



DOH 346-154

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	ACE SLU					
Unit/ Clinic Type:	Outpatient					
Unit/ Clinic Address:	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

[illegible]

[illegible]

HOLIDAY	0745-1815	10	1	0	0	0



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Unit Information

Additional Care Team Members

Shift Coverage

Occupation

Day

Evening

Night

Weekend

[illegible]

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

- [illegible]

- [illegible]

[illegible]

[illegible]



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Fixed Staffing Matrix

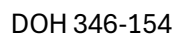
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Unit/ Clinic Name:	Apheresis					
Unit/ Clinic Type:	Outpatient					
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109					
Effective as of:	1-Jan-25					
Metric:						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
MONDAY	0700-1730	10	10	0	0	1
	1730-2200	4	1	0	0	0

[illegible]

[illegible]

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



Unit Information

[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



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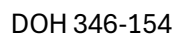
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Unit/ Clinic Name:	BMT					
Unit/ Clinic Type:	Outpatient					
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109					
Effective as of:	1-Jan-25					
Metric:						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
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

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	0700 - 1800	10.5	1	0	0	0
	0730 -1730	9.5	2	0	0	0
	0800-1800	9.5	15	0	0	7
THURSDAY	0700 - 1800	10.5	1	0	0	0
	0730 -1730	9.5	2	0	0	0
	0800-1800	9.5	16	0	0	7

[illegible]

HOLIDAYS	0730-1700	9.5	1	0	0	0
	0800-1700	8.5	8	0	0	2



Unit Information

[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



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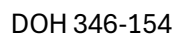
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Unit/ Clinic Name:	Breast Imaging					
Unit/ Clinic Type:	Outpatient					
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109					
Effective as of:	1-Jan-25					
Metric:						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
MONDAY	0730-1800	10	1	0	0	0
	0730-1600	8	0	0	0	1

[illegible]

[illegible]

HOLIDAYS	CLOSED					



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Additional Care Team Members

[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



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Unit/ Clinic Name:	CTU					
Unit/ Clinic Type:	Outpatient					
Unit/ Clinic Address:	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	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

[illegible]

HOLIDAY	CLOSED					



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Unit Information

Additional Care Team Members

Shift Coverage

Occupation

Day

Evening

Night

Weekend

Nurse Manager

1

0

0

0

Nursing Supervisor

1

0

0

0

Patient Access Coordinator

2

0

0

0

Clinical Trials Coordinator

1

0

0

0

[illegible]

<p align="center">Factors Considered in the Development of the Unit Staffing Plan (Check all that apply):</p>	
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- [illegible]

- [illegible]

[illegible]

[illegible]



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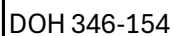
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Unit/ Clinic Name:	4th Floor Short Stay					
Unit/ Clinic Type:	Outpatient					
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109					
Effective as of:	1-Jan-25					
Metric:						
Please select metric type	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
MONDAY	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
	0915-1745	8	1	0	0	0
	0800-1630	8	0	0	1	0
WEDNESDAY	0815-1845	10	5	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

[illegible]

HOLIDAYS	CLOSED					



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Additional Care Team Members

[illegible]

[illegible]

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

- [illegible]

- [illegible]

[illegible]

[illegible]



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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-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
MONDAY	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
	0800-1630	8	0	0	1	0

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

[illegible]

HOLIDAYS	0830-1130	3	1	0	0	0



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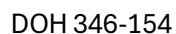
Unit/ Clinic Name:	Fred Hutchinson Cancer Center @ EvergreenHealth Medical Oncology					
Unit/ Clinic Type:	Medical Oncology					
Unit/ Clinic Address:	12040 NE 128th Street, Suite Silver 1600, Kirkland, WA 98034					
Effective as of:	1-Jan-25					
Metric:						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
MONDAY	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

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	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
THURSDAY	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

[illegible]

HOLIDAYS	CLOSED					

[illegible]



Unit Information

[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☒ Other

Description:



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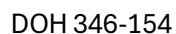
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Unit/ Clinic Name:	Fred Hutchinson Cancer Center @ Issaquah					
Unit/ Clinic Type:	Medical Oncology					
Unit/ Clinic Address:	1740 NW Maple St., Suite 211 Issaquah, WA 98027					
Effective as of:	1-Jan-25					
Metric:						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
MONDAY	0730-1800	10	2	0	0	0
	0800-1630	8	1	0	0	0

[illegible]

[illegible]

HOLIDAYS	CLOSED					



Unit Information

[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



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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:						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
MONDAY	07:30-1600	8	3	0	0	0
	0800-1630	8	4	0	0	0
	0830-1700	8	3	0	0	0

TUESDAY	07:30-1600	8	3	0	0	0
	0800-1630	8	4	0	0	0
	0830-1700	8	3	0	0	0
WEDNESDAY	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

[illegible]

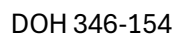
HOLIDAYS	CLOSED					

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 @ 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
MONDAY	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
TUESDAY	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
WEDNESDAY	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
	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						
FRIDAY	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
SATURDAY	CLOSED					
SUNDAY	CLOSED					
HOLIDAYS	CLOSED					



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Additional Care Team Members

[illegible]

Unit Information

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

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

Description:

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 nursing and patient care staff

Description:

Staff must have Registered Nursing License. Please review JD for each job role to see exact requirements for hire.

☒ Need for specialized or intensive equipment

Description:

AED onsite, PAPR, Golvio Lift

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

Description:

We have 18 patient rooms. 16 bays and 2 private rooms. Med prep room, Pharmacy is located in infusion to aide delivery of medication. Med Onc has 10 patient rooms and 1 non clinical consult room.

- ☐ Other

Description:

We are part of a joint program with OVL so services such as Inpatient care for our population is handled by OVL. 911 is called incase of emergency.



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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-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
MONDAY	0800-1630	8	1	0	0	1
	0830-1700	8	0	0	0	1

[illegible]

[illegible]

HOLIDAYS	CLOSED					



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Fixed Staffing Matrix

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

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

TUESDAY	0800-1630	8	6	1	1	2
	0830-1700	8	1	0	0	0
	0730-1800	10.5	1	0	0	0
WEDNESDAY	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
THURSDAY	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

[illegible]

HOLIDAYS	CLOSED					



DOH 346-154

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Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	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:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



DOH 346-154

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Fixed Staffing Matrix

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Unit/ Clinic Name:	Butchinson Cancer Center @ University of Washington Medical Center - North					
Unit/ Clinic Type:	Medical Oncology					
Unit/ Clinic Address:	1560 N. 115th Street, Suite G, Seattle, WA 98133					
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
MONDAY	0730-1800	10	11	1	0	0
	0745-1615	8	0	0	0	3

[illegible]

[illegible]

HOLIDAYS	CLOSED					



DOH 346-154

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Fixed Staffing Matrix

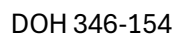
Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit/ Clinic Name:	utchinson Cancer Center @ University of Washington Medical Center - North					
Unit/ Clinic Type:	Radiation Oncology					
Unit/ Clinic Address:	1560 N. 115th Street, Suite G, Seattle, WA 98133					
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
MONDAY	0745-1615	8	1	0	0	0

[illegible]

[illegible]

HOLIDAYS	CLOSED					



Unit Information

[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



DOH 346-154

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Fixed Staffing Matrix

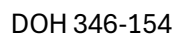
Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit/ Clinic Name:	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-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
MONDAY	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

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	1	0	0
WEDNESDAY	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
THURSDAY	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

[illegible]

HOLIDAYS						
	CLOSED					



Unit Information

Additional Care Team Members

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



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Fixed Staffing Matrix

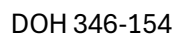
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Unit/ Clinic Name:	GI Care Neighborhood					
Unit/ Clinic Type:	Outpatient					
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109					
Effective as of:	1-Jan-25					
Metric:						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
MONDAY	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

TUESDAY	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
WEDNESDAY	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
THURSDAY	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

[illegible]

