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Fixed Staffing Matrix

Unit/ Clinic Name:		ACE SL	.U							
Unit/ Clinic Type:	Outpatient									
Unit/ Clinic Address:	825 EAST	825 EASTLAKE AVE. E. SEATTLE, WA 98109								
Effective as of:	1-Jan-25									
Metric:										
Please select metric type	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's				
MONDAY	0945-2215	12	1	0	0	0				
	0745-1815	10	1	0	0	0				

		1				
		+	-			
	_					
TUESDAY	0945-2215	12	1	0	0	0
	0745-1815	10	1	0	0	0
WEDNESDAY	0945-2215	12	1	0	0	0
	0745-1815	10	1	0	0	0
		+				
THURSDAY	0945-2215	12	1	0	0	0
MONSDAT	0745-1815	10	1			
	0745-1615	10	1 1	0	0	0

			_			1
FRIDAY	0945-2215	12	1	0	0	0
	0745-1815	10	1	0	0	0
			-			
			<u> </u>			
SATURDAY	0745-1815	10	1	0	0	0
SUNDAY	0745-1815	10	1	0	0	0
	07 13 1013					
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HOLIDAY	0745-1815	10	1	0	0	0

Washington State Department of HEALTH			call 1-800-525	is document in another format, 5-0127. Deaf or hard of hearing please call 711 (Washington
DOH 346-154			1	Relay) or email formation@doh.wa.gov.
	Unit Information	n		
	Additional Care Team Me	mbers		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend

						Unit Information					
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			Fa	ctors C	Considered in the D	Development of the	e Unit	Staffin	g Plar	า	
						k all that apply):			_		
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7	Acti	vity su	cn as pati	ent adm	nissions, discharges, and	transfers					
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	Patient	acuity	level int	ensity of	care needs, and the tw	pe of care to be delivere	d on ea	ch shift			
7	raticiit	acuity	icvei, iiic	Lisity O	care needs, and the ty	oc or care to be delivere	u on ca	CITSIIIIC			

	7	Skill mix	K									
	7	Level of	fexper	ience of n	nursing a	and patient care staff						
	7	Need fo	r spec	ialized or	intensiv	e equipment						_
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	paration are		the unit such as placen nt	ient of patier	it rooi	ns, tre	atmen	ιai	eas, II	ursing	Station	is, med	aication	
														
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Fixed Staffing Matrix

Unit/ Clinic Name:		Aphere	sis								
Unit/ Clinic Type:		Outpati	ent								
Unit/ Clinic Address:	825 EASTI	LAKE AVE. E. S	EATTLE, \	NA 9810	9						
Effective as of:	1-Jan-25										
Metric:											
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					
	0700-1730	10	10	0	0	1					
	1730-2200	4	1	0	0	0					
MONDAY											

	0700-1730	10	10	0	0	1
	1730-2200	4	1	0	0	0
TUESDAY						
10235/11						
	0700 4700	10	10			
	0700-1730 1730-2200	10	10	0	0	1
	1730-2200	4	1	0	0	0
WEDNESDAY						
	0700-1730	10	10	0	0	1
	1730-2200	4	10	0	0	1
THURSDAY						

			1		1	
	0700-1730	10	10	0	0	1
	1730-2200	4	1	0	0	0
	1730 2200		1	U	U	0
FRIDAY						
	1 st Call Nurse 0700-2200	15	1	0	0	0
	2 nd Call Nurse 0800-1200	4	1	0	0	0
SATURDAY						
SATORDAT						
	1st Call Nurse 0700-2200	15	1	0	0	0
	2nd Call Nurse 0800-1200	4	1	0	0	0
SUNDAY			+			
	<u> </u>					
			+			

	1st Call Nurse 0700-2200	15	1	0	0	0
	2nd Call Nurse 0800-1200	4	1	0	0	0
HOLIDAYS						
HOLIDAYS						
		l				



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Unit Information

Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
Apheresis Manager	1	0	0	0		
Nursing Supervisor	1	0	0	0		

Unit Information

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

 Activity such as patient admissions, discharges, and transfers
Description:
☑ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift
Description:

ı	☑ Skill mix
	Description:
	✓ Level of experience of nursing and patient care staff
	Description:
_[☑ Need for specialized or intensive equipment
1	Description:

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment							
Des	Description:							
	Other							
Des	cription:							



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Fixed Staffing Matrix

Unit/ Clinic Name:	ВМТ					
Unit/ Clinic Type:		Outpati	ent			
Unit/ Clinic Address:	825 EAST	LAKE AVE. E. S	EATTLE, \	NA 9810	9	
Effective as of:		1-Jan-2	25			
Metric:						
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
	0700 - 1800	10.5	1	0	0	0
	0730 -1730	9.5	2	0	0	0
	0800-1800	9.5	15	0	0	7
MONDAY						

	0700 - 1800	10.5	1	0	0	0
	0730 -1730	9.5	2	0	0	0
	0800-1800	9.5	15	0	0	7
THECDAY						
TUESDAY						
	0700 - 1800	10.5	1	0	0	0
	0730 -1730	9.5	2	0	0	0
	0800-1800	9.5	15	0	0	7
WEDNESDAY						
WEDNESDAT						
	0700 - 1800	10.5	1	0	0	0
	0730 -1730	9.5	2	0	0	0
	0800-1800	9.5	16	0	0	7
THURSDAY						
HIONSDAT						

		1	T			
						
	0700 - 1800	10.5	1	0	0	0
	0730 -1730	9.5	2	0	0	0
	0800-1800	9.5	15	0	0	7
FDIDAY						
FRIDAY						
		10	1			
	0730-1800	9	6	0	0	0
	0800-1730	9	0	0	0	1
		+				
		+				
SATURDAY						
	0730-1800	10	1	0	0	0
	0800-1730	9	6	0	0	1
SUNDAY						
					+	

	0730-1700	9.5	1	0	О	0
	0800-1700	8.5	8	0	0	2
HOLLDAVC						
HOLIDAYS						
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Unit Information

Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
Nurse Supervisor	2	0	0	0		
Clincal Operations Manager	1	0	0	0		
MA Supervisor	1	0	0	0		

Unit Information

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

Activity such as patient admissions, discharges, and transfers	
Description:	
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift	
Description:	

ı	☑ Skill mix
	Description:
	✓ Level of experience of nursing and patient care staff
	Description:
_[☑ Need for specialized or intensive equipment
1	Description:

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment							
Desc	Description:							
I								
	Other							
Desc	ription:							



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Fixed Staffing Matrix

Unit/ Clinic Name:	Breast Imaging							
Unit/ Clinic Type:	Outpatient							
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109							
Effective as of:		1-Jan-2	25					
Metric:								
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		
	0730-1800	10	1	0	0	0		
	0730-1600	8	0	0	0	1		
MONDAY								

			1			
	0730-1800	10	1	0	0	0
	0730-1600	8	0	0	0	1
TUESDAY						
	0730-1800	10	1	0	0	0
	0730-1600	8	0	0	0	1
WEDNESDAY						
	0720 4000	40	1 4		_	
	0730-1800	10	1	0	0	0
	0730-1600	8	0	0	0	1
	l					
THURSDAY						

	0730-1800	10	1	0	0	0
	0730-1600	8	0	0	0	1
FRIDAY						
			-			
			1			
	CLOSED					
SATURDAY						
3/11/01/07/11						
			<u> </u>			
	CLOSED					
	CLOSED					
CLINDAY						
SUNDAY						

	CLOSED			
HOLIDAYS				



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Unit Information

Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
Mammo Techno Lead	1	0	0	0		
Mammo Techno x 5	1	0	0	0		
Mammo Techno x 1	1	0	0	1		
Clinic Coordinator-Breast Imaging	2	0	0	0		
Mammo Techno QC lead	1	0	0	0		
Breast Imaging Supervisor	2	0	0	1 (phone support)		

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:

ı	☑ Skill mix
	Description:
	✓ Level of experience of nursing and patient care staff
	Description:
_[☑ Need for specialized or intensive equipment
1	Description:

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment							
Des	Description:							
	Other							
Des	cription:							



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Fixed Staffing Matrix

Unit/ Clinic Name:	сти							
Unit/ Clinic Type:	Outpatient							
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109							
Effective as of:		1-Jan-2	25					
Metric:								
Please select metric type	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's		
MONDAY	AM Charge Nurse	8	1	0	0	0		
	PM Charge Nurse	10	1	0	0	0		
	AM Shift	8	2	0	0	0		
	AM Shift	10	2	0	0	1		
	Mid Shift	10	1	0	0	1		
	Evening Shift	8	1	0	0	0		

	Evening Shift	10	1	0	0	0
TUESDAY	AM Charge Nurse	8	1	0	0	0
	PM Charge Nurse	10	1	0	0	0
	AM Shift	8	2	0	0	0
	AM Shift	10	2	0	0	1
	Mid Shift	10	1	0	0	1
	Evening Shift	8	1	0	0	0
	Evening Shift	10	1	0	0	0
WEDNESDAY	AM Charge Nurse	8	1	0	0	0
	PM Charge Nurse	10	1	0	0	0
	AM Shift	8	2	0	0	0
	AM Shift	10	2	0	0	1
	Mid Shift	10	1	0	0	1
	Evening Shift	8	1	0	0	0
	Evening Shift	10	1	0	0	0
THURSDAY	AM Charge Nurse	8	1	0	0	0
	PM Charge Nurse	10	1	0	0	0
	AM Shift	8	2	0	0	0
	AM Shift	10	2	0	0	1
	Mid Shift	10	1	0	0	1
	Evening Shift	8	1	0	0	0
	Evening Shift	10	1	0	0	0

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			-			
FRIDAY	AM Charge Nurse	8	1	0	0	0
	PM Charge Nurse	10	1	0	0	0
	AM Shift	8	2	0	0	0
	AM Shift	10	2	0	0	1
	Mid Shift	10	1	0	0	1
	Evening Shift	8	1	0	0	0
	Evening Shift	10	1	0	0	0
SATURDAY	CLOSED					
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			1			
SUNDAY	CLOSED		 			
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HOLIDAY	CLOSED			

Washington State Department of HEALTH DOH 346-154			call 1-800-52! customers,	is document in another format, 5-0127. Deaf or hard of hearing please call 711 (Washington Relay) or email formation@doh.wa.gov.	
	Unit Informat	ion			
	Additional Care Team M	lembers			
		Shift Coverage			
Occupation	Day	Evening	Night	Weekend	
Nurse Manager	1	0	0	0	
Nursing Supervisor	11	0	0	0	
Patient Access Coordinator	2	0	0	0	
Clinical Trials Coordinator	1	0	0	0	

						Unit Information					
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			Fa	ctors C	Considered in the I	Development of th	e Unit	Staffin	g Plar	า	
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7	ACTI	vity su	cn as pati	ent adm	nissions, discharges, and	transfers					
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	Patient	acuity	level int	ensity of	care needs, and the ty	pe of care to be delivere	nd on ea	ch shift			
7	ratient	acuity	level, ille	Lisity Oi	care needs, and the ty	pe of care to be delivere	u on ea	CIT SITIL	ļ		
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	7	Skill mix	K									
	7	Level of	fexper	ience of n	nursing a	and patient care staff						
	7	Need fo	r spec	ialized or	intensiv	e equipment						_
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	ion areas, and	the unit such as placen ent	ient of patier	1001	iiis, ti e	atiliell	Laic	zas, 110	ar sirig	statioi	15, 11160	alcation	
proposition .													
□ Other													
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Fixed Staffing Matrix

Unit/ Clinic Name:		4th Floor Sh	ort Stay			
Unit/ Clinic Type:	Outpatient					
Unit/ Clinic Address:	825 EAST	LAKE AVE. E. S	EATTLE, \	NA 9810	9	
Effective as of:		1-Jan-2	25			
Metric:						
Please select metric type	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
MONDAY	0815-1845	10	5	0	1	0
	0915-1745	8	1	0	0	0
	0800-1630	8	0	0	1	0

		+	+			
TUESDAY	0815-1845	10	5	0	1	0
TUESDAT		8	1	0	1	0
	0915-1745			0	0	0
	0800-1630	8	0	0	1	0
		-				
		_				
		+				
		-				
WEDNESD AV	0015 1045	10	5	_		
WEDNESDAY	0815-1845	10		0	1	0
	0915-1745	8	1	0	0	0
	0800-1630	8	0	0	1	0
THURSDAY	0815-1845	10	5	0	1	0
	0915-1745	8	1	0	0	0
	0800-1630	8	0	0	1	0

		1	1	1		
50:5	0045 4045	10	<u> </u>			
FRIDAY	0815-1845	10	5	0	1	0
	0915-1745	8	1	0	0	0
	0800-1630	8	0	0	1	0
SATURDAY	CLOSED					
SUNDAY	CLOSED					
		1				
		1				
		1				

HOLIDAYS	CLOSED			

Washington State Department of HEALTH DOH 346-154			call 1-800-52! customers,	is document in another format 5-0127. Deaf or hard of hearing , please call 711 (Washington Relay) or email formation@doh.wa.gov.	
	Unit Informati	on			
	Additional Care Team M	embers			
		Shift Coverage	;		
Occupation	Day	Evening	Night	Weekend	
Patient Access Coordinator	2	0	0	0	
					-

						Unit Information					
						Offic filloffillation					<u> </u>
			Fa	ctors C	Considered in the D	Development of the	e Unit	Staffin	g Plar	า	
						k all that apply):			_		
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7	ACTI	vity su	cn as pati	ent adm	nissions, discharges, and	transfers					
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	Patient	acuity	level int	ensity of	care needs, and the tw	pe of care to be delivere	d on ea	ch shift			
7	raticiit	acuity	icvei, iiic	Lisity O	care needs, and the ty	oc or care to be delivere	u on ca	CITSIIIIC			

	7	Skill mix	K									
	7	Level of	fexper	ience of n	nursing a	and patient care staff						
	7	Need fo	r spec	ialized or	intensiv	e equipment						_
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	paration are		the unit such as placen nt	ient of patier	it rooi	ns, tre	aumen	ιai	eas, II	ursing	Station	is, med	aication	
														
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Fixed Staffing Matrix

Unit/ Clinic Name:	Fred Hutchinson Cancer Center @ EvergreenHealth Infusion						
Unit/ Clinic Type:	Infusion						
Unit/ Clinic Address:	12040 NE 128th Street, Suite Silver 1600, Kirkland, WA 98034						
Effective as of:		1-Jan-2	25				
Metric:							
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	
	0700-1730	10	1	0	0	0	
	0730-1800	10	6	0	0	0	
	0730-1700	9	2	0	0	0	
	0745-1815	10	1	0	0	0	
MONDAY	0800-1630	8	0	0	1	0	
WONDAT							

TUESDAY 0730-1800	
TUESDAY 0730-1800	
TUESDAY 0730-1800	
TUESDAY 0730-1800	
TUESDAY 0730-1700 9	0 0
TUESDAY 0745-1815 10 2 0	0
TUESDAY 0800-1630	0
TUESDAY	0
0700-1730 10 2 0 0730-1800 10 6 0 0730-1700 10 1 0 0745-1815 10 1 0	1 0
0730-1800 10 6 0 0730-1700 10 1 0 0745-1815 10 1 0	
0730-1800 10 6 0 0730-1700 10 1 0 0745-1815 10 1 0	•
0730-1800 10 6 0 0730-1700 10 1 0 0745-1815 10 1 0	
0730-1800 10 6 0 0730-1700 10 1 0 0745-1815 10 1 0	
0730-1800 10 6 0 0730-1700 10 1 0 0745-1815 10 1 0	
0730-1700 10 1 0 0745-1815 10 1 0	0
0745-1815 10 1 0	0 0
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0000 4520	0
0800-1630 8 0 0 WEDNESDAY	1 0
WEDNESDAY	
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0700-1730 10 1 0	0 0
0730-1800 10 8 0	0 0
0730-1700 10 0 0	0 0
0745-1815 10 1 0	0 0
0800-1630 8 0 0	1 0
THURSDAY	
	-

		1	1			
	0700-1730	10	1	0	0	0
	0730-1800	10	8	0	0	0
	0730-1700	10	0	0	0	0
	0745-1815	10	1	0	0	0
FRIDAY	0800-1630	8	0	0	1	0
FRIDAT						
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	0020 4420		1 (or			
	0830-1130	3	LPN)	0	0	0
			_			
SATURDAY						
J. 11 G.12 11						
	0830-1130	3	1	0	0	0
SUNDAY						
			1			

	0830-1130	3	1	0	0	0
		T	1	1	1	
HOLIDAYS						



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Fixed Staffing Matrix

Unit/ Clinic Name:	Fred Hutchinson Cancer Center @ EvergreenHealth Medical Oncology					
Unit/ Clinic Type:		Medical On	cology			
Unit/ Clinic Address:	12040 NE 128th Sti	reet, Suite Silv	er 1600, l	Kirkland,	WA 9803	4
Effective as of:		1-Jan-2	25			
Metric:						
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
	0700-1730	10	4	1	0	0
	0730-1800	10	3	0	0	0
	0730-1700	9	4	0	0	0
	0800-1630	8	1	1	0	6
MONDAY						

			1			
			1			
	0700-1730	10	3	0	0	0
	0730-1800	10	4	1	0	0
	0730-1700	9	4	0	0	0
	0800-1630	8	1	1	0	6
			!	ļ		
TUESDAY						
	0700-1730	10	3	0	0	0
	0730-1800	10	4	1	0	0
	0730-1700	9	4	0	0	0
	0800-1630	8	1	1	0	6
WEDNESDAY		•	•	•		
WEDINESDAY						
	0700-1730	10	3	1	0	0
	0730-1800	10	4	0	0	0
	0730-1700	9	4	0	0	0
	0800-1630	8	1	1	0	6
THURSDAY						
1110100711			_	•	,	-

	0700-1730	10	4	1	0	0
	0730-1800	10	3	1	0	0
	0730-1700	9	3	0	0	0
	0800-1630	8	1	1	0	6
LDID VA						
FRIDAY						
	CLOSED					
SATURDAY						
	CLOSED		+			
	CLOSED					
SUNDAY						

	CLOSED			
HOLIDAYS				

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Unit Information

	Additional Care Team	n Members				
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
Nursing Supervisor	2	0	0	0		
Manager	1	0	0	0		

Unit Information

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

 Activity such as patient admissions, discharges, and transfers
Description:
☑ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift
Description:

ı	☑ Skill mix
	Description:
	✓ Level of experience of nursing and patient care staff
	Description:
_[☑ Need for specialized or intensive equipment
1	Description:

√	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication							
	preparation areas, and equipment							
Des	Description:							
-								
7	Other							
Des	cription:							



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Fixed Staffing Matrix

Unit/ Clinic Name:	Fred Hutchinson Cancer Center @ Issaquah								
Unit/ Clinic Type:	Medical Oncology								
Unit/ Clinic Address:	1740 NW Maple St., Suite 211 Issaquah, WA 98027								
Effective as of:		1-Jan-2	25						
Metric:	Metric:								
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			
	0730-1800	10	2	0	0	0			
	0800-1630	8	1	0	0	0			
MONDAY									

	0730-1800	10	3	0	0	0
	0800-1630	8	1	0	0	0
TUESDAY						
			-			
			-			
	0730-1800	10	2	0	0	0
	0800-1630	8	1	0	0	0
	0000 1000		+		0	
WEDNESDAY						
	0730-1800	10	2	0	0	0
	0800-1630	8	1	0	0	0
THURSDAY	l					
			+			

	0730-1800	10	2	0	0	0
	0800-1630	8	1	0	0	0
FRIDAY						
		+	1			
	CLOSED					
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SATURDAY						
SATURDAY						
	CLOSED					
SUNDAY						
30.13711						

	CLOSED			
110115 470				
HOLIDAYS				



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Unit Information

Additional Care Team Members							
	Shift Coverage						
Occupation	Day	Evening	Night	Weekend			
Nurse Manager	1	0	0	0			
	+						
	+						
	+						
	+						
_							

Unit Information

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

 Activity such as patient admissions, discharges, and transfers
Description:
☑ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift
Description:

ı	☑ Skill mix
	Description:
	✓ Level of experience of nursing and patient care staff
	Description:
_[☑ Need for specialized or intensive equipment
1	Description:

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Des	cription:
	Other
Des	cription:



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Fixed Staffing Matrix

Unit/ Clinic Name:	Fred Hutchinson Cancer Center @ Overlake Medical Center								
Unit/ Clinic Type:	Outpatient Infusion Center								
Unit/ Clinic Address:	1135 116th Ave NE, Suite 250, Bellevue, WA 98034								
Effective as of:	1-Jan-25								
Metric:	Metric:								
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			
	07:30-1600	8	3	0	0	0			
	0800-1630	8	4	0	0	0			
	0830-1700	8	3	0	0	0			
MONDAY									

			Ι			
			+			
	07:30-1600	8	3	0	0	0
	0800-1630	8	4	0	0	0
	0830-1700	8	3	0	0	0
TUESDAY						
TUESDAY						
	07:30-1600	8	3	0	0	0
	0800-1630	8	4	0	0	0
	0830-1700	8	3	0	0	0
WEDNESDAY						
WEDINESDAT						
	07:30-1600	8	3	0	0	0
	0800-1630	8	4	0	0	0
	0830-1700	8	3	0	0	0
THURSDAY						

			+			
	07:30-1600	8	3	0	0	0
	0800-1630	8	4	0	0	0
	0830-1700	8	3	0	0	0
FRIDAY						
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Fixed Staffing Matrix

Unit/ Clinic Name:	Fred Hutchinson Cancer Center @ Overlake Medical Center								
Unit/ Clinic Type:	Outpatient Medical Oncology Clinic								
Unit/ Clinic Address:	1135 116th Ave NE, Suite 250, Bellevue, WA 98034								
Effective as of:	1-Jan-25								
Metric:									
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			
	0800-18:30	10	2	0	0	0			
	0800-16:30	8	2	0	0	3			
	0830-1700	8	0	0	1	0			
	0900-1730	8	0	0	0	1			
MONDAY									
	0800-18:30	10	2	0	0	0			
	0800-16:30	8	2	0	0	3			
	0830-1700	8	0	0	1	0			
TUESDAY	0900-1730	8	0	0	0	1			
	2000 40 00	- 10							
	0800-18:30	10	3	0	0	0			
	0800-16:30	8	2	0	0	3			
	0830-1700	8	0	0	1	0			
	0900-1730	8	0	0	0	1			
WEDNESDAY									
	0800-18:30	10	3	0	0	0			
	0800-16:30	8	1	0	0	3			
	0830-1700	8	0	0	1	0			
	0900-1730	8	0	0	0	1			

THURSDAY						
THURSDAY						
	<u> </u>					
	0000 10:20	10	2	_	_	_
	0800-18:30	10	3	0	0	0
	0800-16:30		1	0	0	
	0830-1700 0900-1730	8	0	0	1 0	0
	0900-1730	0	0	0	0	1
FRIDAY	 					
	CLOSED					
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SATURDAY	\vdash					
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SUNDAY						
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Unit Information

Additional Care Team Members							
		Shift Coverage					
Occupation	Day	Evening	Night	Weekend			
Manager and Supervisor	2	0	0	0			
Phlebotomist	1	0	0	0			
Pharmacist	2	0	0	0			
Pharmacy Tech	2	0	0	0			

Unit Information

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

 Activity such as patient admissions, discharges, and transfers
Description:
OVL FHCC does not admit direct to our unit. We will plan admit from home to hospital or send to ED to be admitted.
☐ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift Description:
Outpatient nursing care. Chemotherapy infusion, Clinic visits. Phlebotomy. supportive care, Blood Products.

☑ Skill mix	
Description:	
RN level in infusion only at	this time. Mix of CNA MA RN in Med Onc to provide support for Medical Oncologists.
☑ Level of experience of n	ursing and patient care staff
Description:	
Staff must have Registered	Nursing License. Please review JD for each job role to see exact requirments for hire.
☑ Need for specialized or i	ntensive equipment
Description:	
AED onsite, PAPR, Golvo L	ift

7	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Desc	cription:
	e have 18 patient rooms. 16 bays and 2 private rooms. Med prep room, Pharmacy is located in infusion to aide delivery of edication. Med Onc has 10 patient rooms and 1 non clinical consult room.
	Other
Desc	cription:
11	e are part of a joint program with OVL so services such as Inpaitent care for our population is handled by OVL. 911 is called incase emergency.



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Fixed Staffing Matrix

Unit/ Clinic Name:	Fred Hutchinson Cancer Center @ Peninsula								
Unit/ Clinic Type:	Radiation Oncology - Outpatient								
Unit/ Clinic Address:	19917 7th Ave. NE, Suite 100, Poulsbo, Wa 98370								
Effective as of:		1-Jan-2	25						
Metric:									
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			
	0800-1630	8	1	0	0	1			
	0830-1700	8	0	0	0	1			
MONDAY									

	0800-1630	8	1	0	0	1
	0830-1700	8	1	0	0	1
TUESDAY						
10235711						
	0800-1630	8	1	0	0	4
	0830-1700	8	1	0	0	1
	0830-1700	0	1 -	U	U	1
WEDNESDAY						
	0800-1630	8	1	0	0	1
	0830-1700	8	1	0	0	1
THURSDAY						

		+	+			
	0000 1630		1		0	
	0800-1630	8	1	0	0	1
	0830-1700	8	1	0	0	1
FRIDAY						
	CLOSED					
CATURDAY						
SATURDAY						
	CLOSED		1			
		1				
		1				
			1			
SUNDAY						
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HOLIDAYS				



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Fixed Staffing Matrix

Unit/ Clinic Name:	Fred Hutchinson Cancer Center @ Peninsula								
Unit/ Clinic Type:	Medical Oncology -Outpatient								
Unit/ Clinic Address:	19917 7th Ave. NE, Suite 100, Poulsbo, Wa 98370								
Effective as of:		1-Jan-2	25						
Metric:	Metric:								
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			
	0800-1630	8	5	0	1	2			
	0800-1800	10	1	0	0	0			
MONDAY									

	0800-1630	8	6	1	1	2
	0830-1700	8	1	0	0	0
	0730-1800	10.5	1	0	0	0
THECDAY						
TUESDAY						
	0730-1800	10.5	1	0	0	0
	0800-1630	8	5	0	1	2
	0830-1800	9	1	0	0	0
	0800-1800	10	1	0	0	0
WEDNESDAY						
WEDINESDAT						
	0730-1800	10.5	1	0	0	0
	0800-1630	8	4	0	1	2
	0830-1800	9	1	0	0	0
	0800-1800	10	1	0	0	0
THURSDAY						
HIONSDAT						

			1			
			+			
	0800-1630	8	4	0	1	2
	0830-1800	9	1	0	0	0
	0800-1800	10	1	0	0	0
FRIDAY						
FRIDAT						
	CLOSED					
SATURDAY			+			
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			1			
	CLOSED					
SUNDAY						
JUNDAT						
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HOLIDAYS				



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Unit Information

Additional Care Team Members						
		Shift Coverage				
Occupation	Day	Evening	Night	Weekend		
Nurse Manager	1	0	0	0		
Clinical Operations Manager	1	0	0	0		
Support Staff Supervisor	1	0	0	0		
Radiation Therapist Supervisor	1	0	0	0		
Program Department Coordinator	1	0	0	0		
PCC	6	0	0	0		
PFS	2	0	0	0		
RTT	4	0	0	0		
DOS	2	0	0	0		
HIM	2	0	0	0		
Pharmacist/Pharmacy Tech	3	0	0	0		
Physicist	1	0	0	0		
Physicist Assistant	1	0	0	0		
			_			

Unit Information

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

 Activity such as patient admissions, discharges, and transfers
Description:
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift
Description:

ı	☑ Skill mix
	Description:
	✓ Level of experience of nursing and patient care staff
	Description:
_[☑ Need for specialized or intensive equipment
1	Description:

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Desc	ription:
I	
	Other
Desc	ription:



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Fixed Staffing Matrix

Unit/ Clinic Name:	utchinson Cancer Center @ University of Washington Medical Center - Nort							
Unit/ Clinic Type:	Medical Oncology							
Unit/ Clinic Address:	1560 N. 115t	h Street, Suite	G, Seattl	e, WA 98	3133			
Effective as of:		1-Jan-2	25					
Metric:								
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		
	0730-1800	10	11	1	0	0		
	0745-1615	8	0	0	0	3		
MONDAY								

	0730-1800	10	11	1	0	0
	0745-1615	8	0	0	0	3
TUESDAY						
	0730-1800	10	11	0	0	0
	0745-1615	8	0	0	0	3
				-		
WEDNESDAY						
	0730-1800	10	11	0	0	0
	0745-1615	8	0	0	0	3
THURSDAY			1			
			1			

		+				
	0730-1800	10	11	0	0	0
	0730-1800		0	0	0	0
	0/45-1015	8	0	0	0	3
FRIDAY						
		-				
		-				
	CLOSED					
	CLOSED					
SATURDAY						
		-				
	CLOSED					
	CLOSED					
SUNDAY		-				

	CLOSED			
HOLIDAYS				



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Fixed Staffing Matrix

Unit/ Clinic Name:	utchinson Cancer Center @ University of Washington Medical Center - Nort							
Unit/ Clinic Type:	Radiation Oncology							
Unit/ Clinic Address:	1560 N. 115t	h Street, Suite	G, Seattl	e, WA 98	3133			
Effective as of:		1-Jan-2	25					
Metric:								
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		
	0745-1615	8	1	0	0	0		
MONDAY								

	0745-1615	8	1	0	0	0
TUESDAY						
	0745-1615	8	1	0	0	0
	0, 13 1013				Ü	
WEDNESDAY						
	0745-1615	8	1	0	0	0
THURSDAY						
	-					

	0730-1800	8	1	0	0	0
FRIDAY						
_						
_						
-						
-						
	CLOSED					
-	CLOSED					
-						
-						
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SATURDAY						
	CLOSED					
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			-			
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SUNDAY						

