	3	0	0	1	3.27	0.00	0.00	1.09	8.73
	1900-0730	12	3	0	0	1	3.27	0.00	0.00	1.09	
12	0700-1930	12	3	0	0	1	3.00	0.00	0.00	1.00	8.00
	1900-0730	12	3	0	0	1	3.00	0.00	0.00	1.00	
13	0700-1930	12	3	0	0	1	2.77	0.00	0.00	0.92	7.38
	1900-0730	12	3	0	0	1	2.77	0.00	0.00	0.92	
14	0700-1930	12	3	0	0	1	2.57	0.00	0.00	0.86	6.86
	1900-0730	12	3	0	0	1	2.57	0.00	0.00	0.86	
15	0700-1930	12	3	0	0	1	2.40	0.00	0.00	0.80	6.40
	1900-0730	12	3	0	0	1	2.40	0.00	0.00	0.80	
16	0700-1930	12	3	0	0	1	2.25	0.00	0.00	0.75	6.00
	1900-0730	12	3	0	0	1	2.25	0.00	0.00	0.75	
17	0700-1930	12	3	0	0	1	2.12	0.00	0.00	0.71	5.65
	1900-0730	12	3	0	0	1	2.12	0.00	0.00	0.71	
18	0700-1930	12	3	0	0	1	2.00	0.00	0.00	0.67	5.33
	1900-0730	12	3	0	0	1	2.00	0.00	0.00	0.67	
19	0700-1930	12	3	0	0	1	1.89	0.00	0.00	0.63	5.05

	1900-0730	12	3	0	0	1	1.89	0.00	0.00	0.63	
20	0700-1930	12	3	0	0	1	1.80	0.00	0.00	0.60	4.80
	1900-0730	12	3	0	0	1	1.80	0.00	0.00	0.60	
0	0700-1930	12.00	1.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	1900-0730	12.00	1.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	



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	Additional Care Tea	m Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
L&D&PP Unit Info				
Respiratory Therapist	X	Х	Х	Χ
Case Manager/Discharge Planner	Х			
Receptionist	Х			
Chaplain	Х			
Diagnostic Imaging	X			
Environmental Services	Х			
Lab	Х			
Therapies	Х			
Security	Х	Х	Х	Х
		+		

	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
ì	
	☐ Other
	Staffing will be adjusted according to AWHONN National Professional Staffing Guidelines. The Charge Nurse is not included in the staffing plan but is able to take a patient load when needed. Unit information includes caregivers, in addition to "nursing staff," who are available approximately 80% of the time for the shift indicated and who have potential patient impact/contact.



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name: Unit/ Clinic Type:		Specialty Care Nursery (Kronos - 17006530001) Special Care Nursery										
Average Daily Census:		0.5			Maximum # of Beds:			4				
Effective as of:		6/1/2025										
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)	
0	0700-1930	12	0	0	0	0	0.00	0.00	0.00	0.00	0.00	
	1930-0700	12	0	0	0	0	0.00	0.00	0.00	0.00		
1	0700-1930	12	1	0	0	0	12.00	0.00	0.00	0.00	24.00	
	1930-0700	12	1	0	0	0	12.00	0.00	0.00	0.00		
2	0700-1930	12	1	0	0	0	6.00	0.00	0.00	0.00	12.00	
	1930-0700	12	1	0	0	0	6.00	0.00	0.00	0.00		

3	0700-1930	12	1	0	0	0	4.00	0.00	0.00	0.00	8.00
	1930-0700	12	1	0	0	0	4.00	0.00	0.00	0.00	
4	0700-1930	12	1	0	0	0	3.00	0.00	0.00	0.00	6.00
	1930-0700	12	1	0	0	0	3.00	0.00	0.00	0.00	



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(Washington Relay) or email doh.information@doh.wa.gov.

	Additional Care Tea	m Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
SCN Unit Info				
Respiratory Therapist	Χ	Х	Х	Χ
Case Manager/Discharge Planner	Χ			
Receptionist	Х			
Chaplain	Χ			
Diagnostic Imaging	Χ			
Environmental Services	Χ			
Lab	Χ			
Therapies	Χ			
Security	Х	X	Х	X

Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
□ Other
Other Staffing will be adjusted according to AWHONN National Professional Staffing Guidelines. Unit information includes caregivers, in addition to "nursing staff," who are available approximately 80% of the time for the shift indicated and who have potential patient
impact/contact.