HOLIDAYS	CLOSED					



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Additional Care Team Members

[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



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Fixed Staffing Matrix

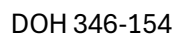
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Unit/ Clinic Name:	GI Surgery & ENT					
Unit/ Clinic Type:	Outpatient					
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109					
Effective as of:	1-Jan-25					
Metric:						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
MONDAY	0800-1700	9	2	3	0	0

[illegible]

[illegible]

HOLIDAYS	CLOSED					



Unit Information

[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



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Fixed Staffing Matrix

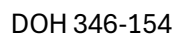
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Unit/ Clinic Name:	GU & Sarcoma Care Neighborhood					
Unit/ Clinic Type:	Outpatient					
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109					
Effective as of:	1-Jan-25					
Metric:						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
MONDAY	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
	Day (0800-1700)	12	1	0	0	0

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

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

HOLIDAYS						
	CLOSED					



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[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



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Fixed Staffing Matrix

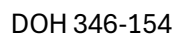
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Unit/ Clinic Name:	Imaging Observation (Building 1)					
Unit/ Clinic Type:	Imaging Observation					
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109					
Effective as of:	1-Jan-25					
Metric:						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
MONDAY	Week 1					
	0700-1730	10	1	0	0	0
	0800-1830	10	1	0	0	0
	Week 2					
	0730-1800	10	1	0	0	0

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

[illegible]

HOLIDAYS	CLOSED					



Unit Information

[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



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Fixed Staffing Matrix

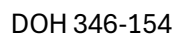
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Unit/ Clinic Name:	Imaging Observation (Building 2)					
Unit/ Clinic Type:	Imaging Observation					
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109					
Effective as of:	1-Jan-25					
Metric:						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
MONDAY	0630-1700	10	1	0	0	0
	0730-1800	10	1	0	0	0

[illegible]

[illegible]

HOLIDAYS	CLOSED					



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Additional Care Team Members

[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



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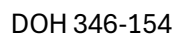
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Unit/ Clinic Name:	Immunotherapy					
Unit/ Clinic Type:	Immunotherapy					
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109					
Effective as of:	1-Jan-25					
Metric:						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
MONDAY	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
	1000 - 2000	9.5	1	0	0	0

TUESDAY	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
	1000 - 2000	9.5	1	0	0	0
WEDNESDAY	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
	1000 - 2000	9.5	1	0	0	0
THURSDAY	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
	1000 - 2000	9.5	1	0	0	0

[illegible]

HOLIDAYS	0730 - 1730	9.5	1	0	0	0



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Additional Care Team Members

[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



DOH 346-154

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Fixed Staffing Matrix

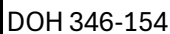
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Unit/ Clinic Name:	Infusion					
Unit/ Clinic Type:	Outpatient					
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109					
Effective as of:	1-Jan-25					
Metric:						
Please select metric type	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
MONDAY	AM Shift	8	5	0	3	0
	AM Shift	10	8	0	3	0
	Mid Shift	8	1	0	1	0
	Mid Shift	10	2	0	2	0
	Evening Shift	8	2	0	1	0
	Evening Shift	10	3	0	1	0

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

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

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



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Unit Information

Additional Care Team Members

[illegible]

Unit Information																			

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

- [illegible]

- [illegible]

[illegible]

[illegible]



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Fixed Staffing Matrix

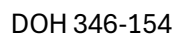
Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit/ Clinic Name:	LTFU Telemedicine					
Unit/ Clinic Type:	Telemedicine					
Unit/ Clinic Address:	825 EASTLAKE AVE. E. SEATTLE, WA 98109					
Effective as of:	1-Jan-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
MONDAY	0800-1630	8	1	0	0	0
	0800-1700	8.5	1	0	0	0

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

[illegible]

HOLIDAYS	0	0	0	0	0	0



Unit Information

[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☒ Other

Description:



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Fixed Staffing Matrix

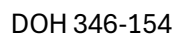
Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit/ Clinic Name:	Lymphoma 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
MONDAY	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
	Day (0600-1830)	12	1	0	0	0

