COVER PAGE

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

This area is intentionally left blank

Washington State Department of HEALTH

Hospital Staffing Form

Attestation

Date: 2/28/25

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

As approved by: Mimi Johnson, RN, BSN, MHA Chief Nursing C

Hospital Information

Name of Hospital: St Clare Hospital			
Hospital License #: HAC.FS.00000132			
Hospital Street Address: 11315 Bridgeport Way SW			
City/Town: Lakewood	State: WA	Zip code: 98499	
Is this hospital license affiliated with more than one location?	☐ Yes	☑ No	
If "Yes" was selected, please provide the location name and address			
Review Type:	☑ Annual	Review Date: 1/1/25	
	☐ Update	Next Review Date: 1/1/26	
Effective Date: 7/1/24			
Date Approved: 8/1/24			

Factors Considered in the Development of the Hospital Staffing Plan (check all that apply):

☑ Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations

Description:
National and State benchmarking guidelines for recommended level of care staffing. American Association of Critical Care Nurses for ICU and PCU staffing and American Society of Peri Anesthesia Nurses and Association of Perioperative Registered Nurses for Perioperative Services. Emergency Nurses Association for Emergency Department staffing recommendations. American Nurses Association staffing recommendations were considered in all nursing areas.

☑ Terms of applicable collective bargaining agreement

Description:
Our staffing plans were developed in collaboration with WSNA and SEIU members. There are no applicable terms in either collective bargaining agreement regarding staffing ratios.

☑ Relevant state and federal laws and rules including those regarding meal and rest breaks and use of overtime and on-call shifts

Description:
St Clare Hospital ensures staff are able to take meal and rest breaks as required by RCW 49.12.480

☑ Hospital finances and resources

Description:
The Chief Financial Officer and Chief Nursing Officer are members of the Hospital Staffing Committee are able to provide necessary information regarding finances and resources as needed to the team.

☐ Other

Description:

Signature

CNO & Co-chairs Name:	Signature:	Date:
Mimi Johnson		2/28/2025
Dawn Van Horn		2/28/2025
Clairissa Korrell		2/28/2025

Total Votes		
Department	# of Approvals	# of Denials
Emergency Department	12	0
IV Therapy	12	0
Interventional Radiology	12	0
Specialty Center/Oncology/Infusion	12	0
Pre Admit Clinic	12	0
Peri Anesthesia	12	0
Surgery	12	0
Critical Care - ICU	12	0
Progressive Care (PCU)	12	0
Medical Telemetry (MTU)	12	0
Ortho Surgical (OSS)	12	0

Washington State Department of HEALTH

DOH 346-154

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

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:	**ED**		
Unit/ Clinic Type:	**Ambulatory**		
Unit/ Clinic Address:	**11315 Bridgeport Way SW**		
Average Daily Census:	**101**	**Maximum # of Beds:**	**24**
Effective as of:	**2/11/2025**		
# of Visits			

Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
1	0600-1830	12	2	0	0	0	24.00	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	24.00	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	12.00	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	12.00	72.00
2	0600-1830	12	2	0	0	0	12.00	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	12.00	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	6.00	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	6.00	36.00
3	0600-1830	12	2	0	0	0	8.00	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	8.00	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	4.00	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	4.00	24.00
4	0600-1830	12	2	0	0	0	6.00	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	6.00	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	3.00	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	3.00	18.00
5	0600-1830	12	2	0	0	0	4.80	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	4.80	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	2.40	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	2.40	14.40
6	0600-1830	12	2	0	0	0	4.00	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	4.00	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	2.00	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	2.00	12.00
7	0600-1830	12	2	0	0	0	3.43	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	3.43	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	1.71	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	1.71	10.29
8	0600-1830	12	2	0	0	0	3.00	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	3.00	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	1.50	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	1.50	9.00
9	0600-1830	12	2	0	0	0	2.67	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	2.67	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.63	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.63	6.60
10	0600-1830	12	2	0	0	0	2.40	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	2.40	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	1.20	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	1.20	7.20

11	0600-1830	12	2	0	0	0	2.18	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	2.18	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	1.09	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	1.09	6.55
12	0600-1830	12	2	0	0	0	2.00	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	2.00	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	1.00	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	1.00	6.00
13	0600-1830	12	2	0	0	0	1.85	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	1.85	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.92	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.92	5.54
14	0600-1830	12	2	0	0	0	1.71	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	1.71	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.86	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.86	5.14
15	0600-1830	12	2	0	0	0	1.60	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	1.60	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.80	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.80	4.80
16	0600-1830	12	2	0	0	0	1.50	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	1.50	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.75	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.75	4.50
17	0600-1830	12	2	0	0	0	1.41	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	1.41	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.71	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.71	4.24
18	0600-1830	12	2	0	0	0	1.33	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	1.33	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.67	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.67	4.00
19	0600-1830	12	2	0	0	0	1.26	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	1.26	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.63	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.63	3.79
20	0600-1830	12	2	0	0	0	1.20	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	1.20	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.60	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.60	3.60
21	0600-1830	12	2	0	0	0	1.14	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	1.14	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.57	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.57	3.43
22	0600-1830	12	2	0	0	0	1.09	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	1.09	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.55	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.55	3.27
23	0600-1830	12	2	0	0	0	1.04	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	1.04	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	12.00	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	12.00	26.09
24	0600-1830	12	2	0	0	0	1.00	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	1.00	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.50	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.50	3.00
25	0600-1830	12	2	0	0	0	0.96	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.96	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.48	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.48	2.88
26	0600-1830	12	2	0	0	0	0.92	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.92	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	12.00	

	1900-0730	12	0	0	0	1	0.00	0.00	0.00	12.00	25.85
27	0600-1830	12	2	0	0	0	0.89	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.89	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.44	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.44	2.67
28	0600-1830	12	2	0	0	0	0.86	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.86	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.43	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.43	2.57
29	0600-1830	12	2	0	0	0	0.83	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.83	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.41	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.41	2.48
30	0600-1830	12	2	0	0	0	0.80	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.80	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.40	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.40	2.40
31	0600-1830	12	2	0	0	0	0.77	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.77	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.39	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.39	2.32
32	0600-1830	12	2	0	0	0	0.75	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.75	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.38	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.38	2.25
33	0600-1830	12	2	0	0	0	0.73	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.73	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.36	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.36	2.18
34	0600-1830	12	2	0	0	0	0.71	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.71	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.35	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.35	2.12
35	0600-1830	12	2	0	0	0	0.69	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.69	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.34	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.34	2.06
36	0600-1830	12	2	0	0	0	0.67	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.33	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.67	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.33	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.33	2.33
37	0600-1830	12	2	0	0	0	0.65	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.32	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.65	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.32	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.32	2.27
38	0600-1830	12	2	0	0	0	0.63	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.32	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.63	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.32	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.32	2.21
39	0600-1830	12	2	0	0	0	0.62	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.31	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.62	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.31	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.31	2.15
40	0600-1830	12	2	0	0	0	0.60	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.60	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.30	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.30	2.10
	0600-1830	12	2	0	0	0	0.59	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.29	0.00	0.00	0.00	

41	1800-0630	12	2	0	0	0	0.59	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.29	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.29	2.05
42	0600-1830	12	2	0	0	0	0.57	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.29	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.29	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.57	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.29	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.29	2.29
43	0600-1830	12	2	0	0	0	0.56	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.28	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.28	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.56	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.28	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.28	2.23
44	0600-1830	12	2	0	0	0	0.55	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.27	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.27	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.55	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.27	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.27	2.18
45	0600-1830	12	2	0	0	0	0.53	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.27	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.27	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.53	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.27	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.27	2.13
46	0600-1830	12	2	0	0	0	0.52	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.26	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.26	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.52	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.26	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.26	2.09
47	0600-1830	12	2	0	0	0	0.51	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.26	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.26	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.26	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.51	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.26	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.26	2.30
48	0600-1830	12	2	0	0	0	0.50	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.25	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.25	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.25	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.50	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.25	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.25	2.25
49	0600-1830	12	2	0	0	0	0.49	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.24	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.24	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.24	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.49	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.24	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.24	2.20
50	0600-1830	12	2	0	0	0	0.48	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.24	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.24	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.24	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.48	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.24	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.24	2.16
	0600-1830	12	2	0	0	0	0.47	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.24	0.00	0.00	0.00	

51	1200-0030	12	1	0	0	0	0.24	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.24	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.47	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.24	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.24	2.12
52	0600-1830	12	2	0	0	0	0.46	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.23	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.23	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.23	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	0.46	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.38	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.38	2.37
53	0600-1830	12	3	0	0	0	0.68	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.23	0.00	0.00	0.00	
	1200-0030	12	0	0	0	0	0.00	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.23	0.00	0.00	0.00	
	1800-0630	12	3	0	0	0	0.68	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.23	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.23	2.26
54	0600-1830	12	3	0	0	0	0.67	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.22	0.00	0.00	0.00	
	1200-0030	12	0	0	0	0	0.00	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.22	0.00	0.00	0.00	
	1800-0630	12	3	0	0	0	0.67	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.22	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.22	2.22
55	0600-1830	12	3	0	0	0	0.65	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.22	0.00	0.00	0.00	
	1200-0030	12	0	0	0	0	0.00	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.22	0.00	0.00	0.00	
	1800-0630	12	3	0	0	0	0.65	0.00	0.00	0.00	
	0700-1930	12	1	0	0	0	0.22	0.00	0.00	0.00	
	1900-0730	12	1	0	0	0	0.22	0.00	0.00	0.00	2.18
56	0600-1830	12	3	0	0	0	0.64	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.21	0.00	0.00	0.00	
	1200-0030	12	0	0	0	0	0.00	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.21	0.00	0.00	0.00	
	1800-0630	12	3	0	0	0	0.64	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.21	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.21	2.14
57	1000-2230	12	1	0	0	0	0.21	0.00	0.00	0.00	
	1200-0030	12	0	0	0	0	0.00	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.21	0.00	0.00	0.00	
	1800-0630	12	3	0	0	0	0.63	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.21	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.21	2.11
58	1000-2230	12	1	0	0	0	0.21	0.00	0.00	0.00	
	1200-0030	12	0	0	0	0	0.00	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.21	0.00	0.00	0.00	
	1800-0630	12	3	0	0	0	0.62	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.21	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.21	2.07
59	1000-2230	12	1	0	0	0	0.20	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.20	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.20	0.00	0.00	0.00	
	1800-0630	12	3	0	0	0	0.61	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.20	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.20	2.24
60	1000-2230	12	1	0	0	0	0.20	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.20	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.20	0.00	0.00	0.00	
	1800-0630	12	3	0	0	0	0.60	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.20	

	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.20	2.20
61	1000-2230	12	1	0	0	0	0.20	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.20	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.20	0.00	0.00	0.00	
	1800-0630	12	3	0	0	0	0.59	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.20	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.20	2.16
62	1000-2230	12	1	0	0	0	0.19	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.19	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.19	0.00	0.00	0.00	
	1800-0630	12	3	0	0	0	0.58	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.19	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.19	2.13
63	1000-2230	12	1	0	0	0	0.19	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.19	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.19	0.00	0.00	0.00	
	1800-0630	12	3	0	0	0	0.57	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.19	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.19	2.10
64	1000-2230	12	1	0	0	0	0.19	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.19	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.19	0.00	0.00	0.00	
	1800-0630	12	3	0	0	0	0.56	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.19	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.19	2.06
65	1000-2230	12	1	0	0	0	0.18	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.18	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.18	0.00	0.00	0.00	
	1800-0630	12	3	0	0	0	0.55	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.18	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.18	2.03
66	1000-2230	12	1	0	0	0	0.18	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.18	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.18	0.00	0.00	0.00	
	1800-0630	12	3	0	0	0	0.55	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.18	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.18	2.00
67	1000-2230	12	2	0	0	0	0.36	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.18	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.18	0.00	0.00	0.00	
	1800-0630	12	3	0	0	0	0.54	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.18	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.18	2.15
68	1000-2230	12	2	0	0	0	0.35	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.18	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.18	0.00	0.00	0.00	
	1800-0630	12	3	0	0	0	0.53	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.18	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.18	2.12
69	1000-2230	12	2	0	0	0	0.35	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.17	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.17	0.00	0.00	0.00	
	1800-0630	12	3	0	0	0	0.52	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.17	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.17	2.09
70	1000-2230	12	2	0	0	0	0.34	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.17	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.17	0.00	0.00	0.00	
	1800-0630	12	3	0	0	0	0.51	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.17	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.17	2.06
	1000-2230	12	2	0	0	0	0.34	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.17	0.00	0.00	0.00	

71	1400-0230	12	1	0	0	0	0.17	0.00	0.00	0.00	
	1800-0630	12	3	0	0	0	0.51	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.17	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.17	2.03
72	1000-2230	12	1	0	0	0	0.17	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.17	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.17	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.67	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.17	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.17	2.17
73	1000-2230	12	1	0	0	0	0.16	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.16	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.16	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.66	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.16	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.16	2.14
74	1000-2230	12	1	0	0	0	0.16	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.16	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.16	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.65	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.16	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.16	2.11
75	1000-2230	12	1	0	0	0	0.16	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.16	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.16	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.64	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.16	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.16	2.08
76	1000-2230	12	1	0	0	0	0.16	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.16	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.16	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.63	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.16	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.16	2.05
77	1000-2230	12	1	0	0	0	0.16	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.16	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.16	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.62	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.16	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.16	2.03
78	1000-2230	12	1	0	0	0	0.15	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.15	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.15	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.62	0.00	0.00	0.00	
	0700-1930	12	0	0	0	1	0.00	0.00	0.00	0.15	
	1900-0730	12	0	0	0	1	0.00	0.00	0.00	0.15	2.00
79	1000-2230	12	1	0	0	0	0.15	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.15	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.15	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.61	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.30	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.30	2.28
80	1000-2230	12	1	0	0	0	0.15	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.15	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.15	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.60	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.30	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.30	2.25
81	1000-2230	12	1	0	0	0	0.15	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.15	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.15	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.59	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.30	

	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.30	2.22
82	1000-2230	12	1	0	0	0	0.15	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.15	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.15	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.59	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.29	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.29	2.20
83	1000-2230	12	1	0	0	0	0.14	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.14	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.14	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.58	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.29	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.29	2.17
84	0600-1830	12	4	0	0	0	0.57	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.14	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.14	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.14	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.57	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.29	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.29	2.14
85	0600-1830	12	4	0	0	0	0.56	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.14	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.14	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.14	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.56	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.28	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.28	2.12
86	0600-1830	12	4	0	0	0	0.56	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.14	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.14	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.14	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.56	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.28	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.28	2.09
87	0600-1830	12	4	0	0	0	0.55	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.14	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.14	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.14	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.55	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.28	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.28	2.07
88	0600-1830	12	4	0	0	0	0.55	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.14	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.14	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.14	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.55	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.27	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.27	2.05
89	0600-1830	12	4	0	0	0	0.54	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.54	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.27	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.27	2.02
90	0600-1830	12	4	0	0	0	0.53	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.53	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.27	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.27	2.00
	0600-1830	12	4	0	0	0	0.53	0.00	0.00	0.00	

91	1000-2230	12	1	0	0	0	0.13	0.00	0.00	0.00	1.98
	1200-0030	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.53	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.26	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.26	
92	0600-1830	12	4	0	0	0	0.52	0.00	0.00	0.00	1.96
	1000-2230	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.52	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.26	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.26	
93	0600-1830	12	4	0	0	0	0.52	0.00	0.00	0.00	1.94
	1000-2230	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.52	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.26	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.26	
94	0600-1830	12	4	0	0	0	0.51	0.00	0.00	0.00	1.91
	1000-2230	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.51	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.26	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.26	
95	0600-1830	12	4	0	0	0	0.51	0.00	0.00	0.00	1.89
	1000-2230	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.51	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.25	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.25	
96	0600-1830	12	4	0	0	0	0.50	0.00	0.00	0.00	1.88
	1000-2230	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.13	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.50	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.25	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.25	
97	0600-1830	12	4	0	0	0	0.49	0.00	0.00	0.00	1.98
	1000-2230	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1700-0530	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.49	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.25	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.25	
98	0600-1830	12	4	0	0	0	0.49	0.00	0.00	0.00	1.96
	1000-2230	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1700-0530	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.49	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.24	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.24	
99	0600-1830	12	4	0	0	0	0.48	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1700-0530	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.48	0.00	0.00	0.00	

	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.24	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.24	1.94
100	0600-1830	12	4	0	0	0	0.48	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1700-0530	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.48	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.24	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.24	1.92
101	0600-1830	12	4	0	0	0	0.48	0.00	0.00	0.00	
	0900-1730	8	1	0	0	0	0.08	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1700-0530	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.48	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.24	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.24	1.98
102	0600-1830	12	4	0	0	0	0.47	0.00	0.00	0.00	
	0900-1730	8	1	0	0	0	0.08	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1700-0530	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.47	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.24	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.24	1.96
103	0600-1830	12	4	0	0	0	0.47	0.00	0.00	0.00	
	0900-1730	8	1	0	0	0	0.08	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1700-0530	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.47	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.23	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.23	1.94
104	0600-1830	12	4	0	0	0	0.46	0.00	0.00	0.00	
	0900-1730	8	1	0	0	0	0.08	0.00	0.00	0.00	
	1000-2230	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1700-0530	12	1	0	0	0	0.12	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.46	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.23	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.23	1.92
105	0600-1830	12	4	0	0	0	0.46	0.00	0.00	0.00	
	0900-1730	8	1	0	0	0	0.08	0.00	0.00	0.00	
	1000-2230	12	2	0	0	0	0.23	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1700-0530	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.46	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.23	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.23	2.02
106	0600-1830	12	4	0	0	0	0.45	0.00	0.00	0.00	
	0900-1730	8	1	0	0	0	0.08	0.00	0.00	0.00	
	1000-2230	12	2	0	0	0	0.23	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1700-0530	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.45	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.23	

	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.23	2.00
107	0600-1830	12	4	0	0	0	0.45	0.00	0.00	0.00	
	0900-1730	8	1	0	0	0	0.07	0.00	0.00	0.00	
	1000-2230	12	2	0	0	0	0.22	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1700-0530	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.45	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.22	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.22	1.98
108	0600-1830	12	4	0	0	0	0.44	0.00	0.00	0.00	
	0900-1730	8	1	0	0	0	0.07	0.00	0.00	0.00	
	1000-2230	12	2	0	0	0	0.22	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1700-0530	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.44	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.22	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.22	1.96
109	0600-1830	12	4	0	0	0	0.44	0.00	0.00	0.00	
	0900-1730	8	2	0	0	0	0.15	0.00	0.00	0.00	
	1000-2230	12	2	0	0	0	0.22	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1700-0530	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.44	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.22	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.22	2.02
110	0600-1830	12	4	0	0	0	0.44	0.00	0.00	0.00	
	0900-1730	8	2	0	0	0	0.15	0.00	0.00	0.00	
	1000-2230	12	2	0	0	0	0.22	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1700-0530	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.44	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.22	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.22	2.00
111	0600-1830	12	4	0	0	0	0.43	0.00	0.00	0.00	
	0900-1730	8	2	0	0	0	0.14	0.00	0.00	0.00	
	1000-2230	12	2	0	0	0	0.22	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1700-0530	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.43	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.22	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.22	1.98
112	0600-1830	12	4	0	0	0	0.43	0.00	0.00	0.00	
	0900-1730	8	2	0	0	0	0.14	0.00	0.00	0.00	
	1000-2230	12	2	0	0	0	0.21	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1700-0530	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.43	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.21	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.21	1.96
113	0600-1830	12	4	0	0	0	0.42	0.00	0.00	0.00	
	0900-1730	8	2	0	0	0	0.14	0.00	0.00	0.00	
	1000-2230	12	2	0	0	0	0.21	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1700-0530	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.42	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.21	

	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.21	1.95
114	0600-1830	12	4	0	0	0	0.42	0.00	0.00	0.00	
	0900-1730	8	2	0	0	0	0.14	0.00	0.00	0.00	
	1000-2230	12	2	0	0	0	0.21	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1700-0530	12	1	0	0	0	0.11	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.42	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.21	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.21	1.93
115	0600-1830	12	4	0	0	0	0.42	0.00	0.00	0.00	
	0900-1730	8	2	0	0	0	0.14	0.00	0.00	0.00	
	1000-2230	12	2	0	0	0	0.21	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.10	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.10	0.00	0.00	0.00	
	1700-0530	12	1	0	0	0	0.10	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.42	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.21	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.21	1.91
116	0600-1830	12	4	0	0	0	0.41	0.00	0.00	0.00	
	0900-1730	8	2	0	0	0	0.14	0.00	0.00	0.00	
	1000-2230	12	2	0	0	0	0.21	0.00	0.00	0.00	
	1200-0030	12	1	0	0	0	0.10	0.00	0.00	0.00	
	1400-0230	12	1	0	0	0	0.10	0.00	0.00	0.00	
	1700-0530	12	2	0	0	0	0.21	0.00	0.00	0.00	
	1800-0630	12	4	0	0	0	0.41	0.00	0.00	0.00	
	0700-1930	12	0	0	0	2	0.00	0.00	0.00	0.21	
	1900-0730	12	0	0	0	2	0.00	0.00	0.00	0.21	2.00

Washington State Department of HEALTH

DOH 346-154

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

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	X		X	None
Manager	X			None
Supervisor		X		None
One to One Sitter	X		X	X
Charge Nurse	X		X	X
Respiratory Therapy	X	X	X	X
Chaplain	X			
Clinical Support Coordinator	X			
Social Work	X	X	X	X
Unit Based Educator	X			
Security	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: Average daily census = 101. Average daily admissions = 16. Average daily discharges = 78. Average daily transfers = 2

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

Description: The types of patients cared for in the emergency department range from routine care to emergent care including strokes, heart attacks, major trauma, OB emergencies, etc.

Skill mix

Description: The Charge Nurse will be maintained regardless of census.

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:

Washington State Department of HEALTH

DOH 346-154

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

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:	**Critical Care - ICU**		
Unit/ Clinic Type:	**Inpatient**		
Unit/ Clinic Address:	**11315 Bridgeport Way SW**		
Average Daily Census:	**8.9**	**Maximum # of Beds:**	**10**
Effective as of:	**7/29/2024**		

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)
10	Days	12	4	0	0	0	4.80	0.00	0.00	0.00	9.60
	Nights	12	4	0	0	0	4.80	0.00	0.00	0.00	
9	Days	12	4	0	0	0	5.33	0.00	0.00	0.00	10.67
	Nights	12	4	0	0	0	5.33	0.00	0.00	0.00	
8	Days	12	3	0	0	0	4.50	0.00	0.00	0.00	9.00
	Nights	12	3	0	0	0	4.50	0.00	0.00	0.00	
7	Days	12	3	0	0	0	5.14	0.00	0.00	0.00	10.29
	Nights	12	3	0	0	0	5.14	0.00	0.00	0.00	
6	Days	12	3	0	0	0	6.00	0.00	0.00	0.00	12.00
	Nights	12	3	0	0	0	6.00	0.00	0.00	0.00	
5	Days	12	2	0	0	0	4.80	0.00	0.00	0.00	9.60
	Nights	12	2	0	0	0	4.80	0.00	0.00	0.00	
4	Days	12	2	0	0	0	6.00	0.00	0.00	0.00	12.00
	Nights	12	2	0	0	0	6.00	0.00	0.00	0.00	
3	Days	12	1	0	0	0	4.00	0.00	0.00	0.00	8.00
	Nights	12	1	0	0	0	4.00	0.00	0.00	0.00	
2	Days	12	1	0	0	0	6.00	0.00	0.00	0.00	12.00
	Nights	12	1	0	0	0	6.00	0.00	0.00	0.00	
1	Days 0700-1930	12	1	0	0	0	12.00	0.00	0.00	0.00	24.00
	Nights 1900-0730	12	1	0	0	0	12.00	0.00	0.00	0.00	

Washington State Department of HEALTH

DOH 346-154

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

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Charge Nurse	X		X	X
Nurse Tech	X		X	X
Physical Therapist	X			X
Occupational Therapist	X			X
IV Therapy/ SWAT	X			X
Respiratory Therapy	X		X	X
Chaplain	X			
Clinical Support Coordinator	X			
Lab/Phlebotomy	X		X	X
Clinical Manager	X			
Nurse Case Manager/ Social Worker	X			X
Security	X		X	X
Unit Based Educator	X			
One to One Sitter	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:

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

Of note, the ICU is a mixed unit as noted by historical data of ICU, PCU, and MT/MS level of care patients.
In normal operations:

1. ICU level of care patients will be staffed two patients to one RN. There will be situations where patients warrant 1:1 nursing based on acuity.
2. PCU and MT/MS patients will be staffed with the primary nursing model three patients to one nurse.

Skill mix

Description:
This grid takes into account that the unit will always have a charge nurse, and it is not reflected on the grid under minimum RN's.

Staffing Grid is based on level of care census and is frequently adjusted based on level of care and acuity of patients by the charge nurse.

Staffing Grid is based on level of care census and is frequently adjusted based on level of care and acuity of patients by the charge nurse.
Last Fiscal Year - Level of Care breakdown: 38.8% ICU, 30.1% PCU, and 31.1% Medical/Telemetry

Level of experience of nursing and patient care staff

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:
We maintain a free charge nurse for the unit to assist with additional patient care needs, to support higher acuity ICU patients, and to provide support hospital-wide for code response and patient acuity requiring a higher level of care.

Charge Nurse discretion to staff above the stated minimum staffing requirements each shift and as needed taking specifically into consideration acuity and level of care.

Washington State Department of HEALTH

DOH 346-154

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:	**Interventional Radiology**
Unit/ Clinic Type:	**Inpatient & Outpatient Interventional Procedures**
Unit/ Clinic Address:	**11315 Bridgeport Way SW**
Effective as of:	**7/18/2024**

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	Days	10	1	0	0	2
Tuesday	Days	10	1	0	0	2
Wednesday	Days	10	1	0	0	2
Thursday	Days	10	1	0	0	2
Friday	Days	10	1	0	0	2
Saturday	No Shifts	0	0	0	0	0
Sunday	No Shifts	0	0	0	0	0

Washington State Department of HEALTH

DOH 346-154

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

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
n/a				

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:
Acts as a resource for the hospital as a whole. All inpatient units and ED.

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

Description:
Acts as a resource for the hospital as a whole. All inpatient units and ED. Duties include:

- Specialized training for inserting PICC lines, midlines, ultrasound guided IV, IV starts
- Able to assist with procedures requiring procedural sedation
- Responds and assists with codes
- Float to department to assist with staffing needs
- Educate staff on PICC line/IV-line care and management
- Audit of Central lines and participate in prevalence studies to ensure compliance with policy and procedures.

Skill mix

Description:
Acts as a resource for the hospital as a whole. All inpatient units and ED. Duties include:

- Specialized training for inserting PICC lines, midlines, ultrasound guided IV, IV starts
- Able to assist with procedures requiring procedural sedation
- Responds and assists with codes
- Float to department to assist with staffing needs
- Educate staff on PICC line/IV-line care and management
- Audit of Central lines and participate in prevalence studies to ensure compliance with policy and procedures.

Level of experience of nursing and patient care staff

Description:
A minimum of one year of critical care or emergency department nursing is required for SWAT RNs
Specialized Training is required for inserting Central Lines, midlines, US Guided IV, and PIV starts for both SWAT RNs and IVT RNS.

Need for specialized or intensive equipment

Description:
Training around the Site Rite 9 Ultrasound System.

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

Description:
Supports the entire hospital.

Other

Description:

Washington State Department of HEALTH

DOH 346-154

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:	**IV Therapy**
Unit/ Clinic Type:	**Inpatient**
Unit/ Clinic Address:	**11315 Bridgeport Way SW**
Effective as of:	**7/18/2024**
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	Days 0700-1930	12	1	0	0	0

Tuesday	Days 0700-1930	12	1	0	0	0
Wednesday	Days 0700-1930	12	1	0	0	0
Thursday	Days 0700-1930	12	1	0	0	0
	Days 0700-1930	12	1	0	0	0

Friday						
Saturday	Days 0700-1930	12	1	0	0	0
Sunday	Days 0700-1930	12	1	0	0	0

DOH 346-154

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

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
none				

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: Acts as a resource for the hospital as a whole for all inpatient and ED units

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

Description: Acts as a resource for the hospital as a whole. All inpatient units and ED. Duties include:

- Specialized training for inserting PICC lines, midlines, ultrasound guided IV, IV starts
- Able to assist with procedures requiring procedural sedation
- Responds and assists with codes
- Float to department to assist with staffing needs
- Educate staff on PICC line/IV-line care and management
- Audit of Central lines and participate in prevalence studies to ensure compliance with policy and procedures.

Skill mix

Description: Acts as a resource for the hospital as a whole. All inpatient units and ED. Duties include:

- Specialized training for inserting PICC lines, midlines, ultrasound guided IV, IV starts
- Able to assist with procedures requiring procedural sedation
- Responds and assists with codes
- Float to department to assist with staffing needs

- Educate staff on PICC line/IV-line care and management
- Audit of Central lines and participate in prevalence studies to ensure compliance with policy and procedures

Level of experience of nursing and patient care staff

Description: A minimum of one year of critical care or emergency department nursing is required for SWAT RNs

Specialized Training is required for inserting Central Lines, midlines, US Guided IV, and PIV starts for both SWAT RNs and IVT RNS.

Need for specialized or intensive equipment

Description:

Training around the Site Rite 9 Ultrasound System.

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

Description: the entire hospital

Other

Description:

Washington State Department of HEALTH

DOH 346-154

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

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:	**MTU**		
Unit/ Clinic Type:	**Inpatient**		
Unit/ Clinic Address:	**11315 Bridgeport Way SW**		
Average Daily Census:	**36**	**Maximum # of Beds:**	**38**
Effective as of:	**7/29/2024**		

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)
38	Days	12	9	0	4	0	2.84	0.00	1.26	0.00	8.21
	Nights	12	9	0	4	0	2.84	0.00	1.26	0.00	
37	Days	12	9	0	4	0	2.92	0.00	1.30	0.00	8.43
	Nights	12	9	0	4	0	2.92	0.00	1.30	0.00	
36	Days	12	9	0	4	0	3.00	0.00	1.33	0.00	8.67
	Nights	12	9	0	4	0	3.00	0.00	1.33	0.00	
35	Days	12	9	0	4	0	3.09	0.00	1.37	0.00	8.57
	Nights	12	9	0	3	0	3.09	0.00	1.03	0.00	
34	Days	12	8	0	3	0	2.82	0.00	1.06	0.00	7.76
	Nights	12	8	0	3	0	2.82	0.00	1.06	0.00	
33	Days	12	8	0	3	0	2.91	0.00	1.09	0.00	8.00
	Nights	12	8	0	3	0	2.91	0.00	1.09	0.00	
32	Days	12	8	0	3	0	3.00	0.00	1.13	0.00	8.25
	Nights	12	8	0	3	0	3.00	0.00	1.13	0.00	
31	Days	12	7	0	3	0	2.71	0.00	1.16	0.00	7.74
	Nights	12	7	0	3	0	2.71	0.00	1.16	0.00	
30	Days	12	7	0	3	0	2.80	0.00	1.20	0.00	8.00
	Nights	12	7	0	3	0	2.80	0.00	1.20	0.00	
29	Days	12	7	0	3	0	2.90	0.00	1.24	0.00	8.28
	Nights	12	7	0	3	0	2.90	0.00	1.24	0.00	
28	Days	12	7	0	3	0	3.00	0.00	1.29	0.00	8.57
	Nights	12	7	0	3	0	3.00	0.00	1.29	0.00	
27	Days	12	7	0	3	0	3.11	0.00	1.33	0.00	8.89
	Nights	12	7	0	3	0	3.11	0.00	1.33	0.00	
26	Days	12	6	0	3	0	2.77	0.00	1.38	0.00	8.31
	Nights	12	6	0	3	0	2.77	0.00	1.38	0.00	
25	Days	12	6	0	3	0	2.88	0.00	1.44	0.00	8.64
	Nights	12	6	0	3	0	2.88	0.00	1.44	0.00	
24	Days	12	6	0	2	0	3.00	0.00	1.00	0.00	8.00
	Nights	12	6	0	2	0	3.00	0.00	1.00	0.00	
23	Days	12	6	0	2	0	3.13	0.00	1.04	0.00	8.35
	Nights	12	6	0	2	0	3.13	0.00	1.04	0.00	
22	Days	12	6	0	2	0	3.27	0.00	1.09	0.00	8.73
	Nights	12	6	0	2	0	3.27	0.00	1.09	0.00	
21	Days	12	5	0	2	0	2.86	0.00	1.14	0.00	8.00
	Nights	12	5	0	2	0	2.86	0.00	1.14	0.00	
20	Days	12	5	0	2	0	3.00	0.00	1.20	0.00	8.40
	Nights	12	5	0	2	0	3.00	0.00	1.20	0.00	
19	Days	12	5	0	2	0	3.16	0.00	1.26	0.00	8.84
	Nights	12	5	0	2	0	3.16	0.00	1.26	0.00	

18	Days	12	5	0	2	0	3.33	0.00	1.33	0.00	
	Nights	12	5	0	2	0	3.33	0.00	1.33	0.00	9.33
17	Days	12	4	0	2	0	2.82	0.00	1.41	0.00	
	Nights	12	4	0	2	0	2.82	0.00	1.41	0.00	8.47
16	Days	12	4	0	2	0	3.00	0.00	0.63	0.00	
	Nights	12	4	0	2	0	3.00	0.00	0.63	0.00	7.26
15	Days	12	4	0	2	0	3.20	0.00	1.60	0.00	
	Nights	12	4	0	2	0	3.20	0.00	1.60	0.00	9.60
14	Days	12	4	0	1	0	3.43	0.00	0.86	0.00	
	Nights	12	4	0	1	0	3.43	0.00	0.86	0.00	8.57
13	Days	12	3	0	1	0	2.77	0.00	0.32	0.00	
	Nights	12	3	0	1	0	2.77	0.00	0.32	0.00	6.17
12	Days	12	3	0	1	0	3.00	0.00	1.00	0.00	
	Nights	12	3	0	1	0	3.00	0.00	1.00	0.00	8.00
11	Days	12	3	0	1	0	3.27	0.00	1.09	0.00	
	Nights	12	3	0	1	0	3.27	0.00	1.09	0.00	8.73
10	Days	12	3	0	1	0	3.60	0.00	1.20	0.00	
	Nights	12	3	0	1	0	3.60	0.00	1.20	0.00	9.60
9	Days	12	2	0	1	0	2.67	0.00	1.33	0.00	
	Nights	12	2	0	1	0	2.67	0.00	1.33	0.00	8.00
8	Days	12	2	0	1	0	3.00	0.00	1.50	0.00	
	Nights	12	2	0	1	0	3.00	0.00	1.50	0.00	9.00
7	Days	12	2	0	1	0	3.43	0.00	1.71	0.00	
	Nights	12	2	0	1	0	3.43	0.00	1.71	0.00	10.29
6	Days	12	2	0	0	0	4.00	0.00	0.00	0.00	
	Nights	12	2	0	0	0	4.00	0.00	0.00	0.00	8.00
5	Days	12	2	0	0	0	4.80	0.00	0.00	0.00	
	Nights	12	2	0	0	0	4.80	0.00	0.00	0.00	9.60
4	Days	12	1	0	0	0	3.00	0.00	0.00	0.00	
	Nights	12	1	0	0	0	3.00	0.00	0.00	0.00	6.00
3	Days	12	1	0	0	0	4.00	0.00	0.00	0.00	
	Nights	12	1	0	0	0	4.00	0.00	0.00	0.00	8.00
2	Days	12	1	0	0	0	6.00	0.00	0.00	0.00	
	Nights	12	1	0	0	0	6.00	0.00	0.00	0.00	12.00
1	Days	12	1	0	0	0	12.00	0.00	0.00	0.00	
	Nights	12	1	0	0	0	12.00	0.00	0.00	0.00	24.00

Washington State Department of HEALTH

DOH 346-154

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

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Charge Nurse	x		x	x
HUC	x			x
Respiratory Therapy	x		x	x
Physical Therapy	x			x
Occupational Therapy	x			x
IV Therapy/SWAT	x			x
Chaplain	X			
Clinical Support Coordinator	X			
Lab/Phlebotomy	X		X	X
Clinical Manager	X			
Nurse Case Manager/ Social Worker	X			X
Security	X		X	X
UBE	X			
One to One Sitter	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:

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

Description:

Skill mix

Description: This grid takes into account that the unit will always have a charge nurse, and it is not reflected on the grid under minimum RN's.

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:
Charge Nurse discretion to staff above the stated minimum staffing requirements each shift and as needed taking specifically into consideration acuity and level of care.

Washington State Department of HEALTH

DOH 346-154

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

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:	**St Clare Hospital Specialty Center Outpatient Oncology/Infusion**		
Unit/ Clinic Type:	**Outpatient**		
Unit/ Clinic Address:	**11307 Bridgeport Way SW Lakewood WA 98499**		
Average Daily Census:	**18**	**Maximum # of Beds:**	**12**
Effective as of:	**7/18/2024 - Updated 2/19/2025**		

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)
24	Full Day	8	2	0	1	0	0.67	0.00	0.33	0.00	1.00
23	Full Day	8	2	0	1	0	0.70	0.00	0.35	0.00	1.04
22	Full Day	8	2	0	1	0	0.73	0.00	0.36	0.00	1.09
21	Full Day	8	2	0	1	0	0.76	0.00	0.38	0.00	1.14
20	Full Day	8	2	0	1	0	0.80	0.00	0.40	0.00	1.20
19	Full Day	8	1	0	0	0	0.42	0.00	0.00	0.00	0.63
	Partial Day	4	0	0	1	0	0.00	0.00	0.21	0.00	
18	Full Day	8	1	0	0	0	0.44	0.00	0.00	0.00	0.67
	Partial Day	4	0	0	1	0	0.00	0.00	0.22	0.00	
17	Full Day	8	1	0	0	0	0.47	0.00	0.00	0.00	0.71
	Partial Day	4	0	0	1	0	0.00	0.00	0.24	0.00	
16	Full Day	8	1	0	0	0	0.50	0.00	0.00	0.00	0.75
	Partial Day	4	0	0	1	0	0.00	0.00	0.25	0.00	
15	Full Day	8	1	0	0	0	0.53	0.00	0.00	0.00	0.53
14	Full Day	8	1	0	0	0	0.57	0.00	0.00	0.00	0.57
13	Full Day	8	1	0	0	0	0.62	0.00	0.00	0.00	0.62
12	Full Day	8	1	0	0	0	0.67	0.00	0.00	0.00	0.67
11	Full Day	8	1	0	0	0	0.73	0.00	0.00	0.00	0.73
10	Full Day	8	1	0	0	0	0.80	0.00	0.00	0.00	0.80

Washington State Department of HEALTH

DOH 346-154

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

Occupation	Shift Coverage
Charge Nurse	Yes
PSR	Yes
Unit Manager	Yes
IV Therapy/SWAT	Available daily as needed

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:
Routine appointment slots for infusions, varied time slots based on infusion specifics

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

Description: Unit sees routine infusion patients, some requiring chemotherapy specific training.

Skill mix

Description: Staff are oncology trained and chemo certified

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: Daily census will be maintained above 10 patients based on current clinic status. Below this census point, the clinic would close and not require staffing.

Washington State Department of HEALTH

DOH 346-154

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

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:	**OSS**		
Unit/ Clinic Type:	**Inpatient**		
Unit/ Clinic Address:	**11315 Bridgeport Way SW**		
Average Daily Census:	**32**	**Maximum # of Beds:**	**34**
Effective as of:	**7/29/2024**		

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)
34	Days	12	8	0	4	0	2.82	0.00	1.41	0.00	8.12
	Nights	12	8	0	3	0	2.82	0.00	1.06	0.00	
33	Days	12	8	0	4	0	2.91	0.00	1.45	0.00	8.36
	Nights	12	8	0	3	0	2.91	0.00	1.09	0.00	
32	Days	12	8	0	3	0	3.00	0.00	1.13	0.00	8.25
	Nights	12	8	0	3	0	3.00	0.00	1.13	0.00	
31	Days	12	7	0	3	0	2.71	0.00	1.16	0.00	7.74
	Nights	12	7	0	3	0	2.71	0.00	1.16	0.00	
30	Days	12	7	0	3	0	2.80	0.00	1.20	0.00	8.00
	Nights	12	7	0	3	0	2.80	0.00	1.20	0.00	
29	Days	12	7	0	3	0	2.90	0.00	1.24	0.00	8.28
	Nights	12	7	0	3	0	2.90	0.00	1.24	0.00	
28	Days	12	6	0	3	0	2.57	0.00	1.29	0.00	7.71
	Nights	12	6	0	3	0	2.57	0.00	1.29	0.00	
27	Days	12	6	0	3	0	2.67	0.00	1.33	0.00	8.00
	Nights	12	6	0	3	0	2.67	0.00	1.33	0.00	
26	Days	12	6	0	3	0	2.77	0.00	1.38	0.00	8.31
	Nights	12	6	0	3	0	2.77	0.00	1.38	0.00	
25	Days	12	5	0	3	0	2.40	0.00	1.44	0.00	7.68
	Nights	12	5	0	3	0	2.40	0.00	1.44	0.00	
24	Days	12	5	0	3	0	2.50	0.00	1.50	0.00	8.00
	Nights	12	5	0	3	0	2.50	0.00	1.50	0.00	
23	Days	12	5	0	2	0	2.61	0.00	1.04	0.00	7.30
	Nights	12	5	0	2	0	2.61	0.00	1.04	0.00	
22	Days	12	5	0	2	0	2.73	0.00	1.09	0.00	7.64
	Nights	12	5	0	2	0	2.73	0.00	1.09	0.00	
21	Days	12	5	0	2	0	2.86	0.00	1.14	0.00	8.00
	Nights	12	5	0	2	0	2.86	0.00	1.14	0.00	
20	Days	12	4	0	2	0	2.40	0.00	1.20	0.00	7.20
	Nights	12	4	0	2	0	2.40	0.00	1.20	0.00	
19	Days	12	4	0	2	0	2.53	0.00	1.26	0.00	7.58
	Nights	12	4	0	2	0	2.53	0.00	1.26	0.00	
18	Days	12	4	0	2	0	2.67	0.00	1.33	0.00	8.00
	Nights	12	4	0	2	0	2.67	0.00	1.33	0.00	
17	Days	12	4	0	2	0	2.82	0.00	1.41	0.00	8.47
	Nights	12	4	0	2	0	2.82	0.00	1.41	0.00	
16	Days	12	4	0	2	0	3.00	0.00	1.50	0.00	9.00
	Nights	12	4	0	2	0	3.00	0.00	1.50	0.00	
15	Days	12	3	0	2	0	2.40	0.00	1.60	0.00	8.00
	Nights	12	3	0	2	0	2.40	0.00	1.60	0.00	

14	Days	12	3	0	1	0	2.57	0.00	0.86	0.00	
	Nights	12	3	0	1	0	2.57	0.00	0.86	0.00	6.86
13	Days	12	3	0	1	0	2.77	0.00	0.92	0.00	
	Nights	12	3	0	1	0	2.77	0.00	0.92	0.00	7.38
12	Days	12	3	0	1	0	3.00	0.00	1.00	0.00	
	Nights	12	3	0	1	0	3.00	0.00	1.00	0.00	8.00
11	Days	12	3	0	1	0	3.27	0.00	1.09	0.00	
	Nights	12	3	0	1	0	3.27	0.00	1.09	0.00	8.73
10	Days	12	2	0	1	0	2.40	0.00	1.20	0.00	
	Nights	12	2	0	1	0	2.40	0.00	1.20	0.00	7.20
9	Days	12	2	0	1	0	2.67	0.00	1.33	0.00	
	Nights	12	2	0	1	0	2.67	0.00	1.33	0.00	8.00
8	Days	12	2	0	0	0	3.00	0.00	0.00	0.00	
	Nights	12	2	0	0	0	3.00	0.00	0.00	0.00	6.00
7	Days	12	2	0	0	0	3.43	0.00	0.00	0.00	
	Nights	12	2	0	0	0	3.43	0.00	0.00	0.00	6.86
6	Days	12	2	0	0	0	4.00	0.00	0.00	0.00	
	Nights	12	2	0	0	0	4.00	0.00	0.00	0.00	8.00
5	Days	12	2	0	0	0	4.80	0.00	0.00	0.00	
	Nights	12	2	0	0	0	4.80	0.00	0.00	0.00	9.60
4	Days	12	2	0	0	0	6.00	0.00	0.00	0.00	
	Nights	12	2	0	0	0	6.00	0.00	0.00	0.00	12.00
3	Days	12	2	0	0	0	8.00	0.00	0.00	0.00	
	Nights	12	2	0	0	0	8.00	0.00	0.00	0.00	16.00
2	Days	12	2	0	0	0	12.00	0.00	0.00	0.00	
	Nights	12	2	0	0	0	12.00	0.00	0.00	0.00	24.00
1	Days	12	2	0	0	0	24.00	0.00	0.00	0.00	
	Nights	12	2	0	0	0	24.00	0.00	0.00	0.00	48.00

Washington State Department of HEALTH

DOH 346-154

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

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Charge Nurse	x		x	x
HUC	x			x
Respiratory Therapy	x		x	x
Physical Therapy	x			x
Occupational Therapy	x			x
IV Therapy/SWAT	x			x
Chaplain	X			
Clinical Support Coordinator	X			
Lab/Phlebotomy	X		X	X
Clinical Manager	X			
Nurse Case Manager/ Social Worker	X			X
Security	X		X	X
UBE	X			
One to One Sitter	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:

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

Description:

Skill mix

Description: This grid takes into account that the unit will always have a charge nurse, and it is not reflected on the grid under minimum RN's.

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:
Charge Nurse discretion to staff above the stated minimum staffing requirements each shift and as needed taking specifically into consideration acuity and level of care.

Washington State Department of HEALTH

DOH 346-154

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

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:	**Pre-Admit Clinic**		
Unit/ Clinic Type:	**Pre-Admit Clinic**		
Unit/ Clinic Address:	**11315 Bridgeport Way SW**		
Average Daily Census:	**14**	**Maximum # of Beds:**	**N/A**
Effective as of:	**7/18/2024**		
# of Visits			

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	Days	8	1	0	0	0	0.57	0.00	0.00	0.00	0.57
13	Days	8	1	0	0	0	0.62	0.00	0.00	0.00	0.62
12	Days	8	1	0	0	0	0.67	0.00	0.00	0.00	0.67
11	Days	8	1	0	0	0	0.73	0.00	0.00	0.00	0.73
10	Days	8	1	0	0	0	0.80	0.00	0.00	0.00	0.80
9	Days	8	1	0	0	0	0.89	0.00	0.00	0.00	0.89
8	Days	8	1	0	0	0	1.00	0.00	0.00	0.00	1.00
7	Days	8	0.5	0	0	0	0.57	0.00	0.00	0.00	0.57
6	Days	8	0.5	0	0	0	0.67	0.00	0.00	0.00	0.67
5	Days	8	0.5	0	0	0	0.80	0.00	0.00	0.00	0.80
4	Days	8	0.5	0	0	0	1.00	0.00	0.00	0.00	1.00

Washington State Department of HEALTH

DOH 346-154

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

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
RN- float in as needed only	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: One RN 1.0 FTE is assigned in this cost center. If this RN is in need of support and/or is out of office, the Recovery Services department will assign an RN who has been trained to do this work to support. Unit will close if census is under 3.

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

1 RN in this department providing pre-surgery calls to patients.
Goal is 14 calls per day as scheduled. If the RN is unable to support the volume we have RNs who float in to support as needed.

Department is open Monday through Friday 8am-4:30 pm.

Skill mix

Description: BLS is required and a comprehensive nursing background with orientation to the Pre-admit assessment process to ensure patients are prepared and optimized prior to their day of surgery.

Level of experience of nursing and patient care staff

Description: Nursing experience with successful completion of orientation to the PAT department.

Need for specialized or intensive equipment

Description: Computer skills with EMR Epic documentation training.

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

Description:

Other

Description: The PAT unit is one office utilized to make pre-surgery calls to patients and document in the EMR. Minimal filing of documents required and it is rare that a patient comes for an in person assessment.

Washington State Department of HEALTH

DOH 346-154

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

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:	**St Clare Hospital PCU**		
Unit/ Clinic Type:	**Inpatient**		
Unit/ Clinic Address:	**11315 Bridgeport Way SW Lakewood WA 98499**		
Average Daily Census:	**17**	**Maximum # of Beds:**	**25**
Effective as of:	**7/29/2024**		

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)
25	Days	12	8	0	2	0	3.84	0.00	0.96	0.00	9.60
	Nights	12	8	0	2	0	3.84	0.00	0.96	0.00	
24	Days	12	8	0	2	0	4.00	0.00	1.00	0.00	10.00
	Nights	12	8	0	2	0	4.00	0.00	1.00	0.00	
23	Days	12	7	0	2	0	3.65	0.00	1.04	0.00	9.39
	Nights	12	7	0	2	0	3.65	0.00	1.04	0.00	
22	Days	12	7	0	2	0	3.82	0.00	1.09	0.00	9.82
	Nights	12	7	0	2	0	3.82	0.00	1.09	0.00	
21	Days	12	6	0	2	0	3.43	0.00	1.14	0.00	9.14
	Nights	12	6	0	2	0	3.43	0.00	1.14	0.00	
20	Days	12	6	0	2	0	3.60	0.00	1.20	0.00	9.60
	Nights	12	6	0	2	0	3.60	0.00	1.20	0.00	
19	Days	12	6	0	2	0	3.79	0.00	1.26	0.00	10.11
	Nights	12	6	0	2	0	3.79	0.00	1.26	0.00	
18	Days	12	5	0	2	0	3.33	0.00	1.33	0.00	9.33
	Nights	12	5	0	2	0	3.33	0.00	1.33	0.00	
17	Days	12	5	0	2	0	3.53	0.00	1.41	0.00	9.88
	Nights	12	5	0	2	0	3.53	0.00	1.41	0.00	
16	Days	12	4	0	2	0	3.00	0.00	1.50	0.00	9.00
	Nights	12	4	0	2	0	3.00	0.00	1.50	0.00	
15	Days	12	4	0	2	0	3.20	0.00	1.60	0.00	9.60
	Nights	12	4	0	2	0	3.20	0.00	1.60	0.00	
14	Days	12	4	0	1	0	3.43	0.00	0.86	0.00	8.57
	Nights	12	4	0	1	0	3.43	0.00	0.86	0.00	
13	Days	12	4	0	1	0	3.69	0.00	0.92	0.00	9.23
	Nights	12	4	0	1	0	3.69	0.00	0.92	0.00	
12	Days	12	3	0	1	0	3.00	0.00	1.00	0.00	8.00
	Nights	12	3	0	1	0	3.00	0.00	1.00	0.00	
11	Days	12	3	0	0	0	3.27	0.00	0.00	0.00	6.55
	Nights	12	3	0	0	0	3.27	0.00	0.00	0.00	
10	Days	12	3	0	0	0	3.60	0.00	0.00	0.00	7.20
	Nights	12	3	0	0	0	3.60	0.00	0.00	0.00	
9	Days	12	3	0	0	0	4.00	0.00	0.00	0.00	8.00
	Nights	12	3	0	0	0	4.00	0.00	0.00	0.00	
8	Days	12	2	0	0	0	3.00	0.00	0.00	0.00	6.00
	Nights	12	2	0	0	0	3.00	0.00	0.00	0.00	
7	Days	12	1	0	0	0	1.71	0.00	0.00	0.00	3.43
	Nights	12	1	0	0	0	1.71	0.00	0.00	0.00	
6	Days	12	1	0	0	0	2.00	0.00	0.00	0.00	4.00
	Nights	12	1	0	0	0	2.00	0.00	0.00	0.00	

5	Days	12	1	0	0	0	2.40	0.00	0.00	0.00	4.80
	Nights	12	1	0	0	0	2.40	0.00	0.00	0.00	
4	Days	12	1	0	0	0	3.00	0.00	0.00	0.00	6.00
	Nights	12	1	0	0	0	3.00	0.00	0.00	0.00	
3	Days	12	1	0	0	0	4.00	0.00	0.00	0.00	8.00
	Nights	12	1	0	0	0	4.00	0.00	0.00	0.00	
2	Days	12	1	0	0	0	6.00	0.00	0.00	0.00	12.00
	Nights	12	1	0	0	0	6.00	0.00	0.00	0.00	
1	Days	12	1	0	0	0	12.00	0.00	0.00	0.00	24.00
	Nights	12	1	0	0	0	12.00	0.00	0.00	0.00	

Washington State Department of HEALTH

DOH 346-154

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

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Charge Nurse	x		x	x
HUC	x			x
Respiratory Therapy	x		x	x
Physical Therapy	x			x
Occupational Therapy	x			x
IV Therapy/SWAT	x			x
Chaplain	X			
Clinical Support Coordinator	X			
Lab/Phlebotomy	X		X	X
Clinical Manager	X			
Nurse Case Manager/ Social Worker	X			X
Security	X		X	X
Unit Based Educator	X			
One to One Sitter	X	X	X	X

Unit Information

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

ity such as patient admissions, discharges, and tran

Description:

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

Description: Unit has both PCU and Med Tele/Med Surg Level of Care patients. The development of the grid takes into account the unit being at 70% PCU level of care. As PCU level of care increases the nursing staff needs may increase to accommodate.

The PCU will:

1. In situations where assignments are staffed with the Primary Care model, the nurse will operate without a CNA.
2. CNA assignments will be prioritized to the non-primary care assignments

Skill mix

Description: This grid takes into account that the unit will always have a charge nurse, and it is not reflected on the grid under minimum RN's.

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:
Charge Nurse discretion to staff above the stated minimum staffing requirements each shift and as needed taking specifically into consideration acuity and level of care.

Washington State Department of HEALTH

DOH 346-154

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

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:	**PeriAnestheisa**		
Unit/ Clinic Type:	**Outpatient**		
Unit/ Clinic Address:	**11315 Bridgeport Way SW**		
Average Daily Census:	**15**	**Maximum # of Beds:**	**16 rotating bays**
Effective as of:	**7/18/2024 - Updated on 2/18/2025**		
# of Procedures			

# of Procedures	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)
24	Days	12	3	0	1	0	1.50	0.00	0.50	0.00	
	Days	10	4	0	0	0	1.67	0.00	0.00	0.00	
	Days	8	5	0	0	0	1.67	0.00	0.00	0.00	
	Evenings	8	2	0	0	0	0.67	0.00	0.00	0.00	6.00
23	Days	12	2	0	1	0	1.04	0.00	0.60	0.00	
	Days	10	4	0	0	0	1.74	0.00	0.00	0.00	
	Days	8	4	0	0	0	1.39	0.00	0.00	0.00	
	Evenings	8	2	0	0	0	0.70	0.00	0.00	0.00	5.47
22	Days	12	2	0	1	0	1.09	0.00	0.60	0.00	
	Days	10	4	0	0	0	1.82	0.00	0.00	0.00	
	Days	8	4	0	0	0	1.45	0.00	0.00	0.00	
	Evenings	8	2	0	0	0	0.73	0.00	0.00	0.00	5.69
21	Days	12	2	0	1	0	1.14	0.00	0.60	0.00	
	Days	10	4	0	0	0	1.90	0.00	0.00	0.00	
	Days	8	4	0	0	0	1.52	0.00	0.00	0.00	
	Evenings	8	2	0	0	0	0.76	0.00	0.00	0.00	5.93
20	Days	12	2	0	1	0	1.20	0.00	0.60	0.00	
	Days	10	4	0	0	0	2.00	0.00	0.00	0.00	
	Days	8	4	0	0	0	1.60	0.00	0.00	0.00	
	Evenings	8	2	0	0	0	0.80	0.00	0.00	0.00	6.20
19	Days	12	2	0	1	0	1.26	0.00	0.80	0.00	
	Days	10	2	0	0	0	1.05	0.00	0.00	0.00	
	Days	8	3	0	0	0	1.26	0.00	0.00	0.00	
	Evenings	8	2	0	0	0	0.84	0.00	0.00	0.00	5.22
18	Days	12	2	0	1	0	1.33	0.00	0.80	0.00	
	Days	10	2	0	0	0	1.11	0.00	0.00	0.00	
	Days	8	3	0	0	0	1.33	0.00	0.00	0.00	
	Evenings	8	2	0	0	0	0.89	0.00	0.00	0.00	5.47
17	Days	12	2	0	1	0	1.41	0.00	0.80	0.00	
	Days	10	2	0	0	0	1.18	0.00	0.00	0.00	
	Days	8	3	0	0	0	1.41	0.00	0.00	0.00	
	Evenings	8	2	0	0	0	0.94	0.00	0.00	0.00	6.40
16	Days	12	2	0	1	0	1.50	0.00	0.80	0.00	
	Days	10	2	0	0	0	1.25	0.00	0.00	0.00	
	Days	8	3	0	0	0	1.50	0.00	0.00	0.00	
	Evenings	8	2	0	0	0	1.00	0.00	0.00	0.00	6.05
15	Days	12	2	0	1	0	1.60	0.00	0.80	0.00	
	Days	10	2	0	0	0	1.33	0.00	0.00	0.00	
	Days	8	3	0	0	0	1.60	0.00	0.00	0.00	
	Evenings	8	2	0	0	0	1.07	0.00	0.00	0.00	6.40

14	Days	12	1	0	1	0	0.86	0.00	1.20	0.00	
	Days	10	1	0	0	0	0.71	0.00	0.00	0.00	
	Days	8	2	0	0	0	1.14	0.00	0.00	0.00	
	Evenings	8	2	0	0	0	1.14	0.00	0.00	0.00	5.06
13	Days	12	1	0	1	0	0.92	0.00	1.20	0.00	
	Days	10	1	0	0	0	0.77	0.00	0.00	0.00	
	Days	8	2	0	0	0	1.23	0.00	0.00	0.00	
	Evenings	8	2	0	0	0	1.23	0.00	0.00	0.00	5.35
12	Days	12	1	0	1	0	1.00	0.00	1.20	0.00	
	Days	10	1	0	0	0	0.83	0.00	0.00	0.00	
	Days	8	2	0	0	0	1.33	0.00	0.00	0.00	
	Evenings	8	2	0	0	0	1.33	0.00	0.00	0.00	5.70
11	Days	12	1	0	1	0	1.09	0.00	1.20	0.00	
	Days	10	1	0	0	0	0.91	0.00	0.00	0.00	
	Days	8	2	0	0	0	1.45	0.00	0.00	0.00	
	Evenings	8	2	0	0	0	1.45	0.00	0.00	0.00	6.11
10	Days	12	1	0	1	0	1.20	0.00	1.20	0.00	
	Days	10	1	0	0	0	1.00	0.00	0.00	0.00	
	Days	8	2	0	0	0	1.60	0.00	0.00	0.00	
	Evenings	8	2	0	0	0	1.60	0.00	0.00	0.00	6.60
9	Days	8	4	0	0	0	3.56	0.00	0.00	0.00	3.56
8	Days	8	4	0	0	0	4.00	0.00	0.00	0.00	3.56
7	Days	8	4	0	0	0	4.57	0.00	0.00	0.00	4.57
6	Days	8	4	0	0	0	5.33	0.00	0.00	0.00	5.33
5	Days	8	4	0	0	0	6.40	0.00	0.00	0.00	6.40
4	Days	8	2	0	0	0	4.00	0.00	0.00	0.00	4.00
3	Days	8	2	0	0	0	5.33	0.00	0.00	0.00	5.33
2	Days	8	2	0	0	0	8.00	0.00	0.00	0.00	8.00
1	Days	8	2	0	0	0	16.00	0.00	0.00	0.00	16.00

Washington State Department of HEALTH

DOH 346-154

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

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Manager	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: PeriAnesthesia is responsible for surgical admissions of patients not already admitted to the hospital and arriving from home for surgery. The team is also responsible for Phase I and II post anesthesia recovery and discharge of patients being released from the hospital after their procedure.

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

-
- Average census 15+ patients supporting 5 OR suites, Average monthly volume 340+ cases
- Recovery time can range from 55 minutes to in excess of 2 hours (not including additional hold time awaiting inpatient bed availability)
- Cases supported: Orthopedics, Total Joints, General, Podiatry, Urology, Gynecology, Plastics, Minor Vascular, and ENT.
- Patient acuity ranges from healthy to critically ill. Age of patients supported is 6 years and older
- Hours of operation, Monday-Friday 0715-1900 except Wednesday 0745-1900; 5 OR's 0715-1500, 3 OR's 1500-1700 and 1 OR's 1700-1900 for emergent cases ONLY.
- After hours, weekends and holidays is staffed with on-call staffing (2 RNs) for urgent/emergent cases
- Breaks are assigned by the charge RN
- Staff flexing is monitored hourly by the Charge RN and/or Manager

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

- 9 SADU Rooms to support surgical admissions and discharges
- 7 PACU Bays + 1 isolation room to support post-anesthesia recovery.

Other

Description:

Description:

Washington State Department of HEALTH

DOH 346-154

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

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:	**SURGERY**		
Unit/ Clinic Type:	**Procedural**		
Unit/ Clinic Address:	**11315 Bridgeport Way SW**		
Average Daily Census:	**14**	**Maximum # of Beds:**	**5 OR Suites**
Effective as of:	**7/18/2024**		

# of Rooms

# of Rooms	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
1	Day	12	1	0	0	0	12.00	0.00	0.00	0.00	
	Day	8	1	0	0	0	8.00	0.00	0.00	0.00	20.00
2	Day	12	1	0	0	0	6.00	0.00	0.00	0.00	
	Day	10	1	0	0	0	5.00	0.00	0.00	0.00	
	Day	8	1	0	0	0	4.00	0.00	0.00	0.00	15.00
3	Day	12	1	0	0	0	4.00	0.00	0.00	0.00	
	Day	10	2	0	0	0	6.67	0.00	0.00	0.00	
	Day	8	2	0	0	0	5.33	0.00	0.00	0.00	16.00
4	Day	12	1	0	0	0	3.00	0.00	0.00	0.00	
	Day	10	3	0	0	0	7.50	0.00	0.00	0.00	
	Day	8	2	0	0	0	4.00	0.00	0.00	0.00	14.50
5	Day	12	1	0	0	0	2.40	0.00	0.00	0.00	
	Day	10	3	0	0	0	6.00	0.00	0.00	0.00	
	Day	8	3	0	0	0	4.80	0.00	0.00	0.00	13.20

Washington State Department of HEALTH

DOH 346-154

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

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Charge RN	x			
Surgical Tech	x	x		
Perip Support Tech	x	x		
Anesthesia Tech	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

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

- Average census 15+ patients in 5 OR suites, Average monthly volume 340+ cases
- Cases can range from 5 minutes to in excess of 4 hours
- Cases supported: Orthopedics, Total Joints, General, Podiatry, Urology, Gynecology, , Plastics, Minor Vascular, and ENT
- Patient acuity ranges from healthy to critically ill. Age of patients supported is 6 years and older
- Hours of operation, Monday-Friday 0715-1900 except Wednesday 0745-1900; 5 OR's 0715-1500, 3 OR's 1500-1700 and 1 OR's 1700-1900 for emergent cases ONLY.
- After hours, weekends and holidays is staffed with on-call staffing (1 RN, 1 ST) for urgent/emergent cases
- All breaks are assigned
- Staff flexing is monitored hourly by the Charge RN and/or Manager

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: