

COVER PAGE

The following is the comprehensive hospital staffing
plan for _____ submitted to
the Washington State Department of Health in
accordance with [Revised Code of Washington](#)
[70.41.420](#) for the year _____ .

This area is intentionally left blank

Hospital Staffing Form

Attestation

Date:

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

As approved by:



Hospital Information

Name of Hospital:		
Hospital License #:		
Hospital Street Address:		
City/Town:	State:	Zip code:
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:
	Update	Next Review Date:
Effective Date:		
Date Approved:		

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:
		
	<i>Carol Lightle</i>	
	<i>Elizabeth Wale</i>	

Total Votes	
# of Approvals	# of Denials

Access unit staffing matrices here.

This area is intentionally left blank



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	11.41
	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	
33	0700-1900	12	10	0	5	0	3.64	0.00	1.82	0.00	11.76
	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	
32	0700-1900	12	9	0	5	0	3.38	0.00	1.88	0.00	11.63
	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	
31	0700-1900	12	9	0	5	0	3.48	0.00	1.94	0.00	12.00
	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	
30	0700-1900	12	9	0	5	0	3.60	0.00	2.00	0.00	12.13
	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	
	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	12.55
	2300-0700	8	7	0	4	0	1.93	0.00	1.10	0.00	
28	0700-1900	12	8	0	5	0	3.43	0.00	2.14	0.00	12.29
	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	
27	0700-1900	12	8	0	5	0	3.56	0.00	2.22	0.00	12.30
	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	
26	0700-1900	12	8	0	4	0	3.69	0.00	1.85	0.00	12.15
	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	
25	0700-1900	12	8	0	4	0	3.84	0.00	1.92	0.00	12.32
	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	
24	0700-1900	12	7	0	4	0	3.50	0.00	2.00	0.00	12.00
	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	
23	0700-1900	12	7	0	4	0	3.65	0.00	2.09	0.00	12.52
	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	
22	0700-1900	12	7	0	4	0	3.82	0.00	2.18	0.00	13.09
	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	
21	0700-1900	12	7	0	4	0	4.00	0.00	2.29	0.00	13.90
	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	
20	0700-1900	12	6	0	4	0	3.60	0.00	2.40	0.00	13.00
	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	
19	0700-1900	12	6	0	3	0	3.79	0.00	1.89	0.00	12.84
	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	
18	0700-1900	12	6	0	2	0	4.00	0.00	1.33	0.00	12.00
	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	

17	0700-1900	12	6	0	2	0	4.24	0.00	1.41	0.00	12.71
	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	
16	0700-1900	12	5	0	2	0	3.75	0.00	1.50	0.00	12.25
	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	
15	0700-1900	12	5	0	2	0	4.00	0.00	1.60	0.00	13.07
	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	
14	0700-1900	12	5	0	2	0	4.29	0.00	1.71	0.00	12.86
	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	
13	0700-1900	12	5	0	2	0	4.62	0.00	1.85	0.00	13.85
	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	
12	0700-1901	12	4	0	2	0	4.00	0.00	2.00	0.00	14.00
	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	
11	0700-1902	12	4	0	2	0	4.36	0.00	2.18	0.00	14.55
	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	
10	0700-1903	12	4	0	1	0	3.69	0.00	0.92	0.00	10.15
	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	
9	0700-1904	12	4	0	1	0	5.33	0.00	1.33	0.00	14.22
	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	
8	0700-1905	12	3	0	1	0	4.50	0.00	1.50	0.00	14.00
	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	
7	0700-1906	12	2	0	1	0	3.43	0.00	1.71	0.00	12.00
	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	
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	14.00
	2300-0707	8	2	0	1	0	2.67	0.00	1.33	0.00	
5	0700-1908	12	2	0	0	0	4.80	0.00	0.00	0.00	11.20
	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	
4	0700-1909	12	2	0	0	0	6.00	0.00	0.00	0.00	14.00
	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	
3	0700-1910	12	2	0	0	0	8.00	0.00	0.00	0.00	18.67
	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	
2	0700-1911	12	2	0	0	0	12.00	0.00	0.00	0.00	28.00
	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	
1	0700-1912	12	2	0	0	0	24.00	0.00	0.00	0.00	56.00
	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	



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



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

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	9.00
	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	
7	0700-1900	12	2	0	1	0	3.43	0.00	1.71	0.00	10.29
	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	
6	0700-1900	12	2	0	1	0	4.00	0.00	2.00	0.00	12.00
	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	
5	0700-1900	12	2	0	1	0	4.80	0.00	2.40	0.00	14.40
	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	
4	0700-1900	12	1	0	1	0	3.00	0.00	3.00	0.00	12.00
	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	
3	0700-1900	12	1	0	1	0	4.00	0.00	4.00	0.00	16.00
	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	
2	0700-1900	12	1	0	1	0	6.00	0.00	6.00	0.00	24.00
	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	
1	0700-1900	12	1	0	1	0	12.00	0.00	12.00	0.00	48.00
	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	



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

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



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	10.62
	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	
25	0700-1930	12	8	0	3	0	3.84	0.00	1.44	0.00	10.08
	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	
24	0700-1930	12	7	0	3	0	3.50	0.00	1.50	0.00	9.67
	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	
23	0700-1930	12	7	0	3	0	3.65	0.00	1.57	0.00	9.74
	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	
22	0700-1930	12	7	0	3	0	3.82	0.00	1.64	0.00	10.00
	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	
21	0700-1930	12	6	0	3	0	3.43	0.00	1.71	0.00	9.90
	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	
20	0700-1930	12	6	0	3	0	3.60	0.00	1.80	0.00	10.00
	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	
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	11.11
	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	
17	0700-1930	12	5	0	2	0	3.53	0.00	1.41	0.00	9.88
	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	
16	0700-1930	12	5	0	2	0	3.75	0.00	1.50	0.00	10.00
	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	
15	0700-1930	12	4	0	2	0	3.20	0.00	1.60	0.00	9.07
	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	
14	0700-1930	12	4	0	2	0	3.43	0.00	1.71	0.00	9.71
	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	
13	0700-1930	12	4	0	2	0	3.69	0.00	1.85	0.00	10.46
	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	
12	0700-1930	12	4	0	1	0	4.00	0.00	1.00	0.00	9.33
	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	
11	0700-1930	12	4	0	1	0	4.36	0.00	1.09	0.00	10.18
	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	0700-1930	12	3	0	1	0	3.60	0.00	1.20	0.00	8.00
	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	
9	0700-1930	12	3	0	0	0	4.00	0.00	0.00	0.00	7.11
	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	
8	0700-1930	12	3	0	0	0	4.50	0.00	0.00	0.00	8.00
	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	
7	0700-1930	12	2	0	0	0	3.43	0.00	0.00	0.00	6.86
	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	0700-1930	12	2	0	0	0	4.00	0.00	0.00	0.00	8.00
	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	
5	0700-1930	12	2	0	0	0	4.80	0.00	0.00	0.00	9.60
	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	
	0700-1930	12	2	0	0	0	6.00	0.00	0.00	0.00	

4	1900-2300	4	2	0	0	0	2.00	0.00	0.00	0.00	12.00
	2300-0730	8	2	0	0	0	4.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
3	0700-1930	12	2	0	0	0	8.00	0.00	0.00	0.00	16.00
	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	
2	0700-1930	12	2	0	0	0	12.00	0.00	0.00	0.00	24.00
	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	
1	0700-1930	12	2	0	0	0	24.00	0.00	0.00	0.00	48.00
	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	



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



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	8.00
	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	
24	7am-3pm	8	6	0	3	1	2.00	0.00	1.00	0.33	8.33
	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	
23	7am-3pm	8	6	0	3	1	2.09	0.00	1.04	0.35	8.70
	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	
22	7am-3pm	8	6	0	3	1	2.18	0.00	1.09	0.36	9.09
	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	
21	7am-3pm	8	5	0	3	1	1.90	0.00	1.14	0.38	8.76
	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	

20	7am-3pm	8	5	0	3	1	2.00	0.00	1.20	0.40	9.20
	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	
19	7am-3pm	8	5	0	2	1	2.11	0.00	0.84	0.42	8.42
	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	
18	7am-3pm	8	4	0	2	1	1.78	0.00	0.89	0.44	8.00
	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	
17	7am-3pm	8	4	0	2	1	1.88	0.00	0.94	0.47	8.47
	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	
16	7am-3pm	8	4	0	2	1	2.00	0.00	1.00	0.50	9.00
	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	
15	7am-3pm	8	4	0	2	1	2.13	0.00	1.07	0.53	9.07
	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	
14	7am-3pm	8	4	0	1	1	2.29	0.00	0.57	0.57	8.57
	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	
13	7am-3pm	8	4	0	1	1	2.46	0.00	0.62	0.62	9.23
	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	
12	7am-3pm	8	3	0	1	1	2.00	0.00	0.67	0.67	8.67
	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	
11	7am-3pm	8	3	0	1	1	2.18	0.00	0.73	0.73	9.45
	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	
10	7am-3pm	8	3	0	1	1	2.18	0.00	0.73	0.73	9.45
	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	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	

9	7pm-11pm	4	3	0	1	0	1.09	0.00	0.36	0.00	9.45
	11pm-7am	8	3	0	1	0	2.18	0.00	0.73	0.00	
8	7am-3pm	8	3	0	1	1	2.18	0.00	0.73	0.73	9.45
	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	
7	7am-3pm	8	3	0	1	1	2.18	0.00	0.73	0.73	9.45
	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	
6	7am-3pm	8	3	0	1	1	2.18	0.00	0.73	0.73	9.45
	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	
5	7am-3pm	8	3	0	1	1	2.18	0.00	0.73	0.73	9.45
	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	
4	7am-3pm	8	3	0	1	1	2.18	0.00	0.73	0.73	9.45
	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	
3	7am-3pm	8	3	0	1	1	2.18	0.00	0.73	0.73	9.45
	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	
2	7am-3pm	8	3	0	1	1	2.18	0.00	0.73	0.73	9.45
	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	
1	7am-3pm	8	3	0	1	1	2.18	0.00	0.73	0.73	9.45
	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	



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



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



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.



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:	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	630-1700	10	4	0	0	1
	0700-1730	10	8	0	1	4
	0800-1630	8	0	0	1	0
	1730-0630 (Call Team)	13	1	0	0	1
Tuesday	630-1700	10	4	0	0	1
	0700-1730	10	7	0	1	4
	0800-1630	8	1	0	1	0
	1730-0630 (Call Team)	13	1	0	0	1
Wednesday	630-1700	10	4	0	0	1
	0700-1730	10	8	0	1	4
	0800-1630	8	0	0	1	0
	1730-0630 (Call Team)	13	1	0	0	1
Thursday	630-1700	10	4	0	0	1
	0700-1730	10	7	0	1	4
	0800-1630	8	1	0	1	0
	1730-0630 (Call Team)	13	1	0	0	1
Friday	630-1700	10	4	0	0	1
	0700-1730	10	8	0	1	4
	0800-1630	8	0	0	1	0
	1730-0630 (Call Team)	13	1	0	0	1
Sat/Sun	0630-0630 (Call Team)	24	1	0	0	1



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

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



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:	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	7-1730	10	5	0	0	6
	1730-0700 (Call team)	13.5	1	0	0	2
Tuesday	7-1730	10	5	0	0	6
	1730-0700 (Call team)	13.5	1	0	0	2
Wednesday	7-1730	10	5	0	0	6
	1730-0700 (Call team)	13.5	1	0	0	2
Thursday	7-1730	10	5	0	0	6
	1730-0700 (Call team)	13.5	1	0	0	2
Friday	7-1730	10	5	0	0	6
	1730-0700 (Call team)	13.5	1	0	0	2
Sat/Sun	0700-0700 (Call team)	24	1	0	0	2



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

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

☒ Other

Description: Call teams M-F 1730-0700, Sat/Sun 0700-0700



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 Pain Clinic					
Unit/ Clinic Type:	Minor Procedures					
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
Tuesday	0630-1630	10	3	0	1	1
Thursday	0630-1630	10	3	0	1	1



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 - Minor Proc-Pain Clinic

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):

☒ Skill mix

Description: Endoscopy Technicians are needed for the procedure and act as surgical technician

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	12.00
	1100-2300	12	0	0	0	0	0.00	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	
7	0700-1900	12	4	0	0	0	6.86	0.00	0.00	0.00	13.71
	1100-2300	12	0	0	0	0	0.00	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	
6	0700-1900	12	3	0	0	0	6.00	0.00	0.00	0.00	12.00
	1100-2300	12	0	0	0	0	0.00	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	
5	0700-1900	12	3	0	0	0	7.20	0.00	0.00	0.00	14.40
	1100-2300	12	0	0	0	0	0.00	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	
4	0700-1900	12	2	0	0	0	6.00	0.00	0.00	0.00	12.00
	1100-2300	12	0	0	0	0	0.00	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	
3	0700-1900	12	2	0	0	0	8.00	0.00	0.00	0.00	16.00
	1100-2300	12	0	0	0	0	0.00	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	
2	0700-1900	12	2	0	0	0	12.00	0.00	0.00	0.00	24.00
	1100-2300	12	0	0	0	0	0.00	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	
1	0700-1900	12	2	0	0	0	24.00	0.00	0.00	0.00	48.00
	1100-2300	12	0	0	0	0	0.00	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	



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



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	9	0	1	0	8.31	0.00	0.92	0.00	18.46
	1900-0700	12	9	0	1	0	8.31	0.00	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
12	0700-1900	12	8	0	1	0	8.00	0.00	1.00	0.00	18.00
	1900-0700	12	8	0	1	0	8.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
11	0700-1900	12	8	0	1	0	8.73	0.00	1.09	0.00	19.64
	1900-0700	12	8	0	1	0	8.73	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10	0700-1900	12	7	0	1	0	8.40	0.00	1.20	0.00	19.20
	1900-0700	12	7	0	1	0	8.40	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
9	0700-1900	12	7	0	1	0	9.33	0.00	1.33	0.00	21.33
	1900-0700	12	7	0	1	0	9.33	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
8	0700-1900	12	6	0	1	0	9.00	0.00	1.50	0.00	21.00
	1900-0700	12	6	0	1	0	9.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7	0700-1900	12	5	0	1	0	8.57	0.00	1.71	0.00	20.57
	1900-0700	12	5	0	1	0	8.57	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
	0700-1900	12	4	0	1	0	8.00	0.00	2.00	0.00	

6	1900-0700	12	4	0	1	0	8.00	0.00	2.00	0.00	20.00
		0	0	0	0	0	0.00	0.00	0.00	0.00	
5	0700-1900	12	4	0	0	0	9.60	0.00	0.00	0.00	19.20
	1900-0700	12	4	0	0	0	9.60	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
4	0700-1900	12	3	0	0	0	9.00	0.00	0.00	0.00	18.00
	1900-0700	12	3	0	0	0	9.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
3	0700-1900	12	3	0	0	0	12.00	0.00	0.00	0.00	24.00
	1900-0700	12	3	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
2	0700-1900	12	3	0	0	0	12.00	0.00	0.00	0.00	24.00
	1900-0700	12	3	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
1	0700-1900	12	3	0	0	0	12.00	0.00	0.00	0.00	24.00
	1900-0700	12	3	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	



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
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:

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



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:		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)
12	0700-1900	12	16	0	0	1	16.00	0.00	0.00	1.00	34.00
	1900-0700	12	16	0	0	1	16.00	0.00	0.00	1.00	
11	0700-1900	12	15	0	0	1	16.36	0.00	0.00	1.09	34.91
	1900-0700	12	15	0	0	1	16.36	0.00	0.00	1.09	
10	0700-1900	12	14	0	0	1	16.80	0.00	0.00	1.20	36.00
	1900-0700	12	14	0	0	1	16.80	0.00	0.00	1.20	
9	0700-1900	12	13	0	0	1	17.33	0.00	0.00	1.33	37.33
	1900-0700	12	13	0	0	1	17.33	0.00	0.00	1.33	
8	0700-1900	12	12	0	0	1	18.00	0.00	0.00	1.50	39.00
	1900-0700	12	12	0	0	1	18.00	0.00	0.00	1.50	
7	0700-1900	12	11	0	0	1	18.86	0.00	0.00	1.71	41.14
	1900-0700	12	11	0	0	1	18.86	0.00	0.00	1.71	
6	0700-1900	12	10	0	0	1	20.00	0.00	0.00	2.00	44.00
	1900-0700	12	10	0	0	1	20.00	0.00	0.00	2.00	
5	0700-1900	12	9	0	0	1	21.60	0.00	0.00	2.40	48.00
	1900-0700	12	9	0	0	1	21.60	0.00	0.00	2.40	
4	0700-1900	12	8	0	0	1	24.00	0.00	0.00	3.00	54.00
	1900-0700	12	8	0	0	1	24.00	0.00	0.00	3.00	
3	0700-1900	12	7	0	0	1	28.00	0.00	0.00	4.00	64.00
	1900-0700	12	7	0	0	1	28.00	0.00	0.00	4.00	
2	0700-1900	12	6	0	0	1	36.00	0.00	0.00	6.00	84.00
	1900-0700	12	6	0	0	1	36.00	0.00	0.00	6.00	
1	0700-1900	12	5	0	0	1	60.00	0.00	0.00	12.00	144.00
	1900-0700	12	5	0	0	1	60.00	0.00	0.00	12.00	

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

Unit Information - Labor and Delivery

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

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 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

*Resource RN for night shift from 1900 - 0700 seven days/week



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									
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	8.00
	1900-0700	12	5	0	0	0	4.00	0.00	0.00	0.00	
14	0700-1900	12	5	0	0	0	4.29	0.00	0.00	0.00	8.57
	1900-0700	12	5	0	0	0	4.29	0.00	0.00	0.00	
13	0700-1900	12	5	0	0	0	4.62	0.00	0.00	0.00	9.23
	1900-0700	12	5	0	0	0	4.62	0.00	0.00	0.00	
12	0700-1900	12	4	0	0	0	4.00	0.00	0.00	0.00	8.00
	1900-0700	12	4	0	0	0	4.00	0.00	0.00	0.00	
11	0700-1900	12	4	0	0	0	4.36	0.00	0.00	0.00	8.73
	1900-0700	12	4	0	0	0	4.36	0.00	0.00	0.00	
10	0700-1900	12	4	0	0	0	4.80	0.00	0.00	0.00	9.60
	1900-0700	12	4	0	0	0	4.80	0.00	0.00	0.00	
9	0700-1900	12	3	0	0	0	4.00	0.00	0.00	0.00	8.00
	1900-0700	12	3	0	0	0	4.00	0.00	0.00	0.00	
8	0700-1900	12	3	0	0	0	4.50	0.00	0.00	0.00	9.00
	1900-0700	12	3	0	0	0	4.50	0.00	0.00	0.00	
7	0700-1900	12	3	0	0	0	5.14	0.00	0.00	0.00	10.29
	1900-0700	12	3	0	0	0	5.14	0.00	0.00	0.00	
6	0700-1900	12	2	0	0	0	4.00	0.00	0.00	0.00	8.00
	1900-0700	12	2	0	0	0	4.00	0.00	0.00	0.00	
5	0700-1900	12	2	0	0	0	4.80	0.00	0.00	0.00	

5	1900-0700	12	2	0	0	0	4.80	0.00	0.00	0.00	9.60
	0700-1900	12	2	0	0	0	6.00	0.00	0.00	0.00	12.00
4	1900-0700	12	2	0	0	0	6.00	0.00	0.00	0.00	
	0700-1900	12	1	0	0	0	4.00	0.00	0.00	0.00	8.00
3	1900-0700	12	1	0	0	0	4.00	0.00	0.00	0.00	
	0700-1900	12	1	0	0	0	6.00	0.00	0.00	0.00	12.00
2	1900-0700	12	1	0	0	0	6.00	0.00	0.00	0.00	
	0700-1900	12	1	0	0	0	12.00	0.00	0.00	0.00	24.00
1	1900-0700	12	1	0	0	0	12.00	0.00	0.00	0.00	



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
Refer to L&D Add'l Care Team				
(Care Team is Shared)				

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 is for 6W Mother/Baby overflow

-Charge RN is under Labor & Delivery matrix, covering this matrix



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

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):

☒ Other

Description:

Hours outside of the above matrix is all call -132hrs of maximum call per month.



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	10.36
	1900-0700	12	13	0	6	0	3.55	0.00	1.64	0.00	
43	0700-1900	12	13	0	6	0	3.63	0.00	1.67	0.00	10.60
	1900-0700	12	13	0	6	0	3.63	0.00	1.67	0.00	
42	0700-1900	12	12	0	6	0	3.43	0.00	1.71	0.00	10.29
	1900-0700	12	12	0	6	0	3.43	0.00	1.71	0.00	
41	0700-1900	12	12	0	6	0	3.51	0.00	1.76	0.00	10.54
	1900-0700	12	12	0	6	0	3.51	0.00	1.76	0.00	
40	0700-1900	12	12	0	6	0	3.60	0.00	1.80	0.00	10.80
	1900-0700	12	12	0	6	0	3.60	0.00	1.80	0.00	
39	0700-1900	12	12	0	6	0	3.69	0.00	1.85	0.00	11.08
	1900-0700	12	12	0	6	0	3.69	0.00	1.85	0.00	
38	0700-1900	12	11	0	6	0	3.47	0.00	1.89	0.00	10.74
	1900-0700	12	11	0	6	0	3.47	0.00	1.89	0.00	
37	0700-1900	12	11	0	6	0	3.57	0.00	1.95	0.00	11.03
	1900-0700	12	11	0	6	0	3.57	0.00	1.95	0.00	
36	0700-1900	12	11	0	6	0	3.67	0.00	2.00	0.00	11.33
	1900-0700	12	11	0	6	0	3.67	0.00	2.00	0.00	
35	0700-1900	12	10	0	6	0	3.43	0.00	2.06	0.00	10.97
	1900-0700	12	10	0	6	0	3.43	0.00	2.06	0.00	
34	0700-1900	12	10	0	5	0	3.53	0.00	1.76	0.00	10.59
	1900-0700	12	10	0	5	0	3.53	0.00	1.76	0.00	

33	0700-1900	12	9	0	5	0	3.27	0.00	1.82	0.00	10.18
	1900-0700	12	9	0	5	0	3.27	0.00	1.82	0.00	
32	0700-1900	12	9	0	5	0	3.38	0.00	1.88	0.00	10.50
	1900-0700	12	9	0	5	0	3.38	0.00	1.88	0.00	
31	0700-1900	12	9	0	5	0	3.48	0.00	1.94	0.00	10.84
	1900-0700	12	9	0	5	0	3.48	0.00	1.94	0.00	
30	0700-1900	12	8	0	5	0	3.20	0.00	2.00	0.00	10.40
	1900-0700	12	8	0	5	0	3.20	0.00	2.00	0.00	
29	0700-1900	12	8	0	5	0	3.31	0.00	2.07	0.00	10.76
	1900-0700	12	8	0	5	0	3.31	0.00	2.07	0.00	
28	0700-1900	12	8	0	4	0	3.43	0.00	1.71	0.00	10.29
	1900-0700	12	8	0	4	0	3.43	0.00	1.71	0.00	
27	0700-1900	12	8	0	4	0	3.56	0.00	1.78	0.00	10.67
	1900-0700	12	8	0	4	0	3.56	0.00	1.78	0.00	
26	0700-1900	12	7	0	4	0	3.23	0.00	1.85	0.00	10.15
	1900-0700	12	7	0	4	0	3.23	0.00	1.85	0.00	
25	0700-1900	12	7	0	4	0	3.36	0.00	1.92	0.00	10.56
	1900-0700	12	7	0	4	0	3.36	0.00	1.92	0.00	
24	0700-1900	12	7	0	4	0	3.50	0.00	2.00	0.00	11.00
	1900-0700	12	7	0	4	0	3.50	0.00	2.00	0.00	
23	0700-1900	12	7	0	4	0	3.65	0.00	2.09	0.00	11.48
	1900-0700	12	7	0	4	0	3.65	0.00	2.09	0.00	
22	0700-1900	12	7	0	4	0	3.82	0.00	2.18	0.00	12.00
	1900-0700	12	7	0	4	0	3.82	0.00	2.18	0.00	
21	0700-1900	12	7	0	4	0	4.00	0.00	2.29	0.00	12.57
	1900-0700	12	7	0	4	0	4.00	0.00	2.29	0.00	
20	0700-1900	12	6	0	4	0	3.60	0.00	2.40	0.00	12.00
	1900-0700	12	6	0	4	0	3.60	0.00	2.40	0.00	
19	0700-1900	12	6	0	4	0	3.79	0.00	2.53	0.00	12.63
	1900-0700	12	6	0	4	0	3.79	0.00	2.53	0.00	
18	0700-1900	12	6	0	3	0	4.00	0.00	2.00	0.00	12.00
	1900-0700	12	6	0	3	0	4.00	0.00	2.00	0.00	
17	0700-1900	12	6	0	3	0	4.24	0.00	2.12	0.00	12.71
	1900-0700	12	6	0	3	0	4.24	0.00	2.12	0.00	
16	0700-1900	12	5	0	3	0	3.75	0.00	2.25	0.00	12.00
	1900-0700	12	5	0	3	0	3.75	0.00	2.25	0.00	
15	0700-1900	12	5	0	3	0	4.00	0.00	2.40	0.00	12.80
	1900-0700	12	5	0	3	0	4.00	0.00	2.40	0.00	
14	0700-1900	12	5	0	3	0	4.29	0.00	2.57	0.00	13.71
	1900-0700	12	5	0	3	0	4.29	0.00	2.57	0.00	
13	0700-1900	12	5	0	3	0	4.62	0.00	2.77	0.00	14.77
	1900-0700	12	5	0	3	0	4.62	0.00	2.77	0.00	
12	0700-1900	12	4	0	3	0	4.00	0.00	3.00	0.00	14.00
	1900-0700	12	4	0	3	0	4.00	0.00	3.00	0.00	
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	14.40
	1900-0700	12	4	0	2	0	4.80	0.00	2.40	0.00	
9	0700-1900	12	4	0	2	0	5.33	0.00	2.67	0.00	16.00
	1900-0700	12	4	0	2	0	5.33	0.00	2.67	0.00	
8	0700-1900	12	3	0	2	0	4.50	0.00	3.00	0.00	15.00
	1900-0700	12	3	0	2	0	4.50	0.00	3.00	0.00	
7	0700-1900	12	3	0	2	0	5.14	0.00	3.43	0.00	17.14
	1900-0700	12	3	0	2	0	5.14	0.00	3.43	0.00	
6	0700-1900	12	3	0	2	0	6.00	0.00	4.00	0.00	20.00
	1900-0700	12	3	0	2	0	6.00	0.00	4.00	0.00	
5	0700-1900	12	3	0	0	0	7.20	0.00	0.00	0.00	14.40
	1900-0700	12	3	0	0	0	7.20	0.00	0.00	0.00	
4	0700-1900	12	3	0	0	0	7.20	0.00	0.00	0.00	14.40
	1900-0700	12	3	0	0	0	7.20	0.00	0.00	0.00	
3	0700-1900	12	3	0	0	0	7.20	0.00	0.00	0.00	14.40
	1900-0700	12	3	0	0	0	7.20	0.00	0.00	0.00	
2	0700-1900	12	3	0	0	0	7.20	0.00	0.00	0.00	14.40
	1900-0700	12	3	0	0	0	7.20	0.00	0.00	0.00	
1	0700-1900	12	3	0	0	0	7.20	0.00	0.00	0.00	14.40
	1900-0700	12	3	0	0	0	7.20	0.00	0.00	0.00	



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):

- ☒ 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



DOH 346-154

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

Unit/ Clinic Name:		Edmonds OR										
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 (w/CN)	Min # of LPN's	Min # of CNA's	Min # of UAP's (ST)	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	9	0	0	8	15.00	0	0	13.33	28.33	
5	0700-1730	10	8	0	0	7	16.00	0	0	14.00	30.00	
4	0700-1730	10	7	0	0	6	17.50	0	0	15.00	32.50	
3	0700-1730	10	6	0	0	5	20.00	0	0	16.67	44.00	
	1700-1930	2	6	0	0	5	4.00	0	0	3.33		
2	0700-1730	10	5	0	0	4	25.00	0	0	20.00	54.00	
	1700-1930	2	5	0	0	4	5.00	0	0	4.00		
1	0700-1730	10	3	0	0	2	30.00	0	0	20.00	80.00	
	1700-1930	2	3	0	0	2	6.00	0	0	4.00		
	1900-2330	4	3	0	0	2	12.00	0	0	8.00		
1	0700-1730	10	2	0	0	1	20.00	0	0	10.00	30.00	
1	0700-1730	10	2	0	0	1	20.00	0	0	10.00	30.00	



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			
Anesthesia Tech	x			x
HUC	x			
Lead Tech/SCN	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.

Anesthesia Tech - assists anesthesiologists anywhere in the hospital where procedures requiring anesthesia like OR, PACU, ENDO, Cath/IR, and L&D. Turnover anesthesia supplies and eqmt after each cases.

HUC - front desk clerk; schedules add on or urgent/emergent cases.

- ☒

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
Anesthesia Tech - 2x Day; 1x Weekend
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



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
Monday	0515-1745	12	1	0	0	0
	0515-1345	8	1	0	0	0
	0530-1400	8	2	0	1	1
	0530-1500	9	1	0	0	0
	0700-1930	12	1	0	0	0
	0800-1830	10	1	0	0	0
	0900-1930	10	1	0	0	0
	1100-1930	8	0	0	1	0
Tuesday	0515-1445	9	1	0	0	0
	0515-1345	8	1	0	0	0
	0530-1400	8	1	0	1	1
	0530-1500	9	1	0	0	0
	0530-1800	12	1	0	0	0
	0800-1830	10	1	0	0	0
	0900-1930	10	1	0	0	0
	1100-1930	8	1	0	1	0
Wednesday	0515-1445	9	1	0	0	0
	0515-1345	8	1	0	0	0
	0530-1400	8	0	0	1	1
	0530-1500	9	1	0	0	0
	0530-1800	12	2	0	0	0
	0800-1830	10	1	0	0	0
	0900-1930	10	1	0	0	0
	1100-1930	8	1	0	1	0
Thursday	0515-1445	9	1	0	0	0
	0515-1345	8	1	0	0	0
	0530-1400	8	2	0	1	1
	0530-1500	9	1	0	0	0

Thursday	0700-1930	12	2	0	0	0
	0800-1830	10	1	0	0	0
	1100-1930	8	0	0	1	0
Friday	0515-1445	9	1	0	0	0
	0515-1345	8	1	0	0	0
	0530-1400	8	2	0	1	1
	0530-1800	12	1	0	0	0
	070-1930	12	1	0	0	0
	0800-1830	10	1	0	0	0
	1100-1930	8	1	0	1	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
Monday	0515-1445	9	1	0	0	0
	0513-1345	8	1	0	0	0
	0530-1400	8	1	0	1	1
	0530-1500	9	1	0	0	0
	0530-1800	12	1	0	0	0
	0700-1930	12	2	0	0	0
	0800-1830	10	1	0	0	0
	1100-1930	8	0	0	1	0
Tuesday	0515-1445	9	1	0	0	0
	0515-1345	8	1	0	0	0
	0530-1400	8	2	0	1	1
	0530-1500	9	1	0	0	0
	0800-1830	10	1	0	0	0
	0900-1930	10	1	0	0	0
	1100-1930	8	1	0	1	0
Wednesday	0515-1445	9	1	0	0	0
	0530-1400	8	1	0	1	1
	0530-1500	9	1	0	0	0
	0530-1800	12	2	0	0	0
	0800-1830	10	1	0	0	0
	0900-1930	10	1	0	0	0
	1100-1930	8	1	0	1	0
Thursday	0515-1445	9	1	0	0	0
	0515-1345	8	1	0	0	0
	0530-1400	8	2	0	1	1
	0530-1800	12	1	0	0	0

Thursday	0700-1930	12	1	0	0	0
	0800-1830	10	1	0	0	0
	0900-1930	10	1	0	0	0
	1100-1930	8	0	0	1	0
Friday	0515-1345	8	3	0	0	0
	0530-1400	8	1	0	1	1
	0530-1500	9	1	0	0	0
	0700-1930	12	1	0	0	0
	0800-1830	10	1	0	0	0
	1100-1930	8	1	0	1	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 - Day Surg

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):

☒ Other

Description:

Answers phones, checks patients in and helps with room turnover



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	7am-17:30p	(1) 10/(10)12	11	1	2	3
	9am-9:30p	12	3	1	2	1
	11am-11:30p	12	4	1	2	2
	1pm-1:30a	12	3	1	2	0
	3pm-3:30a	12	3	1	2	1
	5pm-5:30a	12	1	1	2	0
	7pm-7:30a	12	11	1	2	3
Tuesday	7am-17:30p	(1) 10/(10)12	11	1	2	3
	9am-9:30p	12	3	1	2	1
	11am-11:30p	12	4	1	2	2
	1pm-1:30a	12	3	1	2	0
	3pm-3:30a	12	3	1	2	1
	5pm-5:30a	12	1	1	2	0
	7pm-7:30a	12	11	1	2	3
Wednesday	7am-17:30p	(1) 10/(10)12	11	1	2	3
	9am-9:30p	12	3	1	2	1
	11am-11:30p	12	4	1	2	2
	1pm-1:30a	12	3	1	2	0
	3pm-3:30a	12	3	1	2	1
	5pm-5:30a	12	1	1	2	0
	7pm-7:30a	12	11	1	2	3
Thursday	7am-17:30p	(1) 10/(10)12	11	1	2	3
	9am-9:30p	12	3	1	2	1
	11am-11:30p	12	4	1	2	2
	1pm-1:30a	12	3	1	2	0
	3pm-3:30a	12	3	1	2	1
	5pm-5:30a	12	1	1	2	0

	7pm-7:30a	12	11	1	2	3
Friday	7am-17:30p	(1) 10/(10)12	11	1	2	3
	9am-9:30p	12	3	1	2	1
	11am-11:30p	12	4	1	2	2
	1pm-1:30a	12	3	1	2	0
	3pm-3:30a	12	3	1	2	1
	5pm-5:30a	12	1	1	2	0
	7pm-7:30a	12	11	1	2	3
Saturday	7am-17:30p	(1) 10/(10)12	11	1	2	3
	9am-9:30p	12	3	1	2	1
	11am-11:30p	12	4	1	2	2
	1pm-1:30a	12	3	1	2	0
	3pm-3:30a	12	2	1	2	1
	5pm-5:30a	12	1	1	2	0
	7pm-7:30a	12	11	1	2	3
Sunday	7am-17:30p	(1) 10/(10)12	11	1	2	3
	9am-9:30p	12	3	1	2	1
	11am-11:30p	12	4	1	2	2
	1pm-1:30a	12	3	1	2	0
	3pm-3:30a	12	2	1	2	1
	5pm-5:30a	12	1	1	2	0
	7pm-7:30a	12	11	1	2	3



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



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:	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



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.



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



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.



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	2	0	0	0
Tuesday Week 1	0730-1630	10	2	0	0	0
Wednesday Week 1	0730-1630	10	2	0	0	0
Thursday Week 1	0730-1630	10	2	0	0	0
Friday Week 1	0730-1630	10	2	0	0	0
Saturday/Sunday						



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			

Unit Information



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 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	0730-1800	10	3	0	0	1
Tuesday Week 1	Closed					
Wednesday Week 1	0730-1800	10	4	0	0	1
Thursday Week 1	0730-1800	10	3	0	0	1
Friday Week 1	0830-1430	10	4	0	0	1



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			

Unit Information



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 Diabetic Educators					
Unit/ Clinic Type:	Outpatient Clinic					
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	0800-1630	8	1	0	0	1
Tuesday	0800-1630	8	1	0	0	1
Wednesday	0800-1630	8	1	0	0	1
Thursday	0800-1630	8	1	0	0	1
Friday	0800-1630	8	1	0	0	1



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 - Diabetic Education

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Receptionist	x			
Diabetic educator	X			

Unit Information

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



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:							Maximum # of Beds:				
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



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):

- ☒ 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.