

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

Fixed Staffing Matrix

| 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 | | | 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 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | 1 | | | |
| | | | 1 | | | |
| | | | 1 | | | |
| | | | | | | |
| | | | | | | |
| | | | <u> </u> | | | |
| | | | | | | |

| 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 | | | | | |
|--|----------|---------|------------|-----------|--------------------------|---------------------------|---------|----------|----------|---|---|
| T | | | | | | Unit iniormation | | <u> </u> | l l | | 1 |
| | | | | | | | | | | | |
| _ | | | Fa | ctors C | Considered in the I | Development of the | e Unit | Staffin | g Plar | า | |
| _ | | | | | | k all that apply): | | | _ | | |
| | <u> </u> | | | | | 1 1111111 | | | <u> </u> | | |
| | A cti | vitv ou | ch ac nati | iont adm | issians disabargas and | l transfors | | | | | |
| V | ACU | vity su | ch as pati | ent aum | issions, discharges, and | transfers | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | 1 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Patient | acuity | level inte | ensity of | care needs, and the tv | pe of care to be delivere | d on ea | ch shift | | | |
| 7 | racient | acarcy | | - | tare needs, and the ty | pe or care to be derivere | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | 7 | Skill mix | K | | | | | | | | | |
|---|----------|-----------|--------|------------|-----------|------------------------|--|--|--|--|--|---|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | 7 | Level of | fexper | ience of n | nursing a | and patient care staff | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | V | Need fo | r spec | ialized or | intensiv | e equipment | | | | | | _ |
| | <u> </u> | | | | | | | | | | | _ |
| | <u> </u> | | | | | | | | | | | _ |
| | | | | | | | | | | | | _ |
| | | | | | | | | | | | | - |
| | | | | | | | | | | | | |
| _ | | | | | | | | | | | | _ |
| | | | | | | | | | | | | - |
| | | | | | | | | | | | | _ |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | paration are | | the unit such as placen nt | ient of patier | it rooi | ns, tre | atmen | ιai | eas, II | ursing | Station | is, med | aication | |
|-------|--------------|-------------|-------------------------------|----------------|---------|---------|-------|-----|---------|--------|---------|---------|----------|--|
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| □ Oth | er | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |



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

Fixed Staffing Matrix

| 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 | | | | |



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

Unit Information

| | Additional Care Team | Members | | | | |
|--------------------|----------------------|---------|-------|---------|--|--|
| | 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: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |



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

Fixed Staffing Matrix

| 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 |
| | | | | | | |
| | | | | | | |
| HOUDAYC | | | | | | |
| HOLIDAYS | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | - | | • | | |



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

Unit Information

| Additional Care Team Members | | | | | | |
|------------------------------|----------------|---------|-------|---------|--|--|
| | 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: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |



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

Fixed Staffing Matrix

| 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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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

Unit Information

| Additional Care Team Members | | | | | | |
|-----------------------------------|-----|----------------|-------|-------------------|--|--|
| | | 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: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |



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

Fixed Staffing Matrix

| 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 |
| | | | | | | |

| | | 1 | 1 | Ī | I | I I |
|----------|-----------------|----|--|---|-------|-----|
| | | | 1 | | | |
| | | | | | | |
| 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 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | 1 | | | |
| | | | | | | |
| | | | 1 | | | |
| | | | | | | |
| | | | | | | |
| SUNDAY | CLOSED | | | | | |
| 55.15/11 | 320325 | | + | | | |
| | | | | | | |
| | | | 1 | | | |
| | | | | | | |
| | | | + | | | |
| | | | + | | | |
| | <u> </u> | | | | | |
| | | | | |] | |
| | | | | | | |
| | | 1 | | | | |

| 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 | | | | | | |
|---|----------|---------|------------|-----------|------------------------------|----------------------------|---------|----------|--------|---|---|---|
| | | | | | | Unit iniormation | | l I | | | | |
| | | | | | | | | | | | | |
| | | | Fa | ctors C | Considered in the D | Development of the | Unit | Staffin | g Plar | า | | |
| | | | | | | k all that apply): | | | _ | | | |
| | | | | | (000 | | Т | 1 | | | T | |
| | | •• | .1 | | tarta a alta da a cara a cad | 1 | | | | | | |
| 7 | Acti | vity su | ch as pati | ent adm | issions, discharges, and | transfers | | | | | | |
| | | | | | | | | | | | | - |
| | | | | 1 | | | 1 | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | + |
| | | | | | | | | | | | | _ |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Patient | acuity | level inte | ensity of | care needs, and the tvi | be of care to be delivered | d on ea | ch shift | | | | |
| 7 | - acreme | dearcy | | - | tare needs, and the typ | | | | | | | |
| | | | | | | | | | | | | + |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | _ | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | 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 | | | | | | _ |
| | <u> </u> | | | | | | | | | | | _ |
| | <u> </u> | | | | | | | | | | | _ |
| | | | | | | | | | | | | _ |
| | | | | | | | | | | | | - |
| | | | | | | | | | | | | |
| _ | | | | | | | | | | | | _ |
| | | | | | | | | | | | | - |
| | | | | | | | | | | | | _ |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | ion areas, and | the unit such as placen ent | ient of patier | 1001 | iiis, ti e | atilieli | Laic | zas, 110 | ar sirig | statioi | 15, 11160 | alcation | |
|---------------|----------------|-----------------------------|----------------|------|------------|----------|------|----------|----------|---------|-----------|----------|--|
| proposition . | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| □ Other | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | - | | | | | | |
| | | | | | | | | | | | | | |



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

Fixed Staffing Matrix

| 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 | | | | | |
|--|----------|---------|------------|-----------|--------------------------|---------------------------|---------|----------|----------|---|---|
| T | | | | | | Unit iniormation | | <u> </u> | l l | | 1 |
| | | | | | | | | | | | |
| _ | | | Fa | ctors C | Considered in the I | Development of the | e Unit | Staffin | g Plar | า | |
| _ | | | | | | k all that apply): | | | _ | | |
| | <u> </u> | | | | | 1 1111111 | | | <u> </u> | | |
| | A cti | vitv ou | ch ac nati | iont adm | issians disabargas and | l transfors | | | | | |
| V | ACU | vity su | ch as pati | ent aum | issions, discharges, and | transfers | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | 1 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Patient | acuity | level inte | ensity of | care needs, and the tv | pe of care to be delivere | d on ea | ch shift | | | |
| 7 | racient | dearcy | | - | tare needs, and the ty | pe or care to be derivere | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | 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 | | | | | | _ |
| | <u> </u> | | | | | | | | | | | _ |
| | <u> </u> | | | | | | | | | | | _ |
| | | | | | | | | | | | | _ |
| | | | | | | | | | | | | - |
| | | | | | | | | | | | | |
| _ | | | | | | | | | | | | _ |
| | | | | | | | | | | | | - |
| | | | | | | | | | | | | _ |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | paration are | | the unit such as placen nt | ient of patier | it rooi | ns, tre | aumen | ιai | eas, II | ursing | Station | is, med | aication | |
|-------|--------------|-------------|-------------------------------|----------------|---------|---------|-------|-----|---------|--------|---------|---------|----------|--|
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| □ Oth | er | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |



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

Fixed Staffing Matrix

| 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 |
| | 0 |
| 0000 4520 | 0 |
| 0800-1630 8 0 0 WEDNESDAY | 1 0 |
| WEDNESDAY | |
| | • |
| | |
| | |
| | |
| 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 | | | | | | |
| | | | | | | · |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | 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 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



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

Fixed Staffing Matrix

| 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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| 1 | Ī | | i | |
|---|---|--|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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

Unit Information

| | Additional Care Team | 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 | | | | | | | |
| Desc | Description: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| - | | | | | | | | |
| 7 | Other | | | | | | | |
| Des | cription: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |



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

Fixed Staffing Matrix

| 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 | | | | | | |
| | | | - | | | |
| | | | | | | |
| | | | 1 | | | |
| | | | | | | |
| | 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 | | | | | |
| | CLOSLD | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| SATURDAY | | | | | | |
| | | | | | | |
| | | | | | | |
| SATURDAY | | | | | | |
| | | | | | | |
| | CLOSED | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| SUNDAY | | | | | | |
| 30.13711 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | CLOSED | | | |
|------------|--------|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| 110115 470 | | | | |
| HOLIDAYS | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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

Unit Information

| Additional Care Team Members | | | | | | | |
|------------------------------|----------------|---------|-------|---------|--|--|--|
| | 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: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |



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

Fixed Staffing Matrix

| 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 | | | | | | |
| FRIDAY | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | CLOSED | | | | | |
| | | | | | | |
| | | | | | | |
| | | | _ | | | |
| SATURDAY | | | | | | |
| | | | | | | |
| | | | + | | | |
| | | | | | | |
| | | | | | | |
| | CLOSED | | | | | |
| | 010012 | | | | | |
| | | | | | | |
| | | | | | | |
| CLINIDAY | | | | | | |
| SUNDAY | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | CLOSED | | | |
|----------|--------|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| HOLIDAYS | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 | | | | | |
| | | | | | | |
| | | | | | | |
| | \vdash | | | | | |
| SATURDAY | \vdash | | | | | |
| | \vdash | | | | | |
| | \vdash | | | | | |
| | \vdash | | | | | |
| | | | | | | |
| | CLOSED | | | | | |
| | 1 | | | | | |
| | | | | | | |
| | | | | | | |
| SUNDAY | | | | | | |
| JONDAI | | | | | | |
| | \vdash | | | | | |
| | \vdash | | | | | |
| | \vdash | | | | | |
| | CLOSED | | | | | |
| | CLOSED | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| HOLIDAYS | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | oxdot | | | | | |

| | 1 | | | | | |
|----------|---|---|---|---|---|-----|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | 1 | ı | I | I | 1 | l I |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| HOLIDAYS | | | | | | |
| HOLIDATS | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



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

Unit Information

| Additional Care Team Members | | | | | | | |
|------------------------------|----------------|---------|-------|---------|--|--|--|
| | 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 |

| V | Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment |
|----------|---|
| Des | 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 |
| Des | 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. |
| | |



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

Fixed Staffing Matrix

| 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 | | | | | | |
| | | 1 | | | | |
| | | + | | | | |
| | | + | | | | |
| | | + | | | | |
| | | | | | | |

| | CLOSED | | | |
|----------|--------|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| HOLIDAYS | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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

Fixed Staffing Matrix

| 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: | | | | | | | | |
| 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 | | | + | | | |
| | | | | | | |
| | | | + | | | |
| | | | | | | |
| | | | 1 | | | |
| | CLOSED | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| SUNDAY | | | | | | |
| JUNDAT | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | ļ | | |
| | | | | | | |

| | CLOSED | | | |
|----------|--------|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| HOLIDAYS | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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

Unit Information

| Additional Care Team Members | | | | | | | |
|--------------------------------|----------------|---------|-------|---------|--|--|--|
| | 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: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |



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

Fixed Staffing Matrix

| 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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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

Fixed Staffing Matrix

| 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 | | | | | |
| - | | | | | | |
| - | | | | | | |
| - | | | | | | |
| SATURDAY | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | CLOSED | | | | | |
| _ | | | | | | |
| | | | - | | | |
| - | | | | | | |
| SUNDAY | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | CLOSED | | | |
|----------|--------|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| HOLIDAYS | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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

Unit Information

| Additional Care Team Members | | | | | | | |
|------------------------------|-----|----------------|-------|---------|--|--|--|
| | | 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: |
| | |
| | |
| | |
| | |
| | |
| | |
| I | |
| | Other |
| Desc | ription: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |



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

Fixed Staffing Matrix

| 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 | | | | | |
| SONDAI | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | • | i | Ī | ī | ī | |
|----------|--------|---|---|---|---|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | CLOSED | | | | | |
| | 620325 | | | | | |
| HOLIDAYS | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



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

| 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: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |



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

Fixed Staffing Matrix

| 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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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

| 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: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |



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

Fixed Staffing Matrix

| 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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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

| 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: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |



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

Fixed Staffing Matrix

| 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 |
| THIRCDAY | 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 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | 1 | I | Ī | I | i | I I |
|----------|--------|---|---|---|---|-----|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | CLOSED | | | | | |
| HOLIDAYS | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



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

| 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 | ription: |
| | |
| | |
| | |
| | |
| | |
| | |
| I | |
| | Other |
| Desc | ription: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |



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

Fixed Staffing Matrix

| Unit/ Clinic Name: | Imaging Observation (Building 1) | | | | | | |
|-----------------------|----------------------------------|--------------------------|------------------|-------------------|-------------------|-------------------|--|
| Unit/ Clinic Type: | | Imaging Observation | | | | | |
| Unit/ Clinic Address: | 825 EAST | LAKE AVE. E. S | EATTLE, \ | WA 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 | |
| | 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 |
| THURSDAY | 0800-1830 | 10 | 1 | 0 | 0 | 0 |
| | | | | | | |
| | Week 2 | | | | | |
| THURSDAY | 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 | - | | |
| | | | | | | |
| | | | | | | |
| | | | - | | | |
| | | | 1 | | | |
| | | | | | | |

| | CLOSED | | | |
|----------|--------|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| HOLIDAYS | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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

| Additional Care Team Members | | | | | | | |
|-------------------------------|---------------------------------------|---------------|-------|---------------------------|--|--|--|
| | Shift Coverage | | | | | | |
| Occupation | Day | Evening | Night | Weekend | | | |
| CT Technologist x2 (if 3 RNs) | 1 | 0 | 0 | 0 | | | |
| CT Technologist x3 (if 2 RNs) | 1 | 0 | 0 | 2 on Saturday, no RNs | | | |
| CT Technologist x4 (if 1 RNS) | 1 | 0 | 0 | 0 | | | |
| CT technologist x1 | 1 | 0 | 0 | On call Sundays | | | |
| Diagnostic Imaging Supervisor | Onsite 3 days/week, Remote 1/day/week | Phone contact | 0 | Phone contact on weekends | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| 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 | | |
| | | |



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

Fixed Staffing Matrix

| 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 | | | | | | |
| HIONODAT | | | | | | |
| | | | | | | |
| | | | | | | |

| | | + | | | | |
|-----------|-----------|----|---|---|---|---|
| | 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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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

Unit Information

| Additional Care Team Members | | | | | | |
|------------------------------|--------------------|----------------|-------|--------------------------|--|--|
| | | 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: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Ц | | |



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

Fixed Staffing Matrix

| 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 | | |

| | | 1 | 1 | <u> </u> | I | |
|-----------|-------------|-----|-----|----------|---|---|
| | | | | | | |
| | | | | | | |
| | | | 1 | | | |
| | 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 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | 0730 - 1730 | 9.5 | 1 | 0 | 0 | 0 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| SUNDAY | | | | | | |
| 30.45/11 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | 0730 - 1730 | 9.5 | 1 | 0 | 0 | 0 |
|----------|-------------|-----|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| HOLIDAYS | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



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

Unit Information

| | Additional Care 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: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Ц | | |
| | | |



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

Fixed Staffing Matrix

| 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-25 | | | | | | | | | | | | |
| Metric: | Metric: | | | | | | | | | | | | |
| Please select metric type | Shift Type | Shift Length in Hours | _ | | 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 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Washington State Department of HEALTH H 346-154 | | | To request th call 1-800-52! customers, | | |
|---|----------------------------------|-----------------------|---|--------------|--|
| | 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 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | | | | | | | | I | | |
|----------|---|---------|---------|------------|-----------|----------------------------|----------------------------|---------|----------|----------|---|------|
| | | | | | | | | | | | | |
| | _ | 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 . |
| \dashv | | | | | | | | | | | | |
| \dashv | | | | | | | | | | | | |
| \dashv | | | | | | | | | | | | |
| \dashv | | | | | | | | | | | | |
| \dashv | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | 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 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | paration area | of the unit such as pla ment | oomone or passes | , | | | , | |
|-------|---------------|---------------------------------|------------------|-------|----------|------|---|----------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | _ | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| □ Oth | er | | | | \dashv | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | + | | | |
| | | | | | | | | |
| | | | | | | | | <u> </u> |
| | | | | | + | | | |
| | | | | | - | | | <u> </u> |



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

Fixed Staffing Matrix

| 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 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



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

Unit Information

| Additional Care Team Members | | | | | | |
|------------------------------|-----|----------------|-------|---------|--|--|
| | | 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: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



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

Fixed Staffing Matrix

| Unit/ Clinic Name: | Lymphoma 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 | 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 |
| | | | - | | | |
| | | ļ | | | | |

| | | 1 | 1 | | ı | |
|----------|-----------------|----|---|---|---|---|
| | | | 1 | | | |
| | 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 | | | |
| | | | 1 | | | |
| | | | | | | |

| | CLOSED | | | |
|----------|--------|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| HOLIDAYS | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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

| 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: | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |



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

Patient Volume-based Staffing Matrix Formula Template

| 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 | 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 | 0.84 | 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 | 12.00 | |
| | 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 | | |
| | 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 | |



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

Patient Volume-based Staffing Matrix Formula Template

| 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 | |



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

Patient Volume-based Staffing Matrix Formula Template

| 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 | 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 | 0.00 | 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 | 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 | |



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

| 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: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



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

Fixed Staffing Matrix

| 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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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

| 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 | | |



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

Fixed Staffing Matrix

| 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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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

| 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 | | | | | | | | |



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

Fixed Staffing Matrix

| 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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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

| 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 | | | | | | | | |
| | | | | | | | | |



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

Fixed Staffing Matrix

| 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 | - u | <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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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

| 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: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |



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

Fixed Staffing Matrix

| Unit/ Clinic Name: | Radiation Oncology | | | | | | |
|-----------------------|--------------------|--------------------------|------------------|-------------------|-------------------|-------------------|--|
| 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 | |
| | 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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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

| 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: | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |



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

Fixed Staffing Matrix

| 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 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



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

| 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: | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |



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

Fixed Staffing Matrix

| 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 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | 1 | I | Ī | I | i | I I |
|----------|--------|---|---|---|---|-----|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | CLOSED | | | | | |
| HOLIDAYS | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



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

| 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 | | |
| | | |



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

Fixed Staffing Matrix

| 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 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



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

| 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: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |



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

Fixed Staffing Matrix

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

| Unit/ Clinic Name: | 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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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

Unit Information

| Additional Care Team Members | | | | | | |
|------------------------------|----------------|---------|-------|---------|--|--|
| | 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: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |



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

Fixed Staffing Matrix

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

| Unit/ Clinic Name: | 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 | | |
| WIONDAT | 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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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

Unit Information

| Additional Care Team Members | | | | | |
|-------------------------------------|-----------------|---------|-------|---------|--|
| | 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: | |
| · | |
| | |
| | |
| | |
| | |
| | |
| | |
| | 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: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| <u></u> | | | | | | | |
| , | | | | | | | |
| | Other | | | | | | |
| Desc | ription: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Ц | | | | | | | |
| • | | | | | | | |