TUESDAY	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
	Day (0600-1830)	12	1	0	0	0
WEDNESDAY	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
	Day (0600-1830)	12	1	0	0	0
THURSDAY	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
	Day (0600-1830)	12	1	0	0	0

[illegible]

HOLIDAYS	CLOSED					



Unit Information

[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:

Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:		8NE									
Unit/ Clinic Type:		Inpatient Oncology									
Unit/ Clinic Address:		1959 NE Pacific St, Seattle, WA 98195									
Average Daily Census:		18				Maximum # of Beds:			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)
20	0700-1100	4	9	0	2	0	1.80	0.00	0.40	0.00	12.00
	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	
	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	
19	0700-1100	4	9	0	2	0	1.89	0.00	0.42	0.00	12.63
	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	4	7	0	2	0	1.47	0.00	0.42	0.00	
	2300-0700	8	7	0	2	0	2.95	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
18	0700-1100	4	8	0	2	0	1.78	0.00	0.44	0.00	12.67
	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	
		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	

Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:		8NE									
Unit/ Clinic Type:		Inpatient Oncology									
Unit/ Clinic Address:		1959 NE Pacific St, Seattle, WA 98195									
Average Daily Census:		18				Maximum # of Beds:			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)
17	0700-1100	4	8	0	2	0	1.88	0.00	0.47	0.00	12.71
	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	
	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	
16	0700-1100	4	7	0	2	0	1.75	0.00	0.50	0.00	12.75
	1100-1500	4	7	0	2	0	1.75	0.00	0.50	0.00	
	1500-1900	4	7	0	2	0	1.75	0.00	0.50	0.00	
	1900-2300	4	6	0	2	0	1.50	0.00	0.50	0.00	
	2300-0700	8	6	0	2	0	3.00	0.00	1.00	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	
15	0700-1100	4	7	0	2	0	1.87	0.00	0.53	0.00	12.80
	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	
	2300-0700	8	5	0	2	0	2.67	0.00	1.07	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	

Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:		8NE									
Unit/ Clinic Type:		Inpatient Oncology									
Unit/ Clinic Address:		1959 NE Pacific St, Seattle, WA 98195									
Average Daily Census:		18				Maximum # of Beds:			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)
14	0700-1100	4	6	0	2	0	1.71	0.00	0.57	0.00	12.86
	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	
	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
13	0700-1100	4	6	0	1	0	1.85	0.00	0.31	0.00	12.00
	1100-1500	4	6	0	1	0	1.85	0.00	0.31	0.00	
	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	
		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	0700-1100	4	5	0	1	0	1.67	0.00	0.33	0.00	11.00
	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	
	2300-0700	8	4	0	1	0	2.67	0.00	0.67	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	



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Unit Information

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

Unit Information

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

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

Description:

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

Description:

☐ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



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Fixed Staffing Matrix

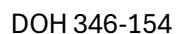
Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit/ Clinic Name:	Fred Hutchinson Cancer Center MRI @ Valley Street					
Unit/ Clinic Type:	MRI					
Unit/ Clinic Address:	12090 VALLEY ST, 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
MONDAY	0630-1730	10	1	0	0	0

[illegible]

[illegible]

HOLIDAYS	CLOSED					



Unit Information

[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



DOH 346-154

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Fixed Staffing Matrix

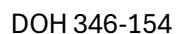
Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit/ Clinic Name:	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-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
MONDAY	0700-1730	10	1	0	0	0

[illegible]

[illegible]

HOLIDAYS	CLOSED					



Unit Information

[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



DOH 346-154

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Fixed Staffing Matrix

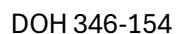
Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit/ Clinic Name:	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	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
MONDAY	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
	0800 Start	8h	1	0	0	0
	0900 Start	8	1	0	0	0

TUESDAY	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
	0800 Start	8h	1	0	0	0
	0900 Start	0	0	0	0	0
WEDNESDAY	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
	0800 Start	8h	1	0	0	0
	0900 Start	0	0	0	0	0
THURSDAY	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
	0900 Start	0	0	0	0	0

[illegible]

HOLIDAYS	CLOSED					



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Additional Care Team Members

[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



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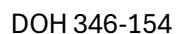
Fixed Staffing Matrix

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

Unit/ Clinic Name:	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:						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
MONDAY	Shift 1	8	5	0	0	2
	Shift 2	8	1	0	0	0

TUESDAY	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	Shift 1	8	5	0	0	2
	Shift 2	8	1	0	0	0

HOLIDAYS	CLOSED					



Unit Information

[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



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Fixed Staffing Matrix

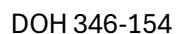
Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit/ Clinic Name:	Radiation Oncology					
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
MONDAY	0700-1800	10	3	0	0	1

[illegible]

[illegible]

HOLIDAYS	CLOSED					



Unit Information

[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



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Fixed Staffing Matrix

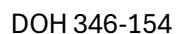
Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit/ Clinic Name:	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						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
MONDAY	0530-1400	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
	0600-1430	8	1	1	0	0
	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
TUESDAY	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
	0600-1430	8	1	1	0	0
	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
WEDNESDAY	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
	0600-1430	8	1	1	0	0
	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
THURSDAY	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
	0600-1430	8	1	1	0	0
	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
FRIDAY	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
	0600-1430	8	1	1	0	0
	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
SATURDAY	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
	0745-1630	8.75	1	1	0	0
SUNDAY	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
	0745-1630	8.75	1	1	0	0

HOLIDAYS	0745-1200	4.25	1	1	0	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
	0745-1630	8.75	1	1	0	0



Unit Information

[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



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Fixed Staffing Matrix

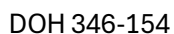
Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit/ Clinic Name:	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
MONDAY	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
	Day (0800-1700)	10	10	2	0	0
	Day (0800-1700)	12	1	0	0	0

TUESDAY	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
	Day (0800-1700)	10	10	2	0	0
	Day (0800-1700)	12	1	0	0	0
WEDNESDAY	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
	Day (0800-1700)	12	1	0	0	0
THURSDAY	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
	Day (0800-1700)	12	1	0	0	0

[illegible]

HOLIDAYS						
	CLOSED					



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[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



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Fixed Staffing Matrix

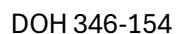
Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit/ Clinic Name:	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
MONDAY	0730-1730	9.5	3	0	0	0

[illegible]

[illegible]

HOLIDAYS	0800- 1700	8.5	2	0	0	0



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Additional Care Team Members

[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



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Fixed Staffing Matrix

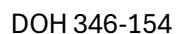
Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit/ Clinic Name:	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:						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
MONDAY	0730-1600	8	1	0	0	1
	0800-1630	8	3	0	0	0
	0830-1700	8	1	0	0	1

TUESDAY	0730-1600	8	1	0	0	1
	0800-1630	8	3	0	0	0
	0830-1700	8	1	0	0	1
WEDNESDAY	0730-1600	8	1	0	0	1
	0800-1630	8	3	0	0	0
	0830-1700	8	1	0	0	1
THURSDAY	0730-1600	8	1	0	0	1
	0800-1630	8	3	0	0	0
	0830-1700	8	1	0	0	1

[illegible]

HOLIDAYS	CLOSED					



Unit Information

[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description:



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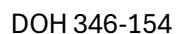
Fixed Staffing Matrix

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

Unit/ Clinic Name:	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
MONDAY	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
	Day (0730-1730)	8.5	0	0	0	0
	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
TUESDAY	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
	Day (0730-1730)	8.5	0	1	0	0
	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
WEDNESDAY	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
	Day (0730-1730)	8.5	0	0	0	0
	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
THURSDAY	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
	Day (0730-1730)	8.5	0	0	0	0
	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

HOLIDAYS	CLOSED					



Unit Information

[illegible]

Unit Information

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

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

Description:

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

Description:

☒ Skill mix

Description:

☒ Level of experience of nursing and patient care staff

Description:

☒ Need for specialized or intensive equipment

Description:

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

Description:

- ☐ Other

Description: