COVER PAGE

The following is the comprehensive hospital staffing plan for Swedish Edmonds 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: 3/7/25

I, the undersigned with responsibility for Swedish Edmonds 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: CEO Elizabeth Wako

Elizabeth Wako

Hospital Information

Name of Hospital: Swedish Edmonds		
Hospital License #: HAC.FS.60183546		
Hospital Street Address: 21601 76th Ave W		
City/Town: Edmonds	State: WA	Zip code: 98026
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: 2/27/25
	☑ Update	Next Review Date: 1/31/25
Effective Date: 3/7/25		
Date Approved: 2/27/25		

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:

☐ Terms of applicable collective bargaining agreement

Description:

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

Description:

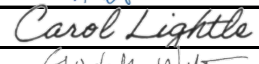
☐ Hospital finances and resources

Description:

☐ Other

Description:

Signature

CEO & Co-chairs Name:	Signature:	Date:
Pat Patton, Co-Chair		03/07/2025
Carol Lightle, Co-Chair		03/07/2025
Elizabeth Wako, CEO		03/07/2025

Total Votes	
# of Approvals	# of Denials
14	0

Access unit staffing matrices here.

This area is intentionally left blank

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:	**Edmonds 5W**										
Unit/ Clinic Type:	**Orthopedics**										
Unit/ Clinic Address:	**21601 76th Ave W., Edmonds, WA 98026**										
Average Daily Census:	**33**				**Maximum # of Beds:**		**34**				
Effective as of:	**2/27/2025**										
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)
34	0700-1930	12	10	0	5	0	3.53	0.00	1.76	0.00	
	1500-1900	4	10	0	5	0	1.18	0.00	0.59	0.00	
	1900-2330	4	9	0	4	0	1.06	0.00	0.47	0.00	
	2300-0730	8	8	0	4	0	1.88	0.00	0.94	0.00	11.41
33	0700-1900	12	10	0	5	0	3.64	0.00	1.82	0.00	
	1500-1900	4	10	0	5	0	1.21	0.00	0.61	0.00	
	1900-2300	4	9	0	4	0	1.09	0.00	0.48	0.00	
	2300-0700	8	8	0	4	0	1.94	0.00	0.97	0.00	11.76
32	0700-1900	12	9	0	5	0	3.38	0.00	1.88	0.00	
	1500-1900	4	9	0	5	0	1.13	0.00	0.63	0.00	
	1900-2300	4	9	0	4	0	1.13	0.00	0.50	0.00	
	2300-0700	8	8	0	4	0	2.00	0.00	1.00	0.00	11.63
31	0700-1900	12	9	0	5	0	3.48	0.00	1.94	0.00	
	1500-1900	4	9	0	5	0	1.16	0.00	0.65	0.00	
	1900-2300	4	9	0	4	0	1.16	0.00	0.52	0.00	
	2300-0700	8	8	0	4	0	2.06	0.00	1.03	0.00	12.00
30	0700-1900	12	9	0	5	0	3.60	0.00	2.00	0.00	
	1500-1900	4	9	0	5	0	1.20	0.00	0.67	0.00	
	1900-2300	4	9	0	4	0	1.20	0.00	0.53	0.00	
	2300-0700	8	7	0	4	0	1.87	0.00	1.07	0.00	12.13
29	0700-1900	12	9	0	5	0	3.72	0.00	2.07	0.00	
	1500-1900	4	9	0	5	0	1.24	0.00	0.69	0.00	

29	1900-2300	4	9	0	4	0	1.24	0.00	0.55	0.00	
	2300-0700	8	7	0	4	0	1.93	0.00	1.10	0.00	12.55
28	0700-1900	12	8	0	5	0	3.43	0.00	2.14	0.00	
	1500-1900	4	8	0	5	0	1.14	0.00	0.71	0.00	
	1900-2300	4	8	0	4	0	1.14	0.00	0.57	0.00	
	2300-0700	8	7	0	4	0	2.00	0.00	1.14	0.00	12.29
27	0700-1900	12	8	0	5	0	3.56	0.00	2.22	0.00	
	1500-1900	4	8	0	5	0	1.19	0.00	0.74	0.00	
	1900-2300	4	8	0	3	0	1.19	0.00	0.44	0.00	
	2300-0700	8	7	0	3	0	2.07	0.00	0.89	0.00	12.30
26	0700-1900	12	8	0	4	0	3.69	0.00	1.85	0.00	
	1500-1900	4	8	0	4	0	1.23	0.00	0.62	0.00	
	1900-2300	4	8	0	3	0	1.23	0.00	0.46	0.00	
	2300-0700	8	7	0	3	0	2.15	0.00	0.92	0.00	12.15
25	0700-1900	12	8	0	4	0	3.84	0.00	1.92	0.00	
	1500-1900	4	8	0	4	0	1.28	0.00	0.64	0.00	
	1900-2300	4	8	0	3	0	1.28	0.00	0.48	0.00	
	2300-0700	8	6	0	3	0	1.92	0.00	0.96	0.00	12.32
24	0700-1900	12	7	0	4	0	3.50	0.00	2.00	0.00	
	1500-1900	4	7	0	4	0	1.17	0.00	0.67	0.00	
	1900-2300	4	7	0	3	0	1.17	0.00	0.50	0.00	
	2300-0700	8	6	0	3	0	2.00	0.00	1.00	0.00	12.00
23	0700-1900	12	7	0	4	0	3.65	0.00	2.09	0.00	
	1500-1900	4	7	0	4	0	1.22	0.00	0.70	0.00	
	1900-2300	4	7	0	3	0	1.22	0.00	0.52	0.00	
	2300-0700	8	6	0	3	0	2.09	0.00	1.04	0.00	12.52
22	0700-1900	12	7	0	4	0	3.82	0.00	2.18	0.00	
	1500-1900	4	7	0	4	0	1.27	0.00	0.73	0.00	
	1900-2300	4	7	0	3	0	1.27	0.00	0.55	0.00	
	2300-0700	8	6	0	3	0	2.18	0.00	1.09	0.00	13.09
21	0700-1900	12	7	0	4	0	4.00	0.00	2.29	0.00	
	1500-1900	4	7	0	5	0	1.33	0.00	0.95	0.00	
	1900-2300	4	7	0	3	0	1.33	0.00	0.57	0.00	
	2300-0700	8	6	0	3	0	2.29	0.00	1.14	0.00	13.90
20	0700-1900	12	6	0	4	0	3.60	0.00	2.40	0.00	
	1500-1900	4	6	0	4	0	1.20	0.00	0.80	0.00	
	1900-2300	4	6	0	3	0	1.20	0.00	0.60	0.00	
	2300-0700	8	5	0	3	0	2.00	0.00	1.20	0.00	13.00
19	0700-1900	12	6	0	3	0	3.79	0.00	1.89	0.00	
	1500-1900	4	6	0	3	0	1.26	0.00	0.63	0.00	
	1900-2300	4	6	0	3	0	1.26	0.00	0.63	0.00	
	2300-0700	8	5	0	3	0	2.11	0.00	1.26	0.00	12.84
18	0700-1900	12	6	0	2	0	4.00	0.00	1.33	0.00	
	1500-1900	4	6	0	2	0	1.33	0.00	0.44	0.00	
	1900-2300	4	6	0	2	0	1.33	0.00	0.44	0.00	
	2300-0700	8	5	0	2	0	2.22	0.00	0.89	0.00	12.00

17	0700-1900	12	6	0	2	0	4.24	0.00	1.41	0.00	
	1500-1900	4	6	0	2	0	1.41	0.00	0.47	0.00	
	1900-2300	4	6	0	2	0	1.41	0.00	0.47	0.00	
	2300-0700	8	5	0	2	0	2.35	0.00	0.94	0.00	12.71
16	0700-1900	12	5	0	2	0	3.75	0.00	1.50	0.00	
	1500-1900	4	5	0	2	0	1.25	0.00	0.50	0.00	
	1900-2300	4	5	0	2	0	1.25	0.00	0.50	0.00	
	2300-0700	8	5	0	2	0	2.50	0.00	1.00	0.00	12.25
15	0700-1900	12	5	0	2	0	4.00	0.00	1.60	0.00	
	1500-1900	4	5	0	2	0	1.33	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	13.07
14	0700-1900	12	5	0	2	0	4.29	0.00	1.71	0.00	
	1500-1900	4	4	0	2	0	1.14	0.00	0.57	0.00	
	1900-2300	4	4	0	2	0	1.14	0.00	0.57	0.00	
	2300-0700	8	4	0	2	0	2.29	0.00	1.14	0.00	12.86
13	0700-1900	12	5	0	2	0	4.62	0.00	1.85	0.00	
	1500-1900	4	4	0	2	0	1.23	0.00	0.62	0.00	
	1900-2300	4	4	0	2	0	1.23	0.00	0.62	0.00	
	2300-0700	8	4	0	2	0	2.46	0.00	1.23	0.00	13.85
12	0700-1901	12	4	0	2	0	4.00	0.00	2.00	0.00	
	1500-1901	4	4	0	2	0	1.33	0.00	0.67	0.00	
	1900-2301	4	4	0	2	0	1.33	0.00	0.67	0.00	
	2300-0701	8	4	0	2	0	2.67	0.00	1.33	0.00	14.00
11	0700-1902	12	4	0	2	0	4.36	0.00	2.18	0.00	
	1500-1902	4	4	0	2	0	1.45	0.00	0.73	0.00	
	1900-2302	4	4	0	2	0	1.45	0.00	0.73	0.00	
	2300-0702	8	3	0	2	0	2.18	0.00	1.45	0.00	14.55
10	0700-1903	12	4	0	1	0	3.69	0.00	0.92	0.00	
	1500-1903	4	4	0	1	0	1.23	0.00	0.31	0.00	
	1900-2303	4	4	0	1	0	1.23	0.00	0.31	0.00	
	2300-0703	8	3	0	1	0	1.85	0.00	0.62	0.00	10.15
9	0700-1904	12	4	0	1	0	5.33	0.00	1.33	0.00	
	1500-1904	4	4	0	1	0	1.78	0.00	0.44	0.00	
	1900-2304	4	3	0	1	0	1.33	0.00	0.44	0.00	
	2300-0704	8	3	0	1	0	2.67	0.00	0.89	0.00	14.22
8	0700-1905	12	3	0	1	0	4.50	0.00	1.50	0.00	
	1500-1905	4	3	0	1	0	1.50	0.00	0.50	0.00	
	1900-2305	4	3	0	1	0	1.50	0.00	0.50	0.00	
	2300-0705	8	3	0	1	0	3.00	0.00	1.00	0.00	14.00
7	0700-1906	12	2	0	1	0	3.43	0.00	1.71	0.00	
	1500-1906	4	2	0	1	0	1.14	0.00	0.57	0.00	
	1900-2306	4	2	0	1	0	1.14	0.00	0.57	0.00	
	2300-0706	8	2	0	1	0	2.29	0.00	1.14	0.00	12.00
6	0700-1907	12	2	0	1	0	4.00	0.00	2.00	0.00	
	1500-1907	4	2	0	1	0	1.33	0.00	0.67	0.00	

0	1900-2307	4	2	0	1	0	1.33	0.00	0.67	0.00	
	2300-0707	8	2	0	1	0	2.67	0.00	1.33	0.00	14.00
5	0700-1908	12	2	0	0	0	4.80	0.00	0.00	0.00	
	1500-1908	4	2	0	0	0	1.60	0.00	0.00	0.00	
	1900-2308	4	2	0	0	0	1.60	0.00	0.00	0.00	
	2300-0708	8	2	0	0	0	3.20	0.00	0.00	0.00	11.20
4	0700-1909	12	2	0	0	0	6.00	0.00	0.00	0.00	
	1500-1909	4	2	0	0	0	2.00	0.00	0.00	0.00	
	1900-2309	4	2	0	0	0	2.00	0.00	0.00	0.00	
	2300-0709	8	2	0	0	0	4.00	0.00	0.00	0.00	14.00
3	0700-1910	12	2	0	0	0	8.00	0.00	0.00	0.00	
	1500-1910	4	2	0	0	0	2.67	0.00	0.00	0.00	
	1900-2310	4	2	0	0	0	2.67	0.00	0.00	0.00	
	2300-0710	8	2	0	0	0	5.33	0.00	0.00	0.00	18.67
2	0700-1911	12	2	0	0	0	12.00	0.00	0.00	0.00	
	1500-1911	4	2	0	0	0	4.00	0.00	0.00	0.00	
	1900-2311	4	2	0	0	0	4.00	0.00	0.00	0.00	
	2300-0711	8	2	0	0	0	8.00	0.00	0.00	0.00	28.00
1	0700-1912	12	2	0	0	0	24.00	0.00	0.00	0.00	
	1500-1912	4	2	0	0	0	8.00	0.00	0.00	0.00	
	1900-2312	4	2	0	0	0	8.00	0.00	0.00	0.00	
	2300-0712	8	2	0	0	0	16.00	0.00	0.00	0.00	56.00

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 - 5W Med Ortho

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	x	x		

Unit Information

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:	**Edmonds 6W**		
Unit/ Clinic Type:	**Medical Surgical Overflow**		
Unit/ Clinic Address:	**21601 76th Ave W., Edmonds, WA 98026**		
Average Daily Census:	**6.6**	**Maximum # of Beds:**	**8**
Effective as of:	**2/27/2025**		
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)
8	0700-1900	12	2	0	1	0	3.00	0.00	1.50	0.00	
	1900-0700	12	2	0	1	0	3.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
7	0700-1900	12	2	0	1	0	3.43	0.00	1.71	0.00	
	1900-0700	12	2	0	1	0	3.43	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.29
6	0700-1900	12	2	0	1	0	4.00	0.00	2.00	0.00	
	1900-0700	12	2	0	1	0	4.00	0.00	2.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
5	0700-1900	12	2	0	1	0	4.80	0.00	2.40	0.00	
	1900-0700	12	2	0	1	0	4.80	0.00	2.40	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
4	0700-1900	12	1	0	1	0	3.00	0.00	3.00	0.00	
	1900-0700	12	1	0	1	0	3.00	0.00	3.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
3	0700-1900	12	1	0	1	0	4.00	0.00	4.00	0.00	
	1900-0700	12	1	0	1	0	4.00	0.00	4.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00
2	0700-1900	12	1	0	1	0	6.00	0.00	6.00	0.00	
	1900-0700	12	1	0	1	0	6.00	0.00	6.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00
1	0700-1900	12	1	0	1	0	12.00	0.00	12.00	0.00	
	1900-0700	12	1	0	1	0	12.00	0.00	12.00	0.00	
		0	0	0	0	0	0.00	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 - 6W MedSurg

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):

☑ Other

Description:
**HUC provided by Mother/Baby when available. If HUC is not provided by 7W, charge nurse could advocate for a HUC from CRO for additional support.
*Charge RN provided by 8W when available

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:	**Edmonds 8W**		
Unit/ Clinic Type:	**Surgical Oncology**		
Unit/ Clinic Address:	**21601 76th Ave W., Edmonds, WA 98026**		
Average Daily Census:	**23.2**	**Maximum # of Beds:**	**26**
Effective as of:	**2/27/2025**		

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)
26	0700-1930	12	8	0	4	0	3.69	0.00	1.85	0.00	
	1900-2300	4	7	0	4	0	1.08	0.00	0.62	0.00	
	2300-0730	8	7	0	4	0	2.15	0.00	1.23	0.00	
							0.00	0.00	0.00	0.00	10.62
25	0700-1930	12	8	0	3	0	3.84	0.00	1.44	0.00	
	1900-2300	4	7	0	3	0	1.12	0.00	0.48	0.00	
	2300-0730	8	7	0	3	0	2.24	0.00	0.96	0.00	
							0.00	0.00	0.00	0.00	10.08
24	0700-1930	12	7	0	3	0	3.50	0.00	1.50	0.00	
	1900-2300	4	7	0	3	0	1.17	0.00	0.50	0.00	
	2300-0730	8	6	0	3	0	2.00	0.00	1.00	0.00	
							0.00	0.00	0.00	0.00	9.67
23	0700-1930	12	7	0	3	0	3.65	0.00	1.57	0.00	
	1900-2300	4	7	0	3	0	1.22	0.00	0.52	0.00	
	2300-0730	8	6	0	2	0	2.09	0.00	0.70	0.00	
							0.00	0.00	0.00	0.00	9.74
22	0700-1930	12	7	0	3	0	3.82	0.00	1.64	0.00	
	1900-2300	4	6	0	3	0	1.09	0.00	0.55	0.00	
	2300-0730	8	6	0	2	0	2.18	0.00	0.73	0.00	
							0.00	0.00	0.00	0.00	10.00
21	0700-1930	12	6	0	3	0	3.43	0.00	1.71	0.00	
	1900-2300	4	6	0	3	0	1.14	0.00	0.57	0.00	
	2300-0730	8	6	0	2	0	2.29	0.00	0.76	0.00	
							0.00	0.00	0.00	0.00	9.90
20	0700-1930	12	6	0	3	0	3.60	0.00	1.80	0.00	
	1900-2300	4	6	0	3	0	1.20	0.00	0.60	0.00	
	2300-0730	8	5	0	2	0	2.00	0.00	0.80	0.00	
							0.00	0.00	0.00	0.00	10.00
19	0700-1930	12	6	0	3	0	3.79	0.00	1.89	0.00	
	1900-2300	4	6	0	3	0	1.26	0.00	0.63	0.00	
	2300-0730	8	5	0	2	0	2.11	0.00	0.84	0.00	

							0.00	0.00	0.00	0.00	10.53
18	0700-1930	12	6	0	3	0	4.00	0.00	2.00	0.00	
	1900-2300	4	6	0	3	0	1.33	0.00	0.67	0.00	
	2300-0730	8	5	0	2	0	2.22	0.00	0.89	0.00	
							0.00	0.00	0.00	0.00	11.11
17	0700-1930	12	5	0	2	0	3.53	0.00	1.41	0.00	
	1900-2300	4	5	0	2	0	1.18	0.00	0.47	0.00	
	2300-0730	8	5	0	2	0	2.35	0.00	0.94	0.00	
							0.00	0.00	0.00	0.00	9.88
16	0700-1930	12	5	0	2	0	3.75	0.00	1.50	0.00	
	1900-2300	4	5	0	2	0	1.25	0.00	0.50	0.00	
	2300-0730	8	4	0	2	0	2.00	0.00	1.00	0.00	
							0.00	0.00	0.00	0.00	10.00
15	0700-1930	12	4	0	2	0	3.20	0.00	1.60	0.00	
	1900-2300	4	4	0	2	0	1.07	0.00	0.53	0.00	
	2300-0730	8	4	0	1	0	2.13	0.00	0.53	0.00	
							0.00	0.00	0.00	0.00	9.07
14	0700-1930	12	4	0	2	0	3.43	0.00	1.71	0.00	
	1900-2300	4	4	0	2	0	1.14	0.00	0.57	0.00	
	2300-0730	8	4	0	1	0	2.29	0.00	0.57	0.00	
							0.00	0.00	0.00	0.00	9.71
13	0700-1930	12	4	0	2	0	3.69	0.00	1.85	0.00	
	1900-2300	4	4	0	2	0	1.23	0.00	0.62	0.00	
	2300-0730	8	4	0	1	0	2.46	0.00	0.62	0.00	
							0.00	0.00	0.00	0.00	10.46
12	0700-1930	12	4	0	1	0	4.00	0.00	1.00	0.00	
	1900-2300	4	4	0	1	0	1.33	0.00	0.33	0.00	
	2300-0730	8	3	0	1	0	2.00	0.00	0.67	0.00	
							0.00	0.00	0.00	0.00	9.33
11	0700-1930	12	4	0	1	0	4.36	0.00	1.09	0.00	
	1900-2300	4	4	0	1	0	1.45	0.00	0.36	0.00	
	2300-0730	8	3	0	1	0	2.18	0.00	0.73	0.00	
							0.00	0.00	0.00	0.00	10.18
10	0700-1930	12	3	0	1	0	3.60	0.00	1.20	0.00	
	1900-2300	4	3	0	1	0	1.20	0.00	0.40	0.00	
	2300-0730	8	2	0	0	0	1.60	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.00
9	0700-1930	12	3	0	0	0	4.00	0.00	0.00	0.00	
	1900-2300	4	3	0	0	0	1.33	0.00	0.00	0.00	
	2300-0730	8	2	0	0	0	1.78	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	7.11
8	0700-1930	12	3	0	0	0	4.50	0.00	0.00	0.00	
	1900-2300	4	3	0	0	0	1.50	0.00	0.00	0.00	
	2300-0730	8	2	0	0	0	2.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.00
7	0700-1930	12	2	0	0	0	3.43	0.00	0.00	0.00	
	1900-2300	4	2	0	0	0	1.14	0.00	0.00	0.00	
	2300-0730	8	2	0	0	0	2.29	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.86
6	0700-1930	12	2	0	0	0	4.00	0.00	0.00	0.00	
	1900-2300	4	2	0	0	0	1.33	0.00	0.00	0.00	
	2300-0730	8	2	0	0	0	2.67	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.00
5	0700-1930	12	2	0	0	0	4.80	0.00	0.00	0.00	
	1900-2300	4	2	0	0	0	1.60	0.00	0.00	0.00	
	2300-0730	8	2	0	0	0	3.20	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	9.60

4	0700-1930	12	2	0	0	0	6.00	0.00	0.00	0.00	
	1900-2300	4	2	0	0	0	2.00	0.00	0.00	0.00	
	2300-0730	8	2	0	0	0	4.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	12.00
3	0700-1930	12	2	0	0	0	8.00	0.00	0.00	0.00	
	1900-2300	4	2	0	0	0	2.67	0.00	0.00	0.00	
	2300-0730	8	2	0	0	0	5.33	0.00	0.00	0.00	
			2	0	0	0	0.00	0.00	0.00	0.00	16.00
2	0700-1930	12	2	0	0	0	12.00	0.00	0.00	0.00	
	1900-2300	4	2	0	0	0	4.00	0.00	0.00	0.00	
	2300-0730	8	2	0	0	0	8.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	24.00
1	0700-1930	12	2	0	0	0	24.00	0.00	0.00	0.00	
	1900-2300	4	2	0	0	0	8.00	0.00	0.00	0.00	
	2300-0730	8	2	0	0	0	16.00	0.00	0.00	0.00	
							0.00	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 - 8W Surg Onc

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	x	x	No HUC after 2300	

Unit Information

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

☑ Other

Description: No HUC after 2300

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:	**Edmonds 9W Behavioral Health Unit**		
Unit/ Clinic Type:	**Psychiatric Acute Adult**		
Unit/ Clinic Address:	**21601 76th Ave W., Edmonds, WA 98026**		
Average Daily Census:	**19.8**	**Maximum # of Beds:**	**25**
Effective as of:	**2/27/2025**		

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)
25	7am-3pm	8	6	0	3	1	1.92	0.00	0.96	0.32	
	3pm-7pm	4	6	0	3	0	0.96	0.00	0.48	0.00	
	7pm-11pm	4	6	0	3	0	0.96	0.00	0.48	0.00	
	11pm-7am	8	4	0	2	0	1.28	0.00	0.64	0.00	8.00
24	7am-3pm	8	6	0	3	1	2.00	0.00	1.00	0.33	
	3pm-7pm	4	6	0	3	0	1.00	0.00	0.50	0.00	
	7pm-11pm	4	6	0	3	0	1.00	0.00	0.50	0.00	
	11pm-7am	8	4	0	2	0	1.33	0.00	0.67	0.00	8.33
23	7am-3pm	8	6	0	3	1	2.09	0.00	1.04	0.35	
	3pm-7pm	4	6	0	3	0	1.04	0.00	0.52	0.00	
	7pm-11pm	4	6	0	3	0	1.04	0.00	0.52	0.00	
	11pm-7am	8	4	0	2	0	1.39	0.00	0.70	0.00	8.70
22	7am-3pm	8	6	0	3	1	2.18	0.00	1.09	0.36	
	3pm-7pm	4	6	0	3	0	1.09	0.00	0.55	0.00	
	7pm-11pm	4	6	0	3	0	1.09	0.00	0.55	0.00	
	11pm-7am	8	4	0	2	0	1.45	0.00	0.73	0.00	9.09
21	7am-3pm	8	5	0	3	1	1.90	0.00	1.14	0.38	
	3pm-7pm	4	5	0	3	0	0.95	0.00	0.57	0.00	
	7pm-11pm	4	5	0	3	0	0.95	0.00	0.57	0.00	
	11pm-7am	8	4	0	2	0	1.52	0.00	0.76	0.00	8.76

20	7am-3pm	8	5	0	3	1	2.00	0.00	1.20	0.40	
	3pm-7pm	4	5	0	3	0	1.00	0.00	0.60	0.00	
	7pm-11pm	4	5	0	3	0	1.00	0.00	0.60	0.00	
	11pm-7am	8	4	0	2	0	1.60	0.00	0.80	0.00	9.20
19	7am-3pm	8	5	0	2	1	2.11	0.00	0.84	0.42	
	3pm-7pm	4	5	0	2	0	1.05	0.00	0.42	0.00	
	7pm-11pm	4	5	0	2	0	1.05	0.00	0.42	0.00	
	11pm-7am	8	3	0	2	0	1.26	0.00	0.84	0.00	8.42
18	7am-3pm	8	4	0	2	1	1.78	0.00	0.89	0.44	
	3pm-7pm	4	4	0	2	0	0.89	0.00	0.44	0.00	
	7pm-11pm	4	4	0	2	0	0.89	0.00	0.44	0.00	
	11pm-7am	8	3	0	2	0	1.33	0.00	0.89	0.00	8.00
17	7am-3pm	8	4	0	2	1	1.88	0.00	0.94	0.47	
	3pm-7pm	4	4	0	2	0	0.94	0.00	0.47	0.00	
	7pm-11pm	4	4	0	2	0	0.94	0.00	0.47	0.00	
	11pm-7am	8	3	0	2	0	1.41	0.00	0.94	0.00	8.47
16	7am-3pm	8	4	0	2	1	2.00	0.00	1.00	0.50	
	3pm-7pm	4	4	0	2	0	1.00	0.00	0.50	0.00	
	7pm-11pm	4	4	0	2	0	1.00	0.00	0.50	0.00	
	11pm-7am	8	3	0	2	0	1.50	0.00	1.00	0.00	9.00
15	7am-3pm	8	4	0	2	1	2.13	0.00	1.07	0.53	
	3pm-7pm	4	4	0	2	0	1.07	0.00	0.53	0.00	
	7pm-11pm	4	4	0	2	0	1.07	0.00	0.53	0.00	
	11pm-7am	8	3	0	1	0	1.60	0.00	0.53	0.00	9.07
14	7am-3pm	8	4	0	1	1	2.29	0.00	0.57	0.57	
	3pm-7pm	4	4	0	1	0	1.14	0.00	0.29	0.00	
	7pm-11pm	4	4	0	1	0	1.14	0.00	0.29	0.00	
	11pm-7am	8	3	0	1	0	1.71	0.00	0.57	0.00	8.57
13	7am-3pm	8	4	0	1	1	2.46	0.00	0.62	0.62	
	3pm-7pm	4	4	0	1	0	1.23	0.00	0.31	0.00	
	7pm-11pm	4	4	0	1	0	1.23	0.00	0.31	0.00	
	11pm-7am	8	3	0	1	0	1.85	0.00	0.62	0.00	9.23
12	7am-3pm	8	3	0	1	1	2.00	0.00	0.67	0.67	
	3pm-7pm	4	3	0	1	0	1.00	0.00	0.33	0.00	
	7pm-11pm	4	3	0	1	0	1.00	0.00	0.33	0.00	
	11pm-7am	8	3	0	1	0	2.00	0.00	0.67	0.00	8.67
11	7am-3pm	8	3	0	1	1	2.18	0.00	0.73	0.73	
	3pm-7pm	4	3	0	1	0	1.09	0.00	0.36	0.00	
	7pm-11pm	4	3	0	1	0	1.09	0.00	0.36	0.00	
	11pm-7am	8	3	0	1	0	2.18	0.00	0.73	0.00	9.45
10	7am-3pm	8	3	0	1	1	2.18	0.00	0.73	0.73	
	3pm-7pm	4	3	0	1	0	1.09	0.00	0.36	0.00	
	7pm-11pm	4	3	0	1	0	1.09	0.00	0.36	0.00	
	11pm-7am	8	3	0	1	0	2.18	0.00	0.73	0.00	9.45
9	7am-3pm	8	3	0	1	1	2.18	0.00	0.73	0.73	
	3pm-7pm	4	3	0	1	0	1.09	0.00	0.36	0.00	

	7pm-11pm	4	3	0	1	0	1.09	0.00	0.36	0.00	
	11pm-7am	8	3	0	1	0	2.18	0.00	0.73	0.00	9.45
8	7am-3pm	8	3	0	1	1	2.18	0.00	0.73	0.73	
	3pm-7pm	4	3	0	1	0	1.09	0.00	0.36	0.00	
	7pm-11pm	4	3	0	1	0	1.09	0.00	0.36	0.00	
	11pm-7am	8	3	0	1	0	2.18	0.00	0.73	0.00	9.45
7	7am-3pm	8	3	0	1	1	2.18	0.00	0.73	0.73	
	3pm-7pm	4	3	0	1	0	1.09	0.00	0.36	0.00	
	7pm-11pm	4	3	0	1	0	1.09	0.00	0.36	0.00	
	11pm-7am	8	3	0	1	0	2.18	0.00	0.73	0.00	9.45
6	7am-3pm	8	3	0	1	1	2.18	0.00	0.73	0.73	
	3pm-7pm	4	3	0	1	0	1.09	0.00	0.36	0.00	
	7pm-11pm	4	3	0	1	0	1.09	0.00	0.36	0.00	
	11pm-7am	8	3	0	1	0	2.18	0.00	0.73	0.00	9.45
5	7am-3pm	8	3	0	1	1	2.18	0.00	0.73	0.73	
	3pm-7pm	4	3	0	1	0	1.09	0.00	0.36	0.00	
	7pm-11pm	4	3	0	1	0	1.09	0.00	0.36	0.00	
	11pm-7am	8	3	0	1	0	2.18	0.00	0.73	0.00	9.45
4	7am-3pm	8	3	0	1	1	2.18	0.00	0.73	0.73	
	3pm-7pm	4	3	0	1	0	1.09	0.00	0.36	0.00	
	7pm-11pm	4	3	0	1	0	1.09	0.00	0.36	0.00	
	11pm-7am	8	3	0	1	0	2.18	0.00	0.73	0.00	9.45
3	7am-3pm	8	3	0	1	1	2.18	0.00	0.73	0.73	
	3pm-7pm	4	3	0	1	0	1.09	0.00	0.36	0.00	
	7pm-11pm	4	3	0	1	0	1.09	0.00	0.36	0.00	
	11pm-7am	8	3	0	1	0	2.18	0.00	0.73	0.00	9.45
2	7am-3pm	8	3	0	1	1	2.18	0.00	0.73	0.73	
	3pm-7pm	4	3	0	1	0	1.09	0.00	0.36	0.00	
	7pm-11pm	4	3	0	1	0	1.09	0.00	0.36	0.00	
	11pm-7am	8	3	0	1	0	2.18	0.00	0.73	0.00	9.45
1	7am-3pm	8	3	0	1	1	2.18	0.00	0.73	0.73	
	3pm-7pm	4	3	0	1	0	1.09	0.00	0.36	0.00	
	7pm-11pm	4	3	0	1	0	1.09	0.00	0.36	0.00	
	11pm-7am	8	3	0	1	0	2.18	0.00	0.73	0.00	9.45

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 - 9W BHU

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	x			x
Social Workers	x			
Occupational Therapists (x2)	x			x

Unit Information

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:	**Edmonds 1E**		
Unit/ Clinic Type:	**Clinical Decision Unit (Short Stay Unit)**		
Unit/ Clinic Address:	**21601 76th Ave W., Edmonds, WA 98026**		
Average Daily Census:	**9.6**	**Maximum # of**	**11**
Effective as of:	**2/27/2025**		

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)
11	0700-1900	12	3	0	2	0	3.27	0.00	2.18	0.00	
	1900-0700	12	3	0	0	0	3.27	0.00	0.00	0.00	8.73
10	0700-1900	12	3	0	2	0	3.60	0.00	2.40	0.00	
	1900-0700	12	3	0	0	0	3.60	0.00	0.00	0.00	9.60
9	0700-1900	12	3	0	2	0	4.00	0.00	2.67	0.00	
	1900-0700	12	3	0	0	0	4.00	0.00	0.00	0.00	10.67
8	0700-1900	12	3	0	2	0	4.50	0.00	3.00	0.00	
	1900-0700	12	3	0	0	0	4.50	0.00	0.00	0.00	12.00
7	0700-1900	12	2	0	2	0	3.43	0.00	3.43	0.00	
	1900-0700	12	3	0	0	0	5.14	0.00	0.00	0.00	12.00
6	0700-1900	12	2	0	1	0	4.00	0.00	2.00	0.00	
	1900-0700	12	2	0	0	0	4.00	0.00	0.00	0.00	10.00
5	0700-1900	12	2	0	1	0	4.80	0.00	2.40	0.00	
	1900-0700	12	2	0	0	0	4.80	0.00	0.00	0.00	12.00
4	0700-1900	12	2	0	1	0	6.00	0.00	3.00	0.00	
	1900-0700	12	2	0	0	0	6.00	0.00	0.00	0.00	15.00
3	0700-1900	12	2	0	1	0	8.00	0.00	4.00	0.00	
	1900-0700	12	2	0	0	0	8.00	0.00	0.00	0.00	20.00
2	0700-1900	12	2	0	1	0	12.00	0.00	6.00	0.00	
	1900-0700	12	0	0	0	0	0.00	0.00	0.00	0.00	18.00
1	0700-1900	12	2	0	1	0	12.00	0.00	6.00	0.00	
	1900-0700	12	0	0	0	0	0.00	0.00	0.00	0.00	18.00

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

Unit Information - 1E CDU

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	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:
CDU Charge is covered by the ED Charge RN
*Once the surgical volume is consistently meeting budgeted predictions, CDU will be used as pre/post area and observation unit. In this case, we will need a HUC to help support these consistent volumes during the day (1.0FTE day shift).
*Adding 1 HUC for 6 pts and above

☑ Other

Description:
-Room 11 is for certain pt population due to lack of resources.
-If there is less than 2pts, unit will close and 1 pt will move elsewhere in the hospital.
-For night CNA support, if there is a need, ED will send a CNA over.

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:	**Edmonds 6W**					
Unit/ Clinic Type:	**Endoscopy**					
Unit/ Clinic Address:	**21601 76th Ave W., Edmonds, WA 98026**					
Effective as of:	**6/30/2025**					
Day of the week						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday	0630-1500	8	1	0	0	1
	630-1700	10	3	0	0	0
	0700-1730	10	6	0	1	3
Tuesday	0630-1500	8	1	0	0	1
	630-1700	10	6	0	0	0
	0700-1730	10	6	0	2	4
Wednesday	0630-1500	8	1	0	0	1
	630-1700	10	3	0	0	0
	0700-1730	10	6	0	1	3
Thursday	0630-1500	8	1	0	0	1
	630-1700	10	6	0	0	0
	0700-1730	10	6	0	2	4
Friday	0630-1500	8	1	0	0	1
	630-1700	10	3	0	0	0
	0700-1730	10	6	0	1	3

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 - 6W Endo

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
RN Call Team			x	x

Unit Information

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

☑ Skill mix

Description: Endoscopy Technicians are needed at the bedside for the procedures as well as to wash scopes.

☑ Other

Description: Call teams M-F 1730-0630 Sat/Sun 0630-0630 1 RN and 1 Endo Tech

The matrix depicts minimum staffing to run 3 procedure rooms and Pain Clinic on Tue/Thur. Our core staffing is as follows: M/W/F 12 RN's, 5 Endo Techs, 2 CNA's; Tue/Th 15 RNs, 6 Endo Techs, 3 CNAs. When staffing levels are at a minimum we request float nurses and CNAs to help.

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:	**Edmonds Cardiac Cath & IR**
Unit/ Clinic Type:	**Cardiac Cath & IR**
Unit/ Clinic Address:	**21601 76th Ave W., Edmonds, WA 98026**
Effective as of:	**6/30/2025**

Day of the week						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday	7-1730	10	3	0	0	5
Tuesday	7-1730	10	3	0	0	5
Wednesday	7-1730	10	3	0	0	5
Thursday	7-1730	10	3	0	0	5
Friday	7-1730	10	3	0	0	5

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 - Cardiac Cath & IR

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
RN Call Team			x	x

Unit Information

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

☑ Skill mix

Description: Cath Lab Technologists are needed to scrub, circulate and monitor procedural cases in both IR and Cath Lab.

☑ Other

Description: Call teams M-F 1730-0700, Sat/Sun 0700-0700 2 cath tech and 1 RN

The matrix depicts minimum staffing. Our core staffing is as follows: 4 RN's plus one in pre/post that transfers time to Day Surgery and is part of their matrix; 6 Technologists. When staffing levels are at a minimum we request floats, fill in with per diem's and or pull back the pre/post RN from the front to help.

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:	**Edmonds 7W**		
Unit/ Clinic Type:	**NICU Level II**		
Unit/ Clinic Address:	**21601 76th Ave W., Edmonds, WA 98026**		
Average Daily Census:	**1.6**	**Maximum # of Beds:**	**8**
Effective as of:	**2/27/2025**		

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)
8	0700-1900	12	4	0	0	0	6.00	0.00	0.00	0.00	
	1900-0700	12	4	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
7	0700-1900	12	4	0	0	0	6.86	0.00	0.00	0.00	
	1900-0700	12	4	0	0	0	6.86	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.71
6	0700-1900	12	3	0	0	0	6.00	0.00	0.00	0.00	
	1900-0700	12	3	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
5	0700-1900	12	3	0	0	0	7.20	0.00	0.00	0.00	
	1900-0700	12	3	0	0	0	7.20	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
4	0700-1900	12	2	0	0	0	6.00	0.00	0.00	0.00	
	1900-0700	12	2	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
3	0700-1900	12	2	0	0	0	8.00	0.00	0.00	0.00	
	1900-0700	12	2	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00
2	0700-1900	12	2	0	0	0	12.00	0.00	0.00	0.00	
	1900-0700	12	2	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00
1	0700-1900	12	2	0	0	0	24.00	0.00	0.00	0.00	
	1900-0700	12	2	0	0	0	24.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	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 - 7W NICU

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:

*Will meet minimum standard ratio and staff appropriately based on acuity, which may include additional staff to the guideline above (based on acuity tool). Charge RN will assess as needed. Charge RN to check for acuity prior to assignments.
*2-3 RNs following AWHONN Standards

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:	**Edmonds 3E**										
Unit/ Clinic Type:	**ICU**										
Unit/ Clinic Address:	**21601 76th Ave W., Edmonds, WA 98026**										
Average Daily Census:	**9.2**				**Maximum # of**		**13**				
Effective as of:	**2/27/2025**										
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)
13	0700-1900	12	7	0	1	0	6.46	0.00	0.92	0.00	
	1900-0700	12	7	0	1	0	6.46	0.00	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.77
12	0700-1900	12	6	0	1	0	6.00	0.00	1.00	0.00	
	1900-0700	12	6	0	1	0	6.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.00
11	0700-1900	12	6	0	1	0	6.55	0.00	1.09	0.00	
	1900-0700	12	6	0	1	0	6.55	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.27
10	0700-1900	12	5	0	1	0	6.00	0.00	1.20	0.00	
	1900-0700	12	5	0	1	0	6.00	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
9	0700-1900	12	5	0	1	0	6.67	0.00	1.33	0.00	
	1900-0700	12	5	0	1	0	6.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00
8	0700-1900	12	4	0	1	0	6.00	0.00	1.50	0.00	
	1900-0700	12	4	0	1	0	6.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.00
7	0700-1900	12	4	0	1	0	6.86	0.00	1.71	0.00	
	1900-0700	12	4	0	1	0	6.86	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	17.14
	0700-1900	12	3	0	1	0	6.00	0.00	2.00	0.00	

6	1900-0700	12	3	0	1	0	6.00	0.00	2.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00
5	0700-1900	12	3	0	0	0	7.20	0.00	0.00	0.00	
	1900-0700	12	3	0	0	0	7.20	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
4	0700-1900	12	2	0	0	0	6.00	0.00	0.00	0.00	
	1900-0700	12	2	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
3	0700-1900	12	2	0	0	0	8.00	0.00	0.00	0.00	
	1900-0700	12	2	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00
2	0700-1900	12	2	0	0	0	8.00	0.00	0.00	0.00	
	1900-0700	12	2	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00
1	0700-1900	12	2	0	0	0	8.00	0.00	0.00	0.00	
	1900-0700	12	2	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	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 - 3E ICU

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
CH RN	x		x	x
Resource	x		x	x
Charge	x		x	
HUC-CNA	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:

Cancel RRN for 20 or less patients on 3rd floor (ICU and IMCU combined) or <8 patients in ICU
Cancel NAC/HUC for census of < 6 patients in ICU
ICU Charge and Resource cover ICU and IMCU (3E)
ICU backfills for SWAT sick calls/PTO/FMLA

☑ Skill mix

Description:CNA is an NAC/HUC role
Resource will be added when sensus is 8 and above

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:	**Edmonds Labor and Delivery**		
Unit/ Clinic Type:	**Labor and Delivery**		
Unit/ Clinic Address:	**21601 76th Ave W., Edmonds, WA 98026**		
Average Daily Census:	**7.9**	**Maximum # of Beds:**	**13**
Effective as of:	**6/17/2025**		

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)
12	0700-1900	12	12	0	0	1	12.00	0.00	0.00	1.00	
	1900-0700	12	12	0	0	1	12.00	0.00	0.00	1.00	26.00
11	0700-1900	12	11	0	0	1	12.00	0.00	0.00	1.09	
	1900-0700	12	11	0	0	1	12.00	0.00	0.00	1.09	26.18
10	0700-1900	12	10	0	0	1	12.00	0.00	0.00	1.20	
	1900-0700	12	10	0	0	1	12.00	0.00	0.00	1.20	26.40
9	0700-1900	12	9	0	0	1	12.00	0.00	0.00	1.33	
	1900-0700	12	9	0	0	1	12.00	0.00	0.00	1.33	26.67
8	0700-1900	12	8	0	0	1	12.00	0.00	0.00	1.50	
	1900-0700	12	8	0	0	1	12.00	0.00	0.00	1.50	27.00
7	0700-1900	12	7	0	0	1	12.00	0.00	0.00	1.71	
	1900-0700	12	7	0	0	1	12.00	0.00	0.00	1.71	27.43
6	0700-1900	12	6	0	0	1	12.00	0.00	0.00	2.00	
	1900-0700	12	6	0	0	1	12.00	0.00	0.00	2.00	28.00
5	0700-1900	12	5	0	0	1	12.00	0.00	0.00	2.40	
	1900-0700	12	5	0	0	1	12.00	0.00	0.00	2.40	28.80
4	0700-1900	12	4	0	0	1	12.00	0.00	0.00	3.00	
	1900-0700	12	4	0	0	1	12.00	0.00	0.00	3.00	30.00
3	0700-1900	12	3	0	0	1	12.00	0.00	0.00	4.00	
	1900-0700	12	3	0	0	1	12.00	0.00	0.00	4.00	32.00
2	0700-1900	12	2	0	0	1	12.00	0.00	0.00	6.00	
	1900-0700	12	2	0	0	1	12.00	0.00	0.00	6.00	36.00
1	0700-1900	12	1	0	0	1	12.00	0.00	0.00	12.00	
	1900-0700	12	1	0	0	1	12.00	0.00	0.00	12.00	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
HUC	x	x	x	x
Break	x	x		x
Resource RN			x	x
Triage	x	x	x	x
CH 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:

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: **HUC provided by Mother/Baby when available to 6W. If HUC is not provided by 7W, charge nurse could advocate for a HUC from CRO for additional support.
*Break RN for day shift from 0900 - 1700 seven days/week
*Resource RN for night shift from 1900 - 0700 seven days/week
*Triage
*CH RN
*extra RN to support acuity fluctuations

* L&D and Postpartum Couplets share staff and cost center

Staffing rations
* Labor & Delivery 1RN:1 or 2 patients depending of patient needs.
*AntePartum 1RN;1 or 3 patient depending of patient needs.
*Acuity c-section 2Rn 1patient 1 baby, 4 RN 1 patient 2 babies

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

Unit/ Clinic Name:	**Edmonds**		
Unit/ Clinic Type:	**Postpartum Couplets**		
Unit/ Clinic Address:	**21601 76th Ave W., Edmonds, WA 98026**		
Average Daily Census:	**3.3**	**Maximum # of Beds:**	**15**
Effective as of:	**2/27/2025**		
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)
15	0700-1900	12	5	0	0	0	4.00	0.00	0.00	0.00	
	1900-0700	12	5	0	0	0	4.00	0.00	0.00	0.00	8.00
14	0700-1900	12	5	0	0	0	4.29	0.00	0.00	0.00	
	1900-0700	12	5	0	0	0	4.29	0.00	0.00	0.00	8.57
13	0700-1900	12	5	0	0	0	4.62	0.00	0.00	0.00	
	1900-0700	12	5	0	0	0	4.62	0.00	0.00	0.00	9.23
12	0700-1900	12	4	0	0	0	4.00	0.00	0.00	0.00	
	1900-0700	12	4	0	0	0	4.00	0.00	0.00	0.00	8.00
11	0700-1900	12	4	0	0	0	4.36	0.00	0.00	0.00	
	1900-0700	12	4	0	0	0	4.36	0.00	0.00	0.00	8.73
10	0700-1900	12	4	0	0	0	4.80	0.00	0.00	0.00	
	1900-0700	12	4	0	0	0	4.80	0.00	0.00	0.00	9.60
9	0700-1900	12	3	0	0	0	4.00	0.00	0.00	0.00	
	1900-0700	12	3	0	0	0	4.00	0.00	0.00	0.00	8.00
8	0700-1900	12	3	0	0	0	4.50	0.00	0.00	0.00	
	1900-0700	12	3	0	0	0	4.50	0.00	0.00	0.00	9.00
7	0700-1900	12	3	0	0	0	5.14	0.00	0.00	0.00	
	1900-0700	12	3	0	0	0	5.14	0.00	0.00	0.00	10.29
6	0700-1900	12	2	0	0	0	4.00	0.00	0.00	0.00	
	1900-0700	12	2	0	0	0	4.00	0.00	0.00	0.00	8.00
5	0700-1900	12	2	0	0	0	4.80	0.00	0.00	0.00	
	1900-0700	12	2	0	0	0	4.80	0.00	0.00	0.00	9.60

4	0700-1900	12	2	0	0	0	6.00	0.00	0.00	0.00	
	1900-0700	12	2	0	0	0	6.00	0.00	0.00	0.00	12.00
3	0700-1900	12	1	0	0	0	4.00	0.00	0.00	0.00	
	1900-0700	12	1	0	0	0	4.00	0.00	0.00	0.00	8.00
2	0700-1900	12	1	0	0	0	6.00	0.00	0.00	0.00	
	1900-0700	12	1	0	0	0	6.00	0.00	0.00	0.00	12.00
1	0700-1900	12	1	0	0	0	12.00	0.00	0.00	0.00	
	1900-0700	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 - Postpartum Couplets

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	x	x	x	x
Lactation RN	x	x		
Break	x	x		x
Resource RN			x	x
Triage	x	x	x	x
CH RN	x	x	x	x

Unit Information

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

Level of experience of nursing and patient care staff

Description: **HUC provided by Mother/Baby when available to 6W. If HUC is not provided by 7W, charge nurse could advocate for a HUC from CRO for additional support.
*Lactation RN covers all but 2 days per week.
*Break RN for day shift from 0900 - 1700 seven days/week shared with L&D
*Resource RN for night shift from 1900 - 0700 seven days/week shared with L&D
*CH RN is shared with Labor & Delivery

* L&D and Postpartum Couplets share staff and cost center

Staffing rations
* Post Partum Ratio 1RN: 3 Patients

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

Unit/ Clinic Name:	**Edmonds PACU**
Unit/ Clinic Type:	**Post Acute Care Unit Monday- Friday**
Unit/ Clinic Address:	**21601 76th Ave W., Edmonds, WA 98026**
Effective as of:	**2/27/2025**
Room assignment	

Room assignment	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)
6	0800-2030	12	4	0	0	0	8.00	0	0	0	
	1100-2300	12	2	0	0	0	4.00	0	0	0	12.00
5	0800-2030	12	4	0	0	0	9.60	0	0	0	
	1100-2300	12	2	0	0	0	4.80	0	0	0	14.4
4	0800-2030	12	3	0	0	0	9.00	0	0	0	
	1100-2300	12	2	0	0	0	6.00	0	0	0	15
3	0800-2030	12	3	0	0	0	12.00	0	0	0	
	1100-2300	12	2	0	0	0	8.00	0	0	0	20
2	0800-2030	12	3	0	0	0	18.00	0	0	0	
	1100-2300	12	2	0	0	0	12.00	0	0	0	30
1	0800-2030	12	2	0	0	0	24.00	0	0	0	
	1100-2300	12	2	0	0	0	24.00	0	0	0	48

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 - PACU

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
N/A				
2 RN (On Call)				x

Unit Information

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

☑ Other

Description:
Hours outside of the above matrix is all call -132hrs of maximum call per month.
2 RN on call on Weekends and after hours.

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

Unit/ Clinic Name:	**Edmonds PCU**										
Unit/ Clinic Type:	**Progressive Care Unit**										
Unit/ Clinic Address:	**21601 76th Ave W., Edmonds, WA 98026**										
Average Daily Census:	**35.9**					**Maximum # of**			**44**		
Effective as of:	**2/27/2025**										
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)
44	0700-1900	12	13	0	6	0	3.55	0.00	1.64	0.00	
	1900-0700	12	13	0	6	0	3.55	0.00	1.64	0.00	10.36
43	0700-1900	12	13	0	6	0	3.63	0.00	1.67	0.00	
	1900-0700	12	13	0	6	0	3.63	0.00	1.67	0.00	10.60
42	0700-1900	12	12	0	6	0	3.43	0.00	1.71	0.00	
	1900-0700	12	12	0	6	0	3.43	0.00	1.71	0.00	10.29
41	0700-1900	12	12	0	6	0	3.51	0.00	1.76	0.00	
	1900-0700	12	12	0	6	0	3.51	0.00	1.76	0.00	10.54
40	0700-1900	12	12	0	6	0	3.60	0.00	1.80	0.00	
	1900-0700	12	12	0	6	0	3.60	0.00	1.80	0.00	10.80
39	0700-1900	12	12	0	6	0	3.69	0.00	1.85	0.00	
	1900-0700	12	12	0	6	0	3.69	0.00	1.85	0.00	11.08
38	0700-1900	12	11	0	6	0	3.47	0.00	1.89	0.00	
	1900-0700	12	11	0	6	0	3.47	0.00	1.89	0.00	10.74
37	0700-1900	12	11	0	6	0	3.57	0.00	1.95	0.00	
	1900-0700	12	11	0	6	0	3.57	0.00	1.95	0.00	11.03
36	0700-1900	12	11	0	6	0	3.67	0.00	2.00	0.00	
	1900-0700	12	11	0	6	0	3.67	0.00	2.00	0.00	11.33
35	0700-1900	12	10	0	6	0	3.43	0.00	2.06	0.00	
	1900-0700	12	10	0	6	0	3.43	0.00	2.06	0.00	10.97
34	0700-1900	12	10	0	5	0	3.53	0.00	1.76	0.00	
	1900-0700	12	10	0	5	0	3.53	0.00	1.76	0.00	10.59

33	0700-1900	12	9	0	5	0	3.27	0.00	1.82	0.00	
	1900-0700	12	9	0	5	0	3.27	0.00	1.82	0.00	10.18
32	0700-1900	12	9	0	5	0	3.38	0.00	1.88	0.00	
	1900-0700	12	9	0	5	0	3.38	0.00	1.88	0.00	10.50
31	0700-1900	12	9	0	5	0	3.48	0.00	1.94	0.00	
	1900-0700	12	9	0	5	0	3.48	0.00	1.94	0.00	10.84
30	0700-1900	12	8	0	5	0	3.20	0.00	2.00	0.00	
	1900-0700	12	8	0	5	0	3.20	0.00	2.00	0.00	10.40
29	0700-1900	12	8	0	5	0	3.31	0.00	2.07	0.00	
	1900-0700	12	8	0	5	0	3.31	0.00	2.07	0.00	10.76
28	0700-1900	12	8	0	4	0	3.43	0.00	1.71	0.00	
	1900-0700	12	8	0	4	0	3.43	0.00	1.71	0.00	10.29
27	0700-1900	12	8	0	4	0	3.56	0.00	1.78	0.00	
	1900-0700	12	8	0	4	0	3.56	0.00	1.78	0.00	10.67
26	0700-1900	12	7	0	4	0	3.23	0.00	1.85	0.00	
	1900-0700	12	7	0	4	0	3.23	0.00	1.85	0.00	10.15
25	0700-1900	12	7	0	4	0	3.36	0.00	1.92	0.00	
	1900-0700	12	7	0	4	0	3.36	0.00	1.92	0.00	10.56
24	0700-1900	12	7	0	4	0	3.50	0.00	2.00	0.00	
	1900-0700	12	7	0	4	0	3.50	0.00	2.00	0.00	11.00
23	0700-1900	12	7	0	4	0	3.65	0.00	2.09	0.00	
	1900-0700	12	7	0	4	0	3.65	0.00	2.09	0.00	11.48
22	0700-1900	12	7	0	4	0	3.82	0.00	2.18	0.00	
	1900-0700	12	7	0	4	0	3.82	0.00	2.18	0.00	12.00
21	0700-1900	12	7	0	4	0	4.00	0.00	2.29	0.00	
	1900-0700	12	7	0	4	0	4.00	0.00	2.29	0.00	12.57
20	0700-1900	12	6	0	4	0	3.60	0.00	2.40	0.00	
	1900-0700	12	6	0	4	0	3.60	0.00	2.40	0.00	12.00
19	0700-1900	12	6	0	4	0	3.79	0.00	2.53	0.00	
	1900-0700	12	6	0	4	0	3.79	0.00	2.53	0.00	12.63
18	0700-1900	12	6	0	3	0	4.00	0.00	2.00	0.00	
	1900-0700	12	6	0	3	0	4.00	0.00	2.00	0.00	12.00
17	0700-1900	12	6	0	3	0	4.24	0.00	2.12	0.00	
	1900-0700	12	6	0	3	0	4.24	0.00	2.12	0.00	12.71
16	0700-1900	12	5	0	3	0	3.75	0.00	2.25	0.00	
	1900-0700	12	5	0	3	0	3.75	0.00	2.25	0.00	12.00
15	0700-1900	12	5	0	3	0	4.00	0.00	2.40	0.00	
	1900-0700	12	5	0	3	0	4.00	0.00	2.40	0.00	12.80
14	0700-1900	12	5	0	3	0	4.29	0.00	2.57	0.00	
	1900-0700	12	5	0	3	0	4.29	0.00	2.57	0.00	13.71
13	0700-1900	12	5	0	3	0	4.62	0.00	2.77	0.00	
	1900-0700	12	5	0	3	0	4.62	0.00	2.77	0.00	14.77
12	0700-1900	12	4	0	3	0	4.00	0.00	3.00	0.00	
	1900-0700	12	4	0	3	0	4.00	0.00	3.00	0.00	14.00
11	0700-1900	12	4	0	3	0	4.36	0.00	3.27	0.00	

11	1900-0700	12	4	0	3	0	4.36	0.00	3.27	0.00	15.27
10	0700-1900	12	4	0	2	0	4.80	0.00	2.40	0.00	
	1900-0700	12	4	0	2	0	4.80	0.00	2.40	0.00	14.40
9	0700-1900	12	4	0	2	0	5.33	0.00	2.67	0.00	
	1900-0700	12	4	0	2	0	5.33	0.00	2.67	0.00	16.00
8	0700-1900	12	3	0	2	0	4.50	0.00	3.00	0.00	
	1900-0700	12	3	0	2	0	4.50	0.00	3.00	0.00	15.00
7	0700-1900	12	3	0	2	0	5.14	0.00	3.43	0.00	
	1900-0700	12	3	0	2	0	5.14	0.00	3.43	0.00	17.14
6	0700-1900	12	3	0	2	0	6.00	0.00	4.00	0.00	
	1900-0700	12	3	0	2	0	6.00	0.00	4.00	0.00	20.00
5	0700-1900	12	3	0	0	0	7.20	0.00	0.00	0.00	
	1900-0700	12	3	0	0	0	7.20	0.00	0.00	0.00	14.40
4	0700-1900	12	3	0	0	0	7.20	0.00	0.00	0.00	
	1900-0700	12	3	0	0	0	7.20	0.00	0.00	0.00	14.40
3	0700-1900	12	3	0	0	0	7.20	0.00	0.00	0.00	
	1900-0700	12	3	0	0	0	7.20	0.00	0.00	0.00	14.40
2	0700-1900	12	3	0	0	0	7.20	0.00	0.00	0.00	
	1900-0700	12	3	0	0	0	7.20	0.00	0.00	0.00	14.40
1	0700-1900	12	3	0	0	0	7.20	0.00	0.00	0.00	
	1900-0700	12	3	0	0	0	7.20	0.00	0.00	0.00	14.40

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 - PCU

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Telemetry tech 24/7,12 hour shifts (3 techs on days and 3 on nights)	x		x	x
Break RN, 8 hour shifts (1 each floor: IMCU/PCU2) paid from Float Pool Cost Center: 120687300001	x		x	x

Unit Information

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

|x| Activity such as patient admissions, discharges, and transfers

Description:

***PCU cost center includes Telemetry on 2E, *and* IMCU on 3E**
***PCU2/Telemetry Rooms 201-226, 24 beds, 4:1 RN/Patient Ratio**
***PCU3/IMCU Rooms 314-328-2, 20 beds, 3:1 RN/Patient Ratio**
***PCU3/IMCU Charge is covered by the ICU Charge RN**

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

Unit/ Clinic Name:	**Edmonds OR M-F**
Unit/ Clinic Type:	**Surgery**
Unit/ Clinic Address:	**21601 76th Ave W., Edmonds, WA 98026**
Effective as of:	**2/27/2025**
Room assignment: (0700-1730-5 Rms; 1700-1930-2 Rms; 1900-2330-1 Rm)	

Number of Rooms per Day	**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)
6	0700-1730	10	8	0	0	7	13.33	0	0	11.67	25.00
5	0700-1730	10	7	0	0	6	14.00	0	0	12.00	26.00
4	0700-1730	10	6	0	0	5	15.00	0	0	12.50	27.50
3	0700-1730	10	5	0	0	4	16.67	0	0	13.33	36.00
	1700-1930	2	5	0	0	4	3.33	0	0	2.67	
2	0700-1730	10	4	0	0	3	20.00	0	0	15.00	42.00
	1700-1930	2	4	0	0	3	4.00	0	0	3.00	
1	0700-1730	10	2	0	0	2	20.00	0	0	20.00	64.00
	1700-1930	2	2	0	0	2	4.00	0	0	4.00	
	1900-2330	4	2	0	0	2	8.00	0	0	8.00	

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

Unit/ Clinic Name:	**Edmonds OR Sat-Sun**
Unit/ Clinic Type:	**Surgery**
Unit/ Clinic Address:	**21601 76th Ave W., Edmonds, WA 98026**
Effective as of:	**2/27/2025**
Room assignment: (0700-1730-5 Rms; 1700-1930-2 Rms; 1900-2330-1 Rm)	

Number of Rooms per Day	**Shift Type**	**Shift Length in Hours**	**Min # of RN's**	**Min # of LPN's**	**Min # of CNA's**	**Min # of UAP's**	**Min # of RN HPUS**	**Min # of LPN HPUS**	**Min # of CNA HPUS**	**Min # of UAP HPUS**	**Total Minimum Direct Pt. Care HPUS** (hours per unit of service)
1	0700-1730	10	2	0	0	0	20.00	0	0	0.00	20.00
1	0700-1730	10	2	0	0	0	20.00	0	0	0.00	20.00

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 - OR

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend (Sat and Sun)
OR Schedulers	x			
Surgical Aides	x	x		x
Core Tech	x			
HUC	x			
Lead Tech/SCN	x			
CH RN	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:
OR Schedulers - they are in-charge of booking scheduled cases for OR, ENDO, MP, Cath/IR.
Surgical Aides - they transport our surgical patients to-and-fro the OR/PACU units. They are needed to turnover rooms after each case. They clean OR eqmt and stock our supplies in rooms and hallways not stocked by MSC.
Core Tech - he picks all cases that are scheduled or added on DOS. Assist the OR team in providing additional needs such as beds, additional supplies or instruments.
HUC - front desk clerk; schedules add on or urgent/emergent cases.
Scrub Tech - assist surgeons during surgery.

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

Description:
We cater to patients requiring surgeries both scheduled and urgent/emergent cases.

☑ Skill mix

Description: OR Scheduler - 2x Day (M,T,TH); 1x Day W,F)
Surgical Aide - 4x Day; 2x Evening; 1x Weekend
Core Tech - 1x Day
HUC - 1x Day
Lead Tech/SCN - x3 Day

☑ Other

Description:
Weekdays On-call Mon to Fri:
On-call RN & ST 2230-0730
Weekend On-call Sat & Sun:
RN On-Call: 1630-0030 and 2330-0730
ST On-Call: 1900-0130 and 0100-0730
CH RN: M-F 6:30 - 21:30
Lead Tech: 7:00-3:30

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:	**Edmonds Day Surgery - Every Other Week**					
Unit/ Clinic Type:	**Pre/Post**					
Unit/ Clinic Address:	**21601 76th Ave W., Edmonds, WA 98026**					
Effective as of:						**2/27/2025**
Day of the week						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
	0515-1745	12	1	0	0	0
	0515-1345	8	1	0	0	0
	0530-1400	8	2	0	1	0
	0530-1500	9	1	0	0	0
	0700-1530	8	1	0	0	0
	0700-1930	12	1	0	0	0
	0800-1830	10	1	0	0	0
Monday	0900-1930	10	1	0	0	0
	0515-1445	9	1	0	0	0
	0515-1345	8	1	0	0	0
	0530-1400	8	1	0	1	0
	0530-1500	9	1	0	0	0
	0530-1800	12	1	0	0	0
	0700-1730	10	1	0	0	0
	0800-1830	10	1	0	0	0
	0900-1930	10	1	0	0	0
Tuesday	1100-1930	8	1	0	0	0
	0515-1445	9	1	0	0	0
	0515-1345	8	1	0	0	0
	0530-1500	9	1	0	0	0
	0530-1800	12	2	0	0	0
	0700-1730	10	1	0	0	0
	0800-1830	10	1	0	0	0
	0900-1930	10	1	0	0	0
Wednesday	1100-1930	8	1	0	0	0
	0515-1445	9	1	0	0	0
	0515-1345	8	1	0	0	0
	0530-1400	8	2	0	1	0

		0530-1500	9	1	0	0	0
		0700-1530	8	1	0	0	0
		0700-1930	12	2	0	0	0
		0800-1830	10	1	0	0	0
	Thursday						
		0515-1445	9	1	0	0	0
		0515-1345	8	1	0	0	0
		0530-1400	8	2	0	1	0
		0530-1800	12	1	0	0	0
		0700-1530	8	1	0	0	0
		0700-1930	12	1	0	0	0
		0800-1830	10	1	0	0	0
	Friday	1100-1930	8	1	0	0	0
Alternating	**Unit/ Clinic Name:**	**Edmonds Day Surgery - Alternating Every Other Week**					
	Unit/ Clinic Type:	**Pre/Post**					
	Unit/ Clinic Address:	**21601 76th Ave W., Edmonds, WA 98026**					
	Effective as of:						**2/27/2025**
		Day of the week					
	Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
		0515-1445	9	1	0	0	0
		0513-1345	8	1	0	0	0
		0530-1400	8	1	0	1	0
		0530-1500	9	1	0	0	0
		0530-1800	12	1	0	0	0
		0700-1530	8	1	0	0	0
		0700-1930	12	2	0	0	0
	Monday	0800-1830	10	1	0	0	0
		0515-1445	9	1	0	0	0
		0515-1345	8	1	0	0	0
		0530-1400	8	2	0	1	0
		0530-1500	9	1	0	0	0
		0700-1730	10	1	0	0	0
		0800-1830	10	1	0	0	0
		0900-1930	10	1	0	0	0
		1100-1930	8	1	0	0	0
	Tuesday						
		0515-1445	9	1	0	0	0
		0530-1400	8	1	0	1	0
		0530-1500	9	1	0	0	0
		0530-1800	12	2	0	0	0
		0700-1730	10	1	0	0	0
		0800-1830	10	1	0	0	0
		0900-1930	10	1	0	0	0
		1100-1930	8	1	0	0	0
	Wednesday						

	0515-1445	9	1	0	0	0
	0515-1345	8	1	0	0	0
	0530-1400	8	2	0	1	0
	0530-1800	12	1	0	0	0
	0700-1530	8	1	0	0	0
	0700-1930	12	1	0	0	0
	0800-1830	10	1	0	0	0
Thursday	0900-1930	10	1	0	0	0
	0515-1345	8	3	0	0	0
	0530-1400	8	1	0	1	0
	0530-1500	9	1	0	0	0
	0700-1530	8	1	0	0	0
	0700-1930	12	1	0	0	0
	0800-1830	10	1	0	0	0
	1100-1930	8	1	0	0	0
Friday						

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 - Day Surg

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	x			
CNA	X			

Unit Information

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

☑ Other

Description:
Answers phones, checks patients in and helps with room turnover
Another CNA will be added as needed to help cover sick calls and vaction.
Cath Lab RN will be added as needed.

The matrix depicts minimum staffing during an average volume day. Our core staffing is as follows: 8 RN's plus one in Cath Lab = 9 and 2 CNA's (second CNA is an afternoon shift). We will add a RN for busier days and LC on slower ones. When staffing levels are at a minimum, we request float nurses and CNA's to help.

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:	**Edmonds Emergency Department**					
Unit/ Clinic Type:	**Emergency Department**					
Unit/ Clinic Address:	**21601 76th Ave W., Edmonds, WA 98026**					
Effective as of:	**2/27/2025**					
Day of the week						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday	0700-1730	10	1	0	0	0
	0700-1930	12	10	1	2	4
	0900-2130	12	2	0	0	1
	1100-2330	12	4	0	0	2
	1300-0130	12	3	0	0	0
	1500-0330	12	3	0	0	1
	1700-0530	12	1	0	0	0
	1900-0730	12	10	1	2	4
Tuesday	0700-1730	10	1	0	0	0
	0700-1930	12	10	1	2	4
	0900-2130	12	2	0	0	1
	1100-2330	12	4	0	0	2
	1300-0130	12	3	0	0	0
	1500-0330	12	3	0	0	1
	1700-0530	12	1	0	0	0
	1900-0730	12	10	1	2	4
Wednesday	0700-1730	10	1	0	0	0
	0700-1930	12	10	1	2	4
	0900-2130	12	2	0	0	1
	1100-2330	12	4	0	0	2
	1300-0130	12	3	0	0	0
	1500-0330	12	3	0	0	1
	1700-0530	12	1	0	0	0
	1900-0730	12	10	1	2	4
	0700-1730	10	1	0	0	0
	0700-1930	12	10	1	2	4
	0900-2130	12	2	0	0	1

Thursday	1100-2330	12	4	0	0	2
	1300-0130	12	3	0	0	0
	1500-0330	12	3	0	0	1
	1700-0530	12	1	0	0	0
	1900-0730	12	10	1	2	4
Friday	0700-1730	10	1	0	0	0
	0700-1930	12	10	1	2	4
	0900-2130	12	2	0	0	1
	1100-2330	12	4	0	0	2
	1300-0130	12	3	0	0	0
	1500-0330	12	3	0	0	1
	1700-0530	12	1	0	0	0
	1900-0730	12	10	1	2	4
Saturday	0700-1730	10	1	0	0	0
	0700-1930	12	10	1	2	4
	0900-2130	12	2	0	0	1
	1100-2330	12	4	0	0	2
	1300-0130	12	3	0	0	0
	1500-0330	12	3	0	0	1
	1700-0530	12	1	0	0	0
	1900-0730	12	10	1	2	4
Sunday	0700-1730	10	1	0	0	0
	0700-1930	12	10	1	2	4
	0900-2130	12	2	0	0	1
	1100-2330	12	4	0	0	2
	1300-0130	12	3	0	0	0
	1500-0330	12	3	0	0	1
	1700-0530	12	1	0	0	0
	1900-0730	12	10	1	2	4

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 - ED

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC (12hr shift)	x		x	
RN (GENE 12 hr)	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: The addition of the GENE nurse role would be to facilitate CM type activities directed to care for the over 65 yo population of our ED.

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

Description: Increase in overall volume and acuity. D Pod nurse to be present during the busy week hours looking at 1p-1a or 3p-3a to facilitate flow and create more dynamic work flows.

☑ Other

Description:
LPN's schedule has shifted to 0700-1930 / 1900-0730

Washington State Department of HEALTH

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.

DOH 346-154

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:	**Swedish Edmonds**					
Unit/ Clinic Type:	**Care Management**					
Unit/ Clinic Address:	**21601 76th Ave W, Edmonds, WA 98026**					
Effective as of:	**2/27/2025**					
Day of the week						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday	7:30 AM	10	7	0	0	3
Tuesday	7:30 AM	10	7	0	0	3
Wednesday	7:30 AM	10	7	0	0	3
Thursday	7:30 AM	10	7	0	0	3
Friday	7:30 AM	10	7	0	0	3
Saturday	7:30 AM	10	4	0	0	1
Sunday	7:30 AM	10	4	0	0	1

Washington State Department of HEALTH

Unit Information - Care Management

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
MSW	3	0	0	3
CMA	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:
RNs and MSW are interchangeable, so the actual number of RNs and MSW on the matrix may vary, but overall number should meet the total amount of RN/MSW staff.

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:	**Edmonds 8W**
Unit/ Clinic Type:	**Ambulatory Infusion Center, West tower**
Unit/ Clinic Address:	**21601 76th Ave W., Edmonds, WA 98026**
Effective as of:	**2/27/2025**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday Week 1	0700-1930	12	1	0	0	0
	0800-1630	8	1	0	0	0
Tuesday Week 1	0700-1930	12	1	0	0	0
	0800-1630	8	1	0	0	0
Wednesday Week 1	0700-1930	12	1	0	0	0
	0800-1630	8	1	0	0	0
Thursday Week 1	0700-1930	12	1	0	0	0
	0800-1630	8	1	0	0	0
Friday Week 1	0700-1930	12	1	0	0	0
	0800-1630	8	1	0	0	0
Saturday Week 1	0700-1930	12	1	0	0	0
	0800-1630	8	1	0	0	0
Sunday Week 1	0700-1930	12	1	0	0	0
	0800-1630	8	1	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 - 8W Amb Infusion

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Scheduler	x			

Unit Information

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

☑ Other

Description:
Schedulers are managed by manager in Imaging.

Washington State Department of HEALTH

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.

DOH 346-154

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:	**Edmonds Cardiac Diagnostic Imaging Center**
Unit/ Clinic Type:	**Outpatient hospital Clinic**
Unit/ Clinic Address:	**7320 216 th st sw suite 110**
Effective as of:	**2/27/2025**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday Week 1	0730-1630	10	1	0	0	0
Tuesday Week 1	0730-1630	10	1	0	0	0
Wednesday Week 1	0730-1630	10	1	0	0	0
Thursday Week 1	0730-1630	10	1	0	0	0
Friday Week 1	0730-1630	10	1	0	0	0

Washington State Department of HEALTH

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711

Unit Information - CDIC

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Patient Services Specialist (scheduler)	x			
Clinic Supervisor	x			
Support RN	x			

Unit Information

Description:
Second RN will be added in base procedure needed. it's volume dependent.

Washington State Department of HEALTH

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.

DOH 346-154

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:	**Edmonds Cardiac Rehab**					
Unit/ Clinic Type:	**Outpatient hospital Clinic**					
Unit/ Clinic Address:	**21601 76th AVE W**					
Effective as of:	**2/27/2025**					
Day of the week						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday Week 1	0800-1700	10	2	0	0	0
Tuesday Week 1	0800-1700	10	2	0	0	0
Wednesday Week 1	0800-1700	10	2	0	0	0
Thursday Week 1	0800-1700	10	2	0	0	0
Friday Week 1	Closed	0	0	0	0	0

Washington State Department of HEALTH

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 - Cardiac Rehab

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	x			
exercise physiologist	x			

Unit Information

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:	**Edmonds Wound Healing and Hyperbaric Therapy**		
Unit/ Clinic Type:	**Outpatient Clinic**		
Unit/ Clinic Address:	**21600 Hwy 99, Edmonds WA 98026**		
Average Daily Census:	**21**	**Maximum # of Beds:**	**2**
Effective as of:	**2/27/2025**		
# of Visits			

# of Visits	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)
43	0800-1630	8	6	0	0	0	1.12	0.00	0.00	0.00	1.12
42	0800-1630	8	6	0	0	0	1.12	0.00	0.00	0.00	1.12
41	0800-1630	8	6	0	0	0	1.12	0.00	0.00	0.00	1.12
40	0800-1630	8	6	0	0	0	1.12	0.00	0.00	0.00	1.12
39	0800-1630	8	6	0	0	0	1.12	0.00	0.00	0.00	1.12
38	0800-1630	8	6	0	0	0	1.12	0.00	0.00	0.00	1.12
37	0800-1630	8	5	0	0	0	0.93	0.00	0.00	0.00	1.12
36	0800-1630	8	5	0	0	0	0.93	0.00	0.00	0.00	1.12
35	0800-1630	8	5	0	0	0	0.93	0.00	0.00	0.00	1.12
34	0800-1630	8	5	0	0	0	0.93	0.00	0.00	0.00	1.12
33	0800-1630	8	5	0	0	0	0.93	0.00	0.00	0.00	1.12
32	0800-1630	8	5	0	0	0	0.93	0.00	0.00	0.00	1.12
31	0800-1630	8	4	0	0	0	0.74	0.00	0.00	0.00	1.12
30	0800-1630	8	4	0	0	0	0.74	0.00	0.00	0.00	1.12
29	0800-1630	8	4	0	0	0	0.74	0.00	0.00	0.00	1.12
28	0800-1630	8	4	0	0	0	0.74	0.00	0.00	0.00	1.12
27	0800-1630	8	4	0	0	0	0.74	0.00	0.00	0.00	1.12
26	0800-1630	8	3	0	0	0	0.56	0.00	0.00	0.00	1.12
25	0800-1630	8	3	0	0	0	0.56	0.00	0.00	0.00	1.12
24	0800-1630	8	3	0	0	0	0.56	0.00	0.00	0.00	1.12
23	0800-1630	8	3	0	0	0	0.56	0.00	0.00	0.00	1.12
22	0800-1630	8	3	0	0	0	0.56	0.00	0.00	0.00	1.12
21	0800-1630	8	3	0	0	0	0.56	0.00	0.00	0.00	1.12
20	0800-1630	8	3	0	0	0	0.56	0.00	0.00	0.00	1.12
19	0800-1630	8	3	0	0	0	0.56	0.00	0.00	0.00	1.12
18	0800-1630	8	2	0	0	0	0.37	0.00	0.00	0.00	1.12
17	0800-1630	8	2	0	0	0	0.37	0.00	0.00	0.00	1.12
16	0800-1630	8	2	0	0	0	0.37	0.00	0.00	0.00	1.12
15	0800-1630	8	2	0	0	0	0.37	0.00	0.00	0.00	1.12
14	0800-1630	8	2	0	0	0	0.37	0.00	0.00	0.00	1.12
13	0800-1630	8	3	0	0	0	0.56	0.00	0.00	0.00	1.12
12	0800-1630	8	3	0	0	0	0.56	0.00	0.00	0.00	1.12
11	0800-1630	8	3	0	0	0	0.56	0.00	0.00	0.00	1.12
10	0800-1630	8	3	0	0	0	0.56	0.00	0.00	0.00	1.12
9	0800-1630	8	3	0	0	0	0.56	0.00	0.00	0.00	1.12
8	0800-1630	8	3	0	0	0	0.56	0.00	0.00	0.00	1.12
7	0800-1630	8	3	0	0	0	0.56	0.00	0.00	0.00	1.12
6	0800-1630	8	3	0	0	0	0.56	0.00	0.00	0.00	1.12
5	0800-1630	8	2	0	0	0	0.37	0.00	0.00	0.00	1.12
4	0800-1630	8	2	0	0	0	0.37	0.00	0.00	0.00	1.12
3	0800-1630	8	2	0	0	0	0.37	0.00	0.00	0.00	1.12
2	0800-1630	8	2	0	0	0	0.37	0.00	0.00	0.00	1.12
1	0800-1630	8	2	0	0	0	0.37	0.00	0.00	0.00	1.12

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 - Wound Healing & Hyperbaric

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Secretary	x			
Front Desk Supv	x			
Certified Hyberbaric Tech	x			

Unit Information

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

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

Description:
RN must by hyperbaric certified to fill that role.