	CLOSED			
HOLIDAYS				



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Unit Information

Additional Care Team Members							
		Shift Coverage					
Occupation	Day	Evening	Night	Weekend			
Nurse Manager	1	0	0	0			
Ops Manager	1	0	0	0			
Support Staff Supervisor	1	0	0	0			

Unit Information

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

 Activity such as patient admissions, discharges, and transfers
Description:
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift
Description:

ı	☑ Skill mix
	Description:
	✓ Level of experience of nursing and patient care staff
	Description:
_[☑ Need for specialized or intensive equipment
1	Description:

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Desc	ription:
<u> </u>	
	Other
Desc	ription:



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Fixed Staffing Matrix

Unit/ Clinic Name:	General Oncology & Hematology Building 1 Floor 4							
Unit/ Clinic Type:	Heme, Pain, Palliative Care, Integrative Medicine, Psych, Rehab Medicine							
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109							
Effective as of:		1-Jan-2	25					
Metric:								
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		
	Day (0800-1700)	8	10	1	0	12		
	Day (0800-1700)	8.5	0	0	0	0		
	Day (0800-1700)	9	1	0	0	0		
	Day (0800-1700)	10	32	2	0	0		
MONDAY								

	Day (0800-1700)	8	11	1	0	12
	Day (0800-1700)	8.5	2	0	0	0
	Day (0800-1700)	9	2	1	0	0
	Day (0800-1700)	10	27	1	0	0
THECDAY						
TUESDAY						
	Day (0800-1700)	8	11	1	0	12
	Day (0800-1700)	8.5	2	0	0	0
	Day (0800-1700)	9	2	1	0	0
	Day (0800-1700)	10	27	2	0	0
WEDNESDAY						
WEDINESDAY						
	Day (0800-1700)	8	8	1	0	12
	Day (0800-1700)	8.5	2	0	0	0
	Day (0800-1700)	9	1	1	0	0
	Day (0800-1700)	10	28	1	0	0
THURSDAY						
HIORODAT						

	Day (0800-1700)	8	10	1	0	12
	Day (0800-1700)	8.5	2	0	0	0
	Day (0800-1700)	9	2	1	0	0
	Day (0800-1700)	10	27	0	0	0
FRIDAY	Day (0800-1700)	4	1	0	0	0
FNIDAT						
SATURDAY	CLOSED					
JATORDAT						
SUNDAY	CLOSED					
JONDAI						

		ı	1	ī	
	CLOSED				
	CLOSED				
HOLIDAYS					



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Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
Sr. Nurse Manager	2	0	0	0		
Nurse Manager	1	0	0	0		
Nurse Supervisor	2	0	0	0		
MA Manager	1	0	0	0		
MA Supervisor	1	0	0	0		

 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:

ı	☑ Skill mix
	Description:
	✓ Level of experience of nursing and patient care staff
	Description:
_[☑ Need for specialized or intensive equipment
1	Description:

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Desc	ription:
I	
	Other
Desc	ription:



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Fixed Staffing Matrix

Unit/ Clinic Name:	GI Care Neighborhood						
Unit/ Clinic Type:		Outpatient					
Unit/ Clinic Address:	825 EAST	825 EASTLAKE AVE. E. SEATTLE, WA 98109					
Effective as of:		1-Jan-2	25				
Metric:							
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	
	Day (0800-1700)	8	3	0	0	7	
	Day (0800-1700)	9	3	0	0	0	
	Day (0800-1700)	10	17	0	0	0	
	Day (0800-1700)	12	1	0	0	0	
MONDAY							

	Day (0800-1700)	8	3	0	0	7
	Day (0800-1700)	9	2	0	0	0
	Day (0800-1700)	10	17	0	0	0
	Day (0800-1700)	12	1	0	0	0
THECDAY						
TUESDAY						
	Day (0800-1700)	8	3	0	0	7
	Day (0800-1700)	9	3	0	0	0
	Day (0800-1700)	10	17	0	0	0
	Day (0800-1700)	12	1	0	0	0
WEDNESDAY						
WEDINESDAY						
	Day (0800-1700)	8	3	0	0	7
	Day (0800-1700)	9	4	0	0	0
	Day (0800-1700)	10	16	0	0	0
	Day (0800-1700)	12	1	0	0	0
THURSDAY						
HIONSDAT						

	Day (0800-1700)	8	4	0	0	7
	Day (0800-1700)	9	2	0	0	0
	Day (0800-1700)	10	17	0	0	0
	Day (0800-1700)	12	1	0	0	0
FRIDAY						
11112711						
	CLOSED					
	CLOSED					
SATURDAY						
	CLOSED					
SUNDAY						
			1			

	CLOSED			
HOLIDAYS				



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Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
Sr. Nurse Manager	1	0	0	0		
Nurse Supervisor	2	0	0	0		
MA Manager	1	0	0	0		
MA Supervisor	1	0	0	0		

 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:

ı	☑ Skill mix
	Description:
	✓ Level of experience of nursing and patient care staff
	Description:
_[☑ Need for specialized or intensive equipment
1	Description:

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Desc	ription:
I	
	Other
Desc	ription:



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Fixed Staffing Matrix

Unit/ Clinic Name:	GI Surgery & ENT							
Unit/ Clinic Type:	Outpatient							
Unit/ Clinic Address:	825 EASTI	LAKE AVE. E. S	EATTLE, \	NA 9810	9			
Effective as of:		1-Jan-2	25					
Metric:								
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		
	0800-1700	9	2	3	0	0		
MONDAY								

	0800-1700	9	3	2	0	0
TUESDAY						
	0800-1700	9	2	3	0	0
WEDNESDAY						
WEBINEODINI						
			-			
	0800-1700	9	2	3	0	0
	0000-1700	3		3	U	U
THURSDAY						

	0800-1700	9	3	2	0	0
FRIDAY						
	CLOSED					
SATURDAY						
	CLOSED					
S. W. D. A.V.						
SUNDAY						

	CLOSED			
HOLIDAYS				



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Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
Nurse Manager	1	0	0	0		
	+					
	+					
	+					
	+					
_						

 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:

ı	☑ Skill mix
	Description:
	✓ Level of experience of nursing and patient care staff
	Description:
_[☑ Need for specialized or intensive equipment
1	Description:

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment							
Des	Description:							
	Other							
Des	cription:							



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Fixed Staffing Matrix

Unit/ Clinic Name:	GU & Sarcoma Care Neighborhood							
Unit/ Clinic Type:	Outpatient							
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109							
Effective as of:		1-Jan-2	25					
Metric:								
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		
	Day (0800-1700)	8	4	0	0	7		
	Day (0800-1700)	9	4	0	0	0		
	Day (0800-1700)	10	14	0	0	0		
	Day (0800-1700)	11	0	0	0	0		
MONDAY	Day (0800-1700)	12	1	0	0	0		
MONDAI								

			1			
			+			
			+			
	Day (0800-1700)	8	4	0	0	7
	Day (0800-1700)	9	2		-	0
	Day (0800-1700)	10	16	0	0	0
				0		
	Day (0800-1700)	11	0	0	0	0
TUESDAY	Day (0800-1700)	12	1	0	0	0
			-			
	Day (0800-1700)	8	3	0	0	7
	Day (0800-1700)	9	2	0	0	0
	Day (0800-1700)	10	15	0	0	0
	Day (0800-1700)	11	0	0	0	0
WEDNESDAY	Day (0800-1700)	12	1	0	0	0
WEDINESDIKI						
	Day (0800-1700)	8	2	0	0	7
	Day (0800-1700)	9	3	0	0	0
	Day (0800-1700)	10	16	0	0	0
	Day (0800-1700)	11	2	0	0	0
THIRDONY	Day (0800-1700)	12	1	0	0	0
THURSDAY						
			-			

	Day (0800-1700)	8	4	0	0	7
	Day (0800-1700)	9	3	0	0	7
	Day (0800-1700)	10	14	0	0	0
	Day (0800-1700)	11	0	0	0	0
FRIDAY	Day (0800-1700)	12	1	0	0	0
FRIDAT						
SATURDAY	CLOSED					
3/110112/11						
SUNDAY	CLOSED					
55 1.57.1						

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	CLOSED					
HOLIDAYS						



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Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
Sr. Nurse Manager	1	0	0	0		
Nurse Manager	2	0	0	0		
Nurse Supervisor	1	0	0	0		
MA Manager	1	0	0	0		
MA Supervisor	1	0	0	0		

 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:

ı	☑ Skill mix
	Description:
	✓ Level of experience of nursing and patient care staff
	Description:
_[☑ Need for specialized or intensive equipment
1	Description:

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment							
Desc	Description:							
I								
	Other							
Desc	ription:							



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Fixed Staffing Matrix

Unit/ Clinic Name:	Imaging Observation (Building 1)						
Unit/ Clinic Type:	Imaging Observation						
Unit/ Clinic Address:	825 EAST	825 EASTLAKE AVE. E. SEATTLE, WA 98109					
Effective as of:		1-Jan-25					
Metric:							
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	
	Week 1						
	0700-1730	10	1	0	0	0	
	0800-1830	10	1	0	0	0	
MONDAY	Week 2						
WONDAT	0730-1800	10	1	0	0	0	

			1			
	0700-1930	12	1	0	0	0
	0800-1830	10	1	0	0	0
TUESDAY						
TOLSDAT						
	0700-1730	10	1	0	0	0
	0800-1830	10	1	0	0	0
			1			
WEDNESDAY						
			+			
	Week 1					
	0700-1930	12	1	0	0	0
	0800-1830	10	1	0	0	0
THURSDAY	Week 2					
INUKSDAY	0630-1700	10	1	0	0	0
	0700-1930	12	1	0	0	0
	0800-1830	10	1	0	0	0

			1			
	0630-1700	10	1	0	0	0
	0700-1930	12	1	0	0	0
	0800-1830	10	1	0	0	0
	0000 1000	10	+ -			
FRIDAY						
	CLOSED					
SATURDAY						
SATORDAT						
	CLOSED					
SUNDAY			1	-		
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HOLIDAYS				



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Additional Care Team Members						
Shift Coverage						
Day	Evening	Night	Weekend			
1	0	0	0			
1	0	0	2 on Saturday, no RNs			
1	0	0	0			
1	0	0	On call Sundays			
Onsite 3 days/week, Remote 1/day/week	Phone contact	0	Phone contact on weekends			
	Day 1 1 1 1 1	Day Evening 1 0 1 0 1 0 1 0 1 0 1 0 1 0	Shift Coverage Day Evening Night 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0			

 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:	

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment							
Desc	Description:							
<u> </u>								
	Other							
Desc	ription:							
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Fixed Staffing Matrix

Unit/ Clinic Name:	Imaging Observation (Building 2)							
Unit/ Clinic Type:	Imaging Observation							
Unit/ Clinic Address:	825 EAST	825 EASTLAKE AVE. E. SEATTLE, WA 98109						
Effective as of:		1-Jan-2	25					
Metric:								
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		
	0630-1700	10	1	0	0	0		
	0730-1800	10	1	0	0	0		
MONDAY								

	0630-1700	10	1	0	0	0
	0730-1800	10	1	0	0	0
			-			
TUESDAY						
			1			
	0630-1700	10	1	0	0	0
	0730-1800	10	1	0	0	0
WEDNESDAY						
			1			
	0630-1700	10	1	0	0	0
	0730-1800	10	1	0	0	0
THURSDAY						
HIORODA						

		+				
	0620 1700	10	1	0		-
	0630-1700	10	1	0	0	0
	0730-1800	10	1	0	0	0
FRIDAY						
	0700-1730	10	1	0	0	0
647110041						
SATURDAY						
	CLOSED					
SUNDAY						
		+				

	CLOSED			
HOLIDAYS				



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Unit Information

Additional Care Team Members						
		Shift Coverage				
Occupation	Day	Evening	Night	Weekend		
MRI Techno	1	0	0	0		
MRI Imaging Supervisor	Onsite 4 days/week	Phone contact	0	Phone contact (Saturday)		

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:	

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment	
Desc	ription:	
	Others	
Dose	Other	
Desc	ription:	
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Fixed Staffing Matrix

Unit/ Clinic Name:	Immunotherapy							
Unit/ Clinic Type:		Immunotherapy						
Unit/ Clinic Address:	825 EAST	LAKE AVE. E. S	EATTLE, \	WA 9810	9			
Effective as of:		1-Jan-2	25					
Metric:								
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		
	0730 - 1600	8	0	0	0	1		
	0730 - 1730	9.5	6	0	0	0		
	0730 - 2000	12	1	0	0	0		
	0800 - 1800	9.5	2	0	0	0		
MONDAY	0900 - 1900	9.5	2	0	0	0		
WICHDAT	1000 - 2000	9.5	1	0	0	0		

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	0700 4500				_	
	0730 - 1600	8	0	0	0	1
	0730 - 1730	9.5	6	0	0	0
	0730 - 2000	12	1	0	0	0
	0800 - 1800	9.5	2	0	0	0
TUESDAY	0900 - 1900	9.5	2	0	0	0
TOLODAT	1000 - 2000	9.5	1	0	0	0
	0730 - 1600	8	0	0	0	1
	0730 - 1730	9.5	6	0	0	0
	0730 - 2000	12	1	0	0	0
	0800 - 1800	9.5	2	0	0	0
	0900 - 1900	9.5	2	0	0	0
WEDNESDAY	1000 - 2000	9.5	1	0	0	0
	0730 - 1600	8	0	0	0	1
	0730 - 1730	9.5	6	0	0	0
	0730 - 2000	12	1	0	0	0
	0800 - 1800	9.5	2	0	0	0
	0900 - 1900	9.5	2	0	0	0
THURSDAY	1000 - 2000	9.5	1		0	0
	1000 - 2000	9.5	1 1	0	U	U
	l					

			1	1		
	0730 - 1600	8	0	0	0	1
	0730 - 1000	9.5	6	0	0	0
	0730 - 1730	12	1	0	0	
	0800 - 1800	9.5	2	0	0	0
	0900 - 1900	9.5	2	0	0	0
FRIDAY		9.5	1			0
	1000 - 2000	9.5	1 1	0	0	U
			+			
	0700 4700	9.5	1	0	0	0
	0730 - 1730	9.5		0	0	0
SATURDAY						
			1			
	0730 - 1730	9.5	1	0	0	0
SUNDAY						
30.45/11						

	0730 - 1730	9.5	1	0	0	0
HOLIDAYS						



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Unit Information

	Additional Care Tea	m Members								
	Shift Coverage									
Occupation	Day	Evening	Night	Weekend						
Manager	1	0	0	0						
Nursing Supervisor	1	0	0	0						
Support Staff Supervisor	1	0	0	0						
Clinical Trials Coordinator	1	0	0	0						

Unit Information

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

 Activity such as patient admissions, discharges, and transfers 	
Description:	
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:	

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment	
Desc	ription:	
<u> </u>		
	Other	
Desc	ription:	
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Fixed Staffing Matrix

Unit/ Clinic Name:		Infusio	n								
Unit/ Clinic Type:	Outpatient										
Unit/ Clinic Address:	825 EASTI	LAKE AVE. E. S	EATTLE, \	NA 9810	9						
Effective as of:		1-Jan-2	25								
Metric:	Metric:										
Please select metric type	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's					
MONDAY	AM Shift	8	5	0	3	0					
	AM Shift	10	8	0	3	0					
	Mid Shift	8	1	0	1	0					
	Mid Shift	10	2	0	2	0					
	Evening Shift	8	2	0	1	0					
	Evening Shift	10	3	0	1	0					

	AM Charge RN	10	1	0	0	0
	PM Charge RN	10	1	0	0	0
	Triage RN	8	1	0	0	0
	STAT RN	10	1	0	0	0
TUESDAY	AM Shift	8	5	0	3	0
	AM Shift	10	8	0	3	0
	Mid Shift	8	1	0	1	0
	Mid Shift	10	2	0	2	0
	Evening Shift	8	2	0	1	0
	Evening Shift	10	3	0	1	0
	AM Charge RN	10	1	0	0	0
	PM Charge RN	10	1	0	0	0
	Triage RN	8	1	0	0	0
	STAT RN	10	1	0	0	0
WEDNESDAY	AM Shift	8	5	0	3	0
	AM Shift	10	8	0	3	0
	Mid Shift	8	1	0	1	0
	Mid Shift	10	2	0	2	0
	Evening Shift	8	2	0	1	0
	Evening Shift	10	3	0	1	0
	AM Charge RN	10	1	0	0	0
	PM Charge RN	10	1	0	0	0
	Triage RN	8	1	0	0	0
	STAT RN	10	1	0	0	0
THURSDAY	AM Shift	8	5	0	3	0
	AM Shift	10	8	0	3	0
	Mid Shift	8	1	0	1	0
	Mid Shift	10	2	0	2	0
	Evening Shift	8	2	0	1	0
	Evening Shift	10	3	0	1	0
	AM Charge RN	10	1	0	0	0
	PM Charge RN	10	1	0	0	0

	Triage RN	8	1	0	0	0
	STAT RN	10	1	0	0	0
FRIDAY	AM Shift	8	5	0	3	0
	AM Shift	10	8	0	3	0
	Mid Shift	8	1	0	1	0
	Mid Shift	10	2	0	2	0
	Evening Shift	8	2	0	1	0
	Evening Shift	10	3	0	1	0
	AM Charge RN	10	1	0	0	0
	PM Charge RN	10	1	0	0	0
	Triage RN	8	1	0	0	0
	STAT RN	10	1	0	0	0
SATURDAY	AM Shift	8	8	0	3	0
	AM Shift	10	11	0	4	0
	Mid Shift	8	2	0	2	0
	Triage RN	8	3	0	0	0
	AM Charge RN	8	1	0	0	0
	PM Charge RN	8	1	0	0	0
SUNDAY	AM Shift	8	4	0	2	0
	AM Shift	10	7	0	4	0
	Mid Shift	8	4	0	2	0
	Triage RN	8	2	0	0	0
	AM Charge RN	8	1	0	0	0
	PM Charge RN	8	1	0	0	0

HOLIDAY	AM Shift	8	8	0	3	0
	AM Shift	10	11	0	4	0
	Mid Shift	8	2	0	2	0
	Triage RN	8	3	0	0	0
	AM Charge RN	8	1	0	0	0
	PM Charge RN	8	1	0	0	0

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	Unit Informati	on			
	Additional Care Team M	embers Shift Coverage			
Occupation	Day	Evening	Night	Weekend	
Nursing Supervisor Nurse Manager	2 1	on-call 0	0	on-call 0	
Patient Access Coordinators	8.5 M-F, 5 Sat , Sun, & holidays	yes	0	yes	

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	_	T		l			Unit Information	T	T T			T
				Fa	ctors (Considered in the D	evelopment of the	Unit	Staffin	g Plar	1	
	_						k all that apply):			G		
		T		T.		(Circu	K an that appry).	T	T T	ı	T	
ı	7	Acti	vity su	ch as pati	ent adm	nissions, discharges, and	transfers					Ti .
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	7	Patient	acuity	level, int	ensity of	f care needs, and the type	pe of care to be delivered	d on ea	ch shift			

V	Skill mi	х					
7	Level o	f experience of r	nursing and patient care staff				
7	Need fo	or specialized or	intensive equipment				

 reparation a			the unit such as place ent		, , ,		, , ,		,		
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)+h o #											
Other											
											
	<u> </u>										<u> </u>



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Fixed Staffing Matrix

Unit/ Clinic Name:	LTFU Telemedicine							
Unit/ Clinic Type:		Telemedicine						
Unit/ Clinic Address:	825 EAST	LAKE AVE. E. S	EATTLE, \	NA 9810	9			
Effective as of:		1-Jan-2	25					
Hours of the day								
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		
	0800-1630	8	1	0	0	0		
	0800-1700	8.5	1	0	0	0		
MONDAY								

		1				
			1			
			1			
	0600-1630	10	1	0	0	0
	0800-1630	8	1	0	0	0
	0730-1630	8.5	1	0	0	0
THECDAY						
TUESDAY						
	0600-1630	10	1	0	0	0
	0730-1700	9	1	0	0	0
	0730-1730	9.5	1	0	0	0
	0800-1630	8	1	0	0	0
WEDNESDAY						
WEDNESDAT						
	0700-1730	10	1	0	0	0
	0730-1700	9	1	0	0	0
	0730-1600	8	1	0	0	0
THURSDAY						
1110100711						

			1			
	0700-1730	10	1	0	0	0
	0730-1700	9	1	0		0
		8	2	0	0	0
	0730-1600	8	<u> </u>	0	0	0
FRIDAY						
		0	0	0	0	0
	0	U	1 0	0	0	0
SATURDAY						
	0	0	0	0	0	0
SUNDAY						

	0	0	0	0	0	0
HOLIDAYS						



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Unit Information

Additional Care Team Members						
		Shift Coverage				
Occupation	Day	Evening	Night	Weekend		
Nurse Supervisor	1	0	0	0		
Clinical Operations Manager	1	0	0	0		
Support Staff Supervisor	1	0	0	0		

Unit Information

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

 Activity such as patient admissions, discharges, and transfers 	
Description:	
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:	

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment	
Desc	ription:	
Desc		
Ц		
√	Other	
Desc	ription:	



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Fixed Staffing Matrix

Unit/ Clinic Name:	Lymphoma Care Neighborhood							
Unit/ Clinic Type:	Outpatient							
Unit/ Clinic Address:	825 EAS	TLAKE AVE. E. S	SEATTLE, V	WA 9810	9			
Effective as of:		1-Jan-2	25					
Metric:								
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		
	Day (0800-1700)	8	8	0	2	2		
	Day (0645-1715)	10	2	0	0	0		
	Day (0700-1730)	10	1	0	0	0		
	Day (0730-1800)	10	2	0	0	0		
MONDAY	Day (0800-1830)	10	1	0	0	0		
IVIONDAT	Day (0600-1830)	12	1	0	0	0		

		<u> </u>	1			
	Day (0900 1700)	8	 	_		2
	Day (0800-1700)	<u> </u>	8	0	2	2
	Day (0645-1715)	10	2	0	0	0
	Day (0700-1730)	10	1	0	0	0
	Day (0730-1800)	10	2	0	0	0
TUESDAY	Day (0800-1830)	10	1	0	0	0
IOLSDAI	Day (0600-1830)	12	1	0	0	0
	Day (0800-1700)	8	8	0	2	2
	Day (0645-1715)	10	2	0	0	0
	Day (0700-1730)	10	1	0	0	0
	Day (0730-1800)	10	2	0	0	0
	Day (0800-1830)	10	1	0	0	0
WEDNESDAY	Day (0600-1830)	12	1	0	0	0
	, , ,					
		<u> </u>				
	Day (0800-1700)	8	8	0	2	2
	Day (0645-1715)	10	2	0	0	0
	Day (0700-1730)	10	1	0	0	0
	Day (0730-1800)	10	2	0	0	0
	Day (0730-1800)	10	1			
THURSDAY		<u> </u>		0	0	0
	Day (0600-1830)	12	1	0	0	0
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	D (0000 4700)			_	_	_
	Day (0800-1700)	8	8	0	2	2
	Day (0645-1715)	10	2	0	0	0
	Day (0700-1730)	10	1	0	0	0
	Day (0730-1800)	10	2	0	0	0
FRIDAY	Day (0800-1830)	10	1	0	0	0
11115711	Day (0600-1830)	12	1	0	0	0
	CLOSED					
SATURDAY						
	CLOSED		+			
	CLOSED		+			
SUNDAY			+			
	<u> </u>					
			1			
			1			
			1			

	CLOSED			
HOLIDAYS				



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Additional Care Team Members									
	Shift Coverage								
Occupation	Day	Evening	Night	Weekend					
Nurse Manager	1	0	0	0					

 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:

ı	☑ Skill mix
	Description:
	✓ Level of experience of nursing and patient care staff
	Description:
_[☑ Need for specialized or intensive equipment
1	Description:

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment								
Des	Description:								
	Other								
Des	cription:								



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name: Unit/ Clinic Type:		8NE										
		Inpatient Oncology										
Unit/ Clinic Add	lress:	1959 NE Pacific St, Seattle, WA 98195										
Average Daily C	ensus:		18			Maxim	um # of Bed	ls:		20		
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)	
	0700-1100	4	9	0	2	0	1.80	0.00	0.40	0.00		
	1100-1500	4	9	0	2	0	1.80	0.00	0.40	0.00		
	1500-1900	4	9	0	2	0	1.80	0.00	0.40	0.00		
	1900-2300	4	7	0	2	0	1.40	0.00	0.40	0.00		
20	2300-0700	8	7	0	2	0	2.80	0.00	0.80	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00	
	0700-1100	4	9	0	2	0	1.89	0.00	0.42	0.00		
	1100-1500	4	9	0	2	0	1.89	0.00	0.42	0.00		
	1500-1900	4	9	0	2	0	1.89	0.00	0.42	0.00		
	1900-2300 2300-0700	8	7	0	2	0	1.47 2.95	0.00	0.42	0.00		
19	2300-0700	0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.63	
	0700-1100	4	8	0	2	0	1.78	0.00	0.44	0.00		
	1100-1500	4	8	0	2	0	1.78	0.00	0.44	0.00		
	1500-1900	4	8	0	2	0	1.78	0.00	0.44	0.00		
	1900-2300	4	7	0	2	0	1.56	0.00	0.44	0.00		
40	2300-0700	8	7	0	2	0	3.11	0.00	0.89	0.00		
18		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.67	



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Nan	ne:	8NE										
Unit/ Clinic Typ	e:	Inpatient Oncology 1959 NE Pacific St, Seattle, WA 98195										
Unit/ Clinic Add	lress:											
Average Daily C	Census:		18			Maxim	um # of Bed	ls:		20		
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)	
	0700-1100	4	8	0	2	0	1.88	0.00	0.47	0.00		
	1100-1500	4	8	0	2	0	1.88	0.00	0.47	0.00		
	1500-1900	4	8	0	2	0	1.88	0.00	0.47	0.00		
	1900-2300	4	6	0	2	0	1.41	0.00	0.47	0.00		
17	2300-0700	8	6	0	2	0	2.82	0.00	0.94	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		-		-	-		0.00		0.00		12.71	
	0700-1100	4	7	0	2	0	1.75	0.00	0.50	0.00		
	1100-1500 1500-1900	4	7	0	2	0	1.75 1.75	0.00	0.50 0.50	0.00		
	1900-2300	4	6	0	2	0	1.73	0.00	0.50	0.00		
	2300-0700	8	6	0	2	0	3.00	0.00	1.00	0.00		
16	2300-0700	0	0	0	0	0	0.00	0.00	0.00	0.00	•	
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.75	
	0700-1100	4	7	0	2	0	1.87	0.00	0.53	0.00		
	1100-1500	4	7	0	2	0	1.87	0.00	0.53	0.00		
	1500-1900	4	7	0	2	0	1.87	0.00	0.53	0.00		
	1900-2300	4	5	0	2	0	1.33	0.00	0.53	0.00		
45	2300-0700	8	5	0	2	0	2.67	0.00	1.07	0.00		
15		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.80	



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name: Unit/ Clinic Type:		8NE										
		Inpatient Oncology										
Unit/ Clinic Add	lress:	1959 NE Pacific St, Seattle, WA 98195										
Average Daily C	ensus:		18			Maxim	um # of Bed	ls:		20		
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)	
	0700-1100	4	6	0	2	0	1.71	0.00	0.57	0.00		
	1100-1500	4	6	0	2	0	1.71	0.00	0.57	0.00		
	1500-1900	4	6	0	2	0	1.71	0.00	0.57	0.00		
	1900-2300	4	5	0	2	0	1.43	0.00	0.57	0.00		
14	2300-0700	8	5	0	2	0	2.86	0.00	1.14	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
	0700 1100			_			0.00		0.00		12.86	
	0700-1100	4	6	0	1	0	1.85	0.00	0.31	0.00		
	1100-1500 1500-1900	4	6	0	1	0	1.85 1.85	0.00	0.31	0.00		
	1900-2300	4	5	0	1	0	1.54	0.00	0.31	0.00		
	2300-0700	8	5	0	1	0	3.08	0.00	0.62	0.00		
13	2300-0700	0	0	0	0	0	0.00	0.00	0.02	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00	
	0700-1100	4	5	0	1	0	1.67	0.00	0.33	0.00		
	1100-1500	4	5	0	1	0	1.67	0.00	0.33	0.00		
	1500-1900	4	5	0	1	0	1.67	0.00	0.33	0.00		
	1900-2300	4	4	0	1	0	1.33	0.00	0.33	0.00		
12	2300-0700	8	4	0	1	0	2.67	0.00	0.67	0.00		
12		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.00	



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Additional Care Team Members									
	Shift Coverage								
Occupation	Day	Evening	Night	Weekend					
Respiratory Therapist	X	Х	Х	Х					
Mobility Tech	Х			Х					
Physical Therapist	Х			Х					
Occupational Therapist	Χ			Х					
Speech Therapist	Χ			Х					
STAT RN	X	X	Х	Х					

☑ Activity such as patient admissions, discharges, and transfers	
Description:	
Staff required for patient movement in and out of unit and staff breaks/meals accounted for in the creation of staffing matrixes.	
□ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift	
Description:	

	Skill mix	
Desc	cription:	
	Level of experience of nursing and patient care staff	
Desc	ription:	
	Need for specialized or intensive equipment	
	cription:	
H		

	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, med preparation areas, and equipment	dication
Des	scription:	
,		
	Other	
Des	scription:	



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Fixed Staffing Matrix

Unit/ Clinic Name:	Fred Hutchinson Cancer Center MRI @ Valley Street									
Unit/ Clinic Type:	MRI									
Unit/ Clinic Address:	12090 \	/ALLEY ST, SEA	ATTLE, W	A 98109						
Effective as of:		1-Jan-25								
Metric:										
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				
	0630-1730	10	1	0	0	0				
MONDAY										

			1			
	0620 4720	40				
	0630-1730	10	1	0	0	0
			1			
			1			
TUESDAY						
TOLSDAT						
			1			
			1			
	0630-1730	10	1	0	0	0
			-			
WEDNESDAY						
	0.000 4700	10				
	0630-1730	10	1	0	0	0
			+			
			1			
THURSDAY						
HIOKSDAT						

	0630-1730	10	1	0	0	0
FRIDAY						
	CLOSED					
SATURDAY						
	CLOSED					
SUNDAY						

	CLOSED			
HOLIDAYS				



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Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
Technologist	2	0	0	0		
MRI Imaging Supervisor	1-available in Building 2	0	0	0		

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:	

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment	
Desc	ription:	
	Others	
Dose	Other	
Desc	ription:	
Ц		



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Fixed Staffing Matrix

Unit/ Clinic Name:	Fred Hutchinson Cancer Center Theranostics						
Unit/ Clinic Type:	Nuclear Medicine-Theranostics						
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109						
Effective as of:		1-Jan-2	25				
Metric:							
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	
	0700-1730	10	1	0	0	0	
MONDAY							

	0700 4720	10	1			
	0700-1730	10	1	0	0	0
TUESDAY						
TOESDAT						
	0700-1730	10	1	0	0	0
WEDNESDAY						
	0700-1730	10	2	0	0	0
THURSDAY						

			Ι			
	0700-1730	10	1	0	0	0
FRIDAY						
			-			
	CLOSED					
SATURDAY						
	CLOSED					
SUNDAY						

	CLOSED			
HOLIDAYS				



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Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
Nuclear Med Technologist	2	0	0	0		
Nuclear Med Tech Supervisor	1	0	0	0		

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:	

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment							
Desc	Description:							
	Others							
Dose	Other							
Desc	ription:							
Ц								



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Fixed Staffing Matrix

Unit/ Clinic Name:	Procedure Suite							
Unit/ Clinic Type:	Outpatient							
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109							
Effective as of:	1-Jan-25							
Day of the week	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		
	0600 Start	8h-10h	5	0	0	1		
	0630 Start	8h-10h	0	0	0	2		
	0700 Start	8h-10h	12	0	0	2		
	0730 Start	8h-10h	1	0	0	0		
MONDAY	0800 Start	8h	1	0	0	0		
WONDAT	0900 Start	8	1	0	0	0		

	_					
			-			
	0000 01-14	0h 40h	_			
	0600 Start	8h-10h	5	0	0	1
	0630 Start	8h-10h	0	0	0	2
	0700 Start	8h-10h	15	0	0	3
	0730 Start	8h-10h	4	0	0	0
TUESDAY	0800 Start	8h	1	0	0	0
	0900 Start	0	0	0	0	0
	0600 Start	8h-10h	4	0	0	1
	0630 Start	8h-10h	0	0	0	2
	0700 Start	8h-10h	13	0	0	2
	0730 Start	8h-10h	4	0	0	0
WEDNIECDAY	0800 Start	8h	1	0	0	0
WEDNESDAY	0900 Start	0	0	0	0	0
	0600 Start	8h-10h	3	0	0	1
	0630 Start	8h-10h	0	0	0	2
	0700 Start	8h-10h	16	0	0	3
	0730 Start	8h-10h	4	0	0	0
	0800 Start	8h	1	0	0	0
THURSDAY	0900 Start	0	0	0	0	0
		ļ				

			1	1		
	0600 Start	8h-10h	5	0	0	1
	0630 Start	8h-10h	0	0	0	1
	0700 Start	8h-10h	11	0	0	3
	0730 Start	8h-10h	3	0	0	0
	0800 Start	8h	1	0	0	0
FRIDAY	0900 Start	0	0	0	0	0
						Ü
	CLOSED					
SATURDAY						
	CLOSED					
CUNDAY						
SUNDAY						

	CLOSED			
HOLIDAYS				



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Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
Nurse Manager	1	0	0	0		
Nurse Supervisor	2	0	0	0		
MA/Surgical Technician Supervisor	1	0	0	0		
Radiology Technologist	2	0	0	0		
US Technologist	1	0	0	0		
CT technologist	2	0	0	0		

 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:	

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment							
Desc	Description:							
<u> </u>								
	Other							
Desc	ription:							
Ц								



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Fixed Staffing Matrix

Unit/ Clinic Name:	Proton Therapy Center							
Unit/ Clinic Type:	1570 N 115th Street, Seattle, WA 98133							
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109							
Effective as of:	1-Jan-25							
Metric:	Metric:							
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		
	Shift 1	8	5	0	0	2		
	Shift 2	8	1	0	0	0		
MONDAY								

	Shift 1	8	5	0	0	2
	Shift 2	8	1	0	0	0
TUESDAY						
TOLSDAT						
	Shift 1	8	5	0	0	2
	Shift 2	8	1	0	0	0
WEDNESDAY						
	Shift 1	8	5	0	0	2
	Shift 2	8	1	0	0	0
	-	-				
THURSDAY						
THURSDAY						

	21.15		_			
	Shift 1	8	5	0	0	2
	Shift 2	8	1	0	0	0
FRIDAY						
FRIDAY						
	Shift 1	8	2	0	0	2
		8	1	0	0	0
	Shift 2	ŭ	<u> </u>	U	U	0
			_			
SATURDAY						
	Shift 1	8	2	0	0	2
	Shift 2	8	1	0	0	0
			1			
SUNDAY						
			1			
			1			
	<u> </u>					
			-			

	CLOSED			
HOLIDAYS				



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Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
Radiation Therapy Supervisor	2	0	0	0		
Radiation Therapist	9	4	4	9		
Nurse Supervisor	1	0	0	0		
			 			
			 			

 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:

ı	☑ Skill mix
	Description:
	✓ Level of experience of nursing and patient care staff
	Description:
_[☑ Need for specialized or intensive equipment
1	Description:

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Des	cription:
	Other
Des	cription:



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Fixed Staffing Matrix

Unit/ Clinic Name:	Radiation Oncology							
Unit/ Clinic Type:	Outpatient							
Unit/ Clinic Address:	825 EASTI	825 EASTLAKE AVE. E. SEATTLE, WA 98109						
Effective as of:		1-Jan-2	25					
Metric:								
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		
	0700-1800	10	3	0	0	1		
MONDAY								

	0700 4000	10	1 2			
	0700-1800	10	3	0	0	1
TUESDAY						
10235/11						
	0700-1800	10	3	0	0	1
WEDNESDAY						
			-			
	0700-1800	10	3	0	0	1
	3.23 222					
THURSDAY						

	0700-1800	10	3	0	0	1
5010.417						
FRIDAY						
	CLOSED					
SATURDAY						
o, ii o ii o ii						
	CLOSED					
SUNDAY						

	CLOSED			
HOLIDAYS				



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Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
Manager	1	0	0	0		
Therapy Supervisor	2	0	0	0		
Support Staff Supervisor	1	0	0	0		
Nurse Supervisor	1	0	0	0		
Dosi Lead	1	0	0	0		
Dosimetrist I/II	2	0	0	0		
Therapist I/II/III	10	0	0	0		

 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:

ı	☑ Skill mix
	Description:
	✓ Level of experience of nursing and patient care staff
	Description:
_[☑ Need for specialized or intensive equipment
1	Description:

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment								
Des	Description:								
	Other								
Des	cription:								



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Fixed Staffing Matrix

Unit/ Clinic Name:	Alliance Lab							
Unit/ Clinic Type:	Specimen Collection							
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109							
Effective as of:	1-Jan-25							
Hours of the day	Hours of the day							
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		
	0530-1400	8	1	2	0	0		
	0530-1600	10	1	2	0	0		
	0600-1230	6	1	1	0	0		
	0600-1330	7	0	1	0	0		
MONDAY	0600-1430	8	1	1	0	0		
MONDAI	0630-1500	8	0	0	1	0		

	0600-1630	10	1	0	0	0
	0700-1530	8	3	3	1	0
	0700-1730	10	1	1	0	0
	0730-1800	10	1	1	0	0
	0530-1400	8	1	1	0	0
	0530-1600	10	1	1	0	0
	0600-1230	6	1	1	0	0
	0600-1330	7	0	1	0	0
THECDAY	0600-1430	8	1	1	0	0
TUESDAY	0630-1500	8	0	0	1	0
	0600-1630	10	1	0	0	0
	0700-1530	8	3	3	1	0
	0700-1730	10	1	1	0	0
	0730-1800	10	1	1	0	0
	0530-1400	8	1	1	0	0
	0530-1600	10	1	1	0	0
	0600-1230	6	1	1	0	0
	0600-1330	7	0	1	0	0
WEDNESDAY	0600-1430	8	1	1	0	0
WEDNESDAY	0630-1500	8	0	0	1	0
	0600-1630	10	1	0	0	0
	0700-1530	8	3	3	1	0
	0700-1730	10	1	1	0	0
	0700-1800	10	1	1	0	0
	0530-1400	8	1	1	0	0
	0530-1600	10	1	1	0	0
	0600-1230	6	1	1	0	0
	0600-1330	7	0	1	0	0
THURSDAY	0600-1430	8	1	1	0	0
THURSDAY	0630-1500	8	0	0	1	0
	0600-1630	10	1	0	0	0
	0700-1530	8	3	3	1	0
	_	•	•	•		

	0700-1730	10	1	1	0	0
	0730-1800	10	1	1	0	0
	0530-1400	8	1	1	0	0
	0530-1600	10	1	1	0	0
	0600-1230	6	1	1	0	0
	0600-1330	7	0	1	0	0
FRIDAY	0600-1430	8	1	1	0	0
FRIDAY	0630-1500	8	0	0	1	0
	0600-1630	10	1	0	0	0
	0700-1530	8	3	3	1	0
	0700-1730	10	1	1	0	0
	0730-1800	10	1	1	0	0
	0745-1200	4.25	1	1	0	0
	0745-1330	5.75	1	0	0	0
	0745-1430	6.75	1	1	0	0
	0745-1530	7.75	1	0	0	0
SATURDAY	0745-1630	8.75	1	1	0	0
SATURDAT						
	0745-1200	4.25	1	1	0	0
	0745-1330	5.75	1	0	0	0
	0745-1430	6.75	0	1	0	0
	0745-1530	7.75	1	0	0	0
SUNDAY	0745-1630	8.75	1	1	0	0
30112/11						

	0745-1200	4.25	1	1	О	0
	0745-1330	5.75	1	1	0	0
	0745-1430	6.75	1	1	1	0
	0745-1530	7.75	1	1	0	0
HOLLDAVC	0745-1630	8.75	1	1	0	0
HOLIDAYS						



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Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
Nurse Manager	1	0	0	0		
Nurse Supervisor	2	0	0	0		

 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:

ı	☑ Skill mix
	Description:
	✓ Level of experience of nursing and patient care staff
	Description:
_[☑ Need for specialized or intensive equipment
1	Description:

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment								
Des	Description:								
	Other								
Des	cription:								



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Fixed Staffing Matrix

Unit/ Clinic Name:	THN & Specialty/GI Consult Care Neighborhood							
Unit/ Clinic Type:	Outpatient							
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109							
Effective as of:	1-Jan-25							
Metric:								
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		
	Day (0800-1700)	4	0	0	0	0		
	Day (0800-1700)	8	6	0	0	7		
	Day (0800-1700)	9	1	0	0	0		
	Day (0800-1700)	9.5	0	0	0	0		
MONDAY	Day (0800-1700)	10	10	2	0	0		
WONDAT	Day (0800-1700)	12	1	0	0	0		

		1	1	1	1	
			_			
			_			
	- ()	_				
	Day (0800-1700)	4	1	0	0	0
	Day (0800-1700)	8	5	0	0	7
	Day (0800-1700)	9	1	0	0	0
	Day (0800-1700)	9.5	0	0	0	0
TUESDAY	Day (0800-1700)	10	10	2	0	0
TOESDAT	Day (0800-1700)	12	1	0	0	0
	Day (0800-1700)	4	0	0	0	0
	Day (0800-1700)	8	8	0	0	7
	Day (0800-1700)	9	0	0	0	0
	Day (0800-1700)	9.5	1	0	0	0
	Day (0800-1700)	10	10	3	0	0
WEDNESDAY	Day (0800-1700)	12	1	0	0	0
	Day (0800-1700)	4	0	0	0	0
	Day (0800-1700)	8	7	0	0	7
	Day (0800-1700)	9	1	0	0	0
	Day (0800-1700)	9.5	1	0	0	0
	Day (0800-1700)	10	10	3	0	0
THURSDAY	Day (0800-1700)	12	1	0	0	0
	24, (5500 1700)		+ -	- 		<u> </u>

	Day (0800-1700)	4	1	0	0	0
	Day (0800-1700)	8	6	0	0	7
	Day (0800-1700)	9	2	0	0	0
	Day (0800-1700)	9.5	0	0	0	0
EDID AV	Day (0800-1700)	10	9	2	0	0
FRIDAY	Day (0800-1700)	12	1	0	0	0
SATURDAY	CLOSED					
<i>5</i> , 1, 5, 1, 5, 1, 1						
			1			
SUNDAY	CLOSED					
			1			
			1			

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	CLOSED					
HOLIDAYS						



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Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
Sr. Nurse Manager	1	0	0	0		
Nurse Manager	1	0	0	0		
Nurse Supervisor	1	0	0	0		
MA Manager	1	0	0	0		
MA Supervisor	1	0	0	0		

 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:	

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment	
Desc	ription:	
<u> </u>		
	Other	
Desc	ription:	
Ц		



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Fixed Staffing Matrix

Unit/ Clinic Name:	Transition						
Unit/ Clinic Type:	Outpatient						
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109						
Effective as of:	1-Jan-25						
Metric:							
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	
	0730-1730	9.5	3	0	0	0	
MONDAY							

	0730-1730	9.5	3	0	0	0
		+				
TUESDAY						
	0730-1730	9.5	3	0	0	0
		_				
	l					
WEDNESDAY						
	l					
	0730-1730	9.5	4	0	0	
THIRDDAY						
THURSDAY						

		T				
	0730-1730	9.5	3	0	0	0
FRIDAY						
	-					
	0800- 1700	8.5	1	0	0	0
	3333 2733					
SATURDAY						
3/11/01/07/11						
	CLOSED					
SUNDAY						
	<u> </u>					

	0800- 1700	8.5	2	0	0	0
HOLIDAYS						



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Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
Supervisor	1	0	0	0		

Unit Information

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

 Activity such as patient admissions, discharges, and transfers 						
Description:						
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift						
Description:						

ı	☑ Skill mix								
	Description:								
	✓ Level of experience of nursing and patient care staff								
	Description:								
_[☑ Need for specialized or intensive equipment								
1	Description:								

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment							
Desc	Description:							
<u> </u>								
	Other							
Desc	ription:							



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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:	Fred Hutchinson Cancer Center - Wellness Center						
Unit/ Clinic Type:	Outpatient						
Unit/ Clinic Address:	1100 Fairview Ave. N., Level E, Seattle, WA 98109						
Effective as of:	1-Jan-25						
Metric:	Metric:						
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	
	0730-1600	8	1	0	0	1	
	0800-1630	8	3	0	0	0	
	0830-1700	8	1	0	0	1	
MONDAY							

		+				
	0730-1600	8	1	0	0	1
	0800-1630	8	3	0	0	0
	0830-1700	8	1	0	0	1
THECDAY						
TUESDAY						
	0730-1600	8	1	0	0	1
	0800-1630	8	3	0	0	0
	0830-1700	8	1	0	0	1
WEDNESDAY						
WEDINESDAY						
	0730-1600	8	1	0	0	1
	0800-1630	8	3	0	0	0
	0830-1700	8	1	0	0	1
THURSDAY						
IIIUNSDAT						

	0730-1600	8	1	0	0	1
	0800-1630	8	3	0	0	0
	0830-1700	8	1	0	0	1
			 			
FRIDAY						
	CLOSED					
SATURDAY						
<i>5</i> , <i>5</i>						
	CLOSED					
SUNDAY			+			
				-		
				1		

	CLOSED			
HOLIDAYS				



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Unit Information

Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
Manager	1	0	0	0		
Support Staff Supervisor	1	0	0	0		

Unit Information

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

 Activity such as patient admissions, discharges, and transfers 						
Description:						
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift						
Description:						

ı	☑ Skill mix								
	Description:								
	✓ Level of experience of nursing and patient care staff								
	Description:								
_[☑ Need for specialized or intensive equipment								
1	Description:								

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment							
Desc	Description:							
<u> </u>								
	Other							
Desc	ription:							



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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:	Women's Center & Specialty Oncology							
Unit/ Clinic Type:	Outpatient							
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109							
Effective as of:	1-Jan-25							
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		
	Day (0730-1730)	2	1	0	0	0		
	Day (0730-1730)	6	1	0	0	0		
	Day (0730-1730)	7.5	0	0	0	0		
	Day (0730-1730)	8	14	1	0	8		
MONDAY	Day (0730-1730)	8.5	0	0	0	0		
IVIONDAT	Day (0730-1730)	9	3	0	0	0		

	Day (0730-1730)	9.5	0	0	0	0
	Day (0730-1730)	10	9	0	0	0
	Day (0730-1730)	2	0	0	0	0
	Day (0730-1730)	6	0	0	0	0
	Day (0730-1730)	7.5	0	0	0	0
	Day (0730-1730)	8	13	0	0	8
THECDAY	Day (0730-1730)	8.5	0	1	0	0
TUESDAY	Day (0730-1730)	9	3	0	0	0
	Day (0730-1730)	9.5	0	0	0	0
	Day (0730-1730)	10	17	0	0	0
	Day (0730-1730)	2	0	0	0	0
	Day (0730-1730)	6	0	0	0	0
	Day (0730-1730)	7.5	0	1	0	0
	Day (0730-1730)	8	15	0	0	8
WEDNIECDAY	Day (0730-1730)	8.5	0	0	0	0
WEDNESDAY	Day (0730-1730)	9	4	0	0	0
	Day (0730-1730)	9.5	1	0	0	0
	Day (0730-1730)	10	13	0	0	0
	Day (0730-1730)	2	0	0	0	0
	Day (0730-1730)	6	0	0	0	0
	Day (0730-1730)	7.5	0	0	0	0
	Day (0730-1730)	8	16	1	0	8
THURSDAY	Day (0730-1730)	8.5	0	0	0	0
THURSDAY	Day (0730-1730)	9	3	0	0	0
	Day (0730-1730)	9.5	0	0	0	0
	Day (0730-1730)	10	15	0	0	0

	Day (0730-1730)	2	0	0	0	0
	Day (0730-1730)	6	0	0	0	0
	Day (0730-1730)	7.5	0	0	0	0
	Day (0730-1730)	8	15	0	0	8
	Day (0730-1730)	8.5	0	0	0	0
FRIDAY	Day (0730-1730)	9	2	0	0	0
	Day (0730-1730)	9.5	0	0	0	0
	Day (0730-1730)	10	12	0	0	0
	CLOSED					
SATURDAY						
	CLOSED					
CLINDAY						
SUNDAY						

	CLOSED			
HOLIDAYS				



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Unit Information

Additional Care Team Members					
	Shift Coverage				
Occupation	Day	Evening	Night	Weekend	
Phase 1 & Renal Melanoma Nurse Mgr	1 M/T/W/Th	0	0	0	
Dermatology Nurse Manager	1	0	0	0	
Breast/Endocrine Nurse Manager	1	0	0	0	
Breast Oncology Nurse Supervisor	1 M/T/Th/F	0	0	0	
Phase 1 & Renal Melanoma Nurse Spvr	1 M/T/Th/F	0	0	0	
MA Manager	1	0	0	0	
MA Supervisor	1	0	0	0	
Professional Practice Coordinator	1	0	0	0	
Women's Center Ops Manager	1	0	0	0	
Professional Practice Coordinators	3 W, 2 M/T/Th/F	0	0	0	

Unit Information

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

 Activity such as patient admissions, discharges, and transfers 	
Description:	
☐ 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:	
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	1
✓ Need for specialized or intensive equipment Descriptions	
Description:	

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment						
Desc	Description:						
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	Other						
Desc	ription:						
Ц							
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