# **COVER PAGE**

The following is the comprehensive hospital staffing plan for MultiCare Tacoma General/Allenmore Hospitall submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420 for the year 2025 .

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DOH 346-151 April 2024

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# Washington State Department of HEALTH

# **Hospital Staffing Form**

Attestation

Date: 12/16/24

I, the undersigned with responsibility for MultiCare Tacoma General/Allenm 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: Eddie Bratko

## Hospital Information

Name of Hospital: MultiCare T	Name of Hospital: MultiCare Tacoma General Allenmore Hospital										
Hospital License #: HAC.F	S.000	00176									
Hospital Street Address: 315	Martir	n Luth	er King	g Jr W	/ay						
City/Town: Tacoma State: WA Zip code: 98405											
Is this hospital license affiliated with more than one location?											
If "Yes" was selected, please prov location name and address	ide the	1901 S U	e Allenmor nion Ave WA 98405		ľ, "						
Review Type:	Anr	านอl	Review Dat	<sub>e:</sub> 12/4/24	2						
	Upc	late	Next Review	v Date:							
Effective Date: 1/1/25				21							
Date Approved: 12/4/24		5									

# Hospital Information Continued (Optional)

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:	
V Terms of applicable collective bargaining agreement	
Description:	
a a construction of the second se	
Relevant state and federal laws and rules including those regarding meal and rest breaks	
Relevant state and federal laws and rules including those regarding meal and rest breaks and use of overtime and on-call shifts	
Description:	
<ul> <li>Hospital finances and resources</li> </ul>	_
Description:	
Other	
Description:	٦

# Signature

CEO & Co-chairs Name:	Signature:	Date:
Eddie Bratko - President	Sh	12111/24
Raylene Alred - Tacoma General Co Chair	Haylore alrel	12/13/24
Michelle Stevenson - Tacoma General Co Chair	Milli Swans 1	) 12 12 24
Avery Toerber - Allenmore Co-Chair	matel	12/11/24
Collen Blackburn - Allenmore Co-Chair	Oli llun	12/11/24

Total Votes	Total Votes									
# of Approvals	# of Denials									
Allenmore - 15	Allenmore - 0									
Tacoma General - 22	Tacoma General - 1									
• ·	3									

# Access unit staffing matrices here.

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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 Nan	ame: TGH Surgical Intermediate Care										
Unit/ Clinic Typ	e:					Adult Me	edical Surgio	al			
Unit/ Clinic Add	lress:			31	5 Martin I	uther Ki	ing Jr Way, <sup>-</sup>	Facoma 9	8405		
Average Daily C	ensus:	56.79 Maximum # of Beds: 66									
Effective as of:		12/2/2024									
Census		•									
Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
	0700-1930	12	14	0	7	0	2.55	0.00	1.27	0.00	
	1900-0730	12	14	0	7	0	2.55	0.00	1.27	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
66		0	0	0	0	0	0.00	0.00	0.00	0.00	
00		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.64
	0700-1930	12	14	0	7	0	2.58	0.00	1.29	0.00	
	1900-0730	12	14	0	7	0	2.58	0.00	1.29	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
65		0	0	0	0	0	0.00	0.00	0.00	0.00	
65		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.75
	0700-1930	12	14	0	7	0	2.63	0.00	1.31	0.00	
	1900-0730	12	14	0	7	0	2.63	0.00	1.31	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
64		0	0	0	0	0	0.00	0.00	0.00	0.00	
04		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.88
	0700-1930	12	14	0	7	0	2.67	0.00	1.33	0.00	
	1900-0730	12	14	0	7	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
63		0	0	0	0	0	0.00	0.00	0.00	0.00	
05		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	0700-1930	12	13	0	7	0	2.52	0.00	1.35	0.00	
	1900-0730	12	13	0	7	0	2.52	0.00	1.35	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
62		0	0	0	0	0	0.00	0.00	0.00	0.00	
02		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.74
	0700-1930	12	13	0	7	0	2.56	0.00	1.38	0.00	
	1900-0730	12	13	0	7	0	2.56	0.00	1.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
64		0	0	0	0	0	0.00	0.00	0.00	0.00	
61		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.87
	0700-1930	12	13	0	7	0	2.60	0.00	1.40	0.00	
	1900-0730	12	13	0	7	0	2.60	0.00	1.40	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
60		0	0	0	0	0	0.00	0.00	0.00	0.00	
60		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00

	0700-1930	12	13	0	7	0	2.64	0.00	1.42	0.00	
	1900-0730	12	13	0	7	0	2.64	0.00	1.42	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
50		0	0	0	0	0	0.00	0.00	0.00	0.00	
59		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.14
	0700-1930	12	13	0	7	0	2.69	0.00	1.45	0.00	
	1900-0730	12	13	0	7	0	2.69	0.00	1.45	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
58		0	0	0	0	0	0.00	0.00	0.00	0.00	
56		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.28
	0700-1930	12	12	0	7	0	2.53	0.00	1.47	0.00	
	1900-0730	12	12	0	7	0	2.53	0.00	1.47	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
57		0	0	0	0	0	0.00	0.00	0.00	0.00	
57		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	0700-1930	12	12	0	7	0	2.57	0.00	1.50	0.00	
	1900-0730	12	12	0	7	0	2.57	0.00	1.50	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
56		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.14
	0700-1930	12	12	0	6	0	2.62	0.00	1.31	0.00	
	1900-0730	12	12	0	6	0	2.62	0.00	1.31	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
55		0	0	0	0	0	0.00	0.00	0.00	0.00	
55		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.85
	0700-1930	12	12	0	6	0	2.67	0.00	1.33	0.00	
	1900-0730	12	12	0	6	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
54		0	0	0	0	0	0.00	0.00	0.00	0.00	
54		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	0700-1930	12	12	0	6	0	2.72	0.00	1.36	0.00	
	1900-0730	12	12	0	6	0	2.72	0.00	1.36	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
53		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.15
	0700-1930	12	11	0	6	0	2.54	0.00	1.38	0.00	
	1900-0730	12	11	0	6	0	2.54	0.00	1.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
52		0	0	0	0	0	0.00	0.00	0.00	0.00	
52		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.85
	0700-1930	12	11	0	6	0	2.59	0.00	1.41	0.00	
	1900-0730	12	11	0	6	0	2.59	0.00	1.41	0.00	
					÷	•				0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
			0 0	0 0				0.00 0.00			
51		0		-	0	0	0.00		0.00	0.00	
51		0 0	0	0	0 0	0	0.00 0.00	0.00	0.00 0.00	0.00 0.00	
51		0 0 0	0 0	0	0 0 0	0 0 0	0.00 0.00 0.00	0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	
51		0 0 0 0	0 0 0	0 0 0	0 0 0 0	0 0 0 0	0.00 0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	
51		0 0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0 0	0 0 0 0 0	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	
51		0 0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	8.00
51	0700-1930	0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	8.00
51	0700-1930	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	8.00
51		0 0 0 0 0 0 0 0 12	0 0 0 0 0 0 0 11	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 6	0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 2.64	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 1.44	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	8.00
51		0 0 0 0 0 0 0 0 12 12	0 0 0 0 0 0 0 11 11	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 6 6	0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 2.64 2.64	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 1.44 1.44	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	8.00
51		0 0 0 0 0 0 0 0 12 12 12 0	0 0 0 0 0 0 11 11 0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 6 6 6 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 2.64 2.64 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	$\begin{array}{c} 0.00\\ 0.00\\ 0.00\\ 0.00\\ 0.00\\ 0.00\\ 0.00\\ 1.44\\ 1.44\\ 0.00\\ \end{array}$	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	8.00

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.16
	0700-1930	12	11	0	6	0	2.69	0.00	1.47	0.00	
	1900-0730	12	11	0	6	0	2.69	0.00	1.47	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
40		0	0	0	0	0	0.00	0.00	0.00	0.00	
49		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.33
	0700-1930	12	11	0	6	0	2.75	0.00	1.50	0.00	
	1900-0730	12	11	0	6	0	2.75	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
49		0	0	0	0	0	0.00	0.00	0.00	0.00	
48		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.50
	0700-1930	12	10	0	6	0	2.55	0.00	1.53	0.00	
	1900-0730	12	10	0	6	0	2.55	0.00	1.53	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
47		0	0	0	0	0	0.00	0.00	0.00	0.00	
47		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.17
	0700-1930	12	10	0	6	0	2.61	0.00	1.57	0.00	
	1900-0730	12	10	0	6	0	2.61	0.00	1.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
46		0	0	0	0	0	0.00	0.00	0.00	0.00	
46		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.35
	0700-1930	12	10	0	5	0	2.67	0.00	1.33	0.00	
	1900-0730	12	10	0	5	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
45		0	0	0	0	0	0.00	0.00	0.00	0.00	
45		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	0700-1930	12	10	0	5	0	2.73	0.00	1.36	0.00	
	1900-0730	12	10	0	5	0	2.73	0.00	1.36	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
44		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.18

	0700-1930	12	10	0	5	0	2.79	0.00	1.40	0.00	
	1900-0730	12	10	0	5	0	2.79	0.00	1.40	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
42		0	0	0	0	0	0.00	0.00	0.00	0.00	
43		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.37
	0700-1930	12	9	0	5	0	2.57	0.00	1.43	0.00	
	1900-0730	12	9	0	5	0	2.57	0.00	1.43	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
42		0	0	0	0	0	0.00	0.00	0.00	0.00	
42		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	0700-1930	12	9	0	5	0	2.63	0.00	1.46	0.00	
	1900-0730	12	9	0	5	0	2.63	0.00	1.46	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
41		0	0	0	0	0	0.00	0.00	0.00	0.00	
41		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.20
	0700-1930	12	9	0	5	0	2.70	0.00	1.50	0.00	
	1900-0730	12	9	0	5	0	2.70	0.00	1.50	0.00	



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#### **Unit Information**

Additional Care Team Members									
	Shift Coverage								
Occupation	Day	Evening	Night	Weekend					
	0700-1930		1900-0730						
ROLES THAT SUPPORT THIS DEPT									
Charge RN	2 per shift		2 per shift	2 per shift 24hrs/day					
Break Nurse (RN or LPN)	1 break nurse for 7 RNs		1 for 7 RNs	1 for 7 RNs 24 hrs/day					
HUCs	2 per shift			2 per shift 12 hrs/day					
ROLES THAT SUPPORT THE HOSPITAL									
VAT	Yes	Yes	No	Yes					
Tele Transport RN	Yes	Yes	Yes	Yes					
Discharge RN	Yes	Yes	No	Yes					
STAT RN	Yes	Yes	Yes	Yes					

#### **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:

 $\checkmark$ 

TGH Surgical Intermediate Care is a 66-bed adult medical surgical unit combined between floors 2, 4, and 5 Rainier.

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

Description:

This unit cares for post-surgical patients including urological, trauma, spone, orthopedic, EENT, abdominal, general surgeries, neurology and other general medical patients. 2R receives next-day and GYN post surgical patients and general medical patients.

--Staffing numbers based on unit geography considerations. This unit is spread between 3 floors in 2,4, and 5 Rainier.

-- Floors 2,4,5 Rainier are supported by 2 HUCs for 12 hours during the day.

--CNA staffing may increase based on number of CORA/COSI/HW patients per shift.

--One (1) break nurse (RN or LPN) supports 7 RNs; adjusted based on number of nurses on the unit that need break coverage.

-- When unit census reaches 40, close 2R and consolidate patients in 4R and 5R  $\,$ 

Skill mix	
cription:	

☑ Level of experience of nursing and patient care staff

Description:

10% RNs with >20 years experience, 23% with 5-10 years experience; 67% under 5 years experience When available, staffing is adjusted to ensure experienced RNs are equitably assigned in each floor to support new nurses

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:

TGH Surgical Intermediate Care is a 66-bed adult medical surgical unit combined between floors 2, 4, and 5 Rainier.

2R has 12 private rooms with remote telemetry monitoring, without dialysis capability. 4R has 19 private rooms with remote telemetry monitoring capability, four with negative pressure, and 19 rooms with dialysis capability. 5R has 35 beds, with private and semi-private rooms. All rooms have remote telemetry monitoring capability, five with negative pressure, 18 equipped with ceiling lifts and nine rooms with dialysis capability.

Other	
escription:	



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## 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	e:	6 Rainier Med Onc									
Unit/ Clinic Type	/ Clinic Type: Inpa					patient					
Unit/ Clinic Addr	ess:			315	Martin Lu	ther King	g Jr Way, Ta	coma WA	98405		
Average Daily Ce	nsus:		31.57			Maxim	um # of Bed	s:		36	
Effective as of:						12,	/2/2024				
Census											
Please select metric type	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
	0700-1930	12	8	0	4	0	2.67	0.00	1.33	0.00	
	1900-0730	12	8	0	4	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
36		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	0700-1930	12	7	0	4	0	2.40	0.00	1.37	0.00	
	1900-0730	12	7	0	4	0	2.40	0.00	1.37	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
25		0	0	0	0	0	0.00	0.00	0.00	0.00	
35		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.54
	0700-1930	12	7	0	4	0	2.47	0.00	1.41	0.00	
	1900-0730	12	7	0	4	0	2.47	0.00	1.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
24		0	0	0	0	0	0.00	0.00	0.00	0.00	
34		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.76
	0700-1930	12	7	0	4	0	2.55	0.00	1.45	0.00	
	1900-0730	12	7	0	4	0	2.55	0.00	1.45	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
33		0	0	0	0	0	0.00	0.00	0.00	0.00	
55		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	0700-1930	12	7	0	4	0	2.63	0.00	1.50	0.00	
	1900-0730	12	7	0	4	0	2.63	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
32		0	0	0	0	0	0.00	0.00	0.00	0.00	
32		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.25
	0700-1930	12	7	0	4	0	2.71	0.00	1.55	0.00	
	1900-0730	12	7	0	4	0	2.71	0.00	1.55	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
24		0	0	0	0	0	0.00	0.00	0.00	0.00	
31		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.52
	0700-1930	12	6	0	3	0	2.40	0.00	1.20	0.00	
	1900-0730	12	6	0	3	0	2.40	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
30		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20

	0700-1930	12	6	0	3	0	2.48	0.00	1.24	0.00	
	1900-0730	12	6	0	3	0	2.48	0.00	1.24	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
29		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.45
	0700-1930	12	6	0	3	0	2.57	0.00	1.29	0.00	
	1900-0730	12	6	0	3	0	2.57	0.00	1.29	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
28		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.71
	0700-1930	12	6	0	3	0	2.67	0.00	1.33	0.00	
	1900-0730	12	6	0	3	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
27		0	0	0	0	0	0.00	0.00	0.00	0.00	
21		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	0700-1930	12	6	0	3	0	2.77	0.00	1.38	0.00	
	1900-0730	12	6	0	3	0	2.77	0.00	1.38	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
26		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.31
	0700-1930	12	5	0	3	0	2.40	0.00	1.44	0.00	
	1900-0730	12	5	0	3	0	2.40	0.00	1.44	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
25		0	0	0	0	0	0.00	0.00	0.00	0.00	
25		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.68
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	



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#### **Unit Information**

Additional Care Team Members										
	Shift Coverage									
Occupation	Day	Evening	Night	Weekend						
ROLES THAT SUPPORT THIS DEPT										
Charge RN	1 per shift		1 per shift	1 per shift 24hrs/day						
Break Nurse (RN or LPN)	1 break nurse for 7 RNs		1 for 7 RNs	1 for 7 RNs 24 hrs/day						
HUCs	1 per shift			1 per shift 12 hrs/day						
ROLES THAT SUPPORT THE HOSPITAL										
VAT	Yes	Yes	No	Yes						
Tele Transport RN	Yes	Yes	Yes	Yes						
Discharge RN	Yes	Yes	No	Yes						
STAT RN	Yes	Yes	Yes	Yes						

#### **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:

 $\checkmark$ 

6 Rainier Med Onc Intermediate Care Unit is a 36-bed unit.

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

Description:

Additional resources utilized for patient acuity with chemo administration. Additional CNA for CORA/COSI as needed/required. One (1) break nurse (RN or LPN) supports 7 RNs; adjusted based on number of nurses on the unit that need break coverage.

$\checkmark$	Skill mix
Descr	ription:
	ffed with charge nurse not assigned to provide direct patient care. Additional resources utilized for residents based on the nsition to Practice Program.

Level of experience of nursing and patient care staff

Description:

 $\square$ 

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:	
This unit is comprised of two teams and have two nurse's stations, pyxis, and supply rooms.	

Other	
Description:	



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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 Nan	ne:	7 Olympic Medical Care									
Unit/ Clinic Type	e:	Inpatient									
Unit/ Clinic Add	ress:	315 Martin Luther King Jr Way, Tacoma WA 98405									
Average Daily C	ensus:		15.32			Maxim	um # of Bed	s:		18	
Effective as of:						12,	/2/2024				
Census											
Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
	0700-1930	12	4	0	2	0	2.67	0.00	1.33	0.00	
	1900-0730	12	4	0	2	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
18		0	0	0	0	0	0.00	0.00	0.00	0.00	
18		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	0700-1930	12	4	0	2	0	2.82	0.00	1.41	0.00	
	1900-0730	12	4	0	2	0	2.82	0.00	1.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
17		0	0	0	0	0	0.00	0.00	0.00	0.00	
17		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.47
	0700-1930	12	4	0	2	0	3.00	0.00	1.50	0.00	
	1900-0730	12	4	0	2	0	3.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
16		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
	0700-1930	12	3	0	2	0	2.40	0.00	1.60	0.00	
	1900-0730	12	3	0	2	0	2.40	0.00	1.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
15		0	0	0	0	0	0.00	0.00	0.00	0.00	
15		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	0700-1930	12	3	0	2	0	2.57	0.00	1.71	0.00	
	1900-0730	12	3	0	2	0	2.57	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
14		0	0	0	0	0	0.00	0.00	0.00	0.00	
14		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.57
	0700-1930	12	3	0	2	0	2.77	0.00	1.85	0.00	
	1900-0730	12	3	0	2	0	2.77	0.00	1.85	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
13		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.23
	0700-1930	12	3	0	2	0	3.00	0.00	2.00	0.00	
	1900-0730	12	3	0	2	0	3.00	0.00	2.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.00



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#### **Unit Information**

Additional Care Team Members										
	Shift Coverage									
Occupation	Day	Evening	Night	Weekend						
ROLES THAT SUPPORT THIS DEPT										
Charge RN	1 per shift		1 per shift	1 per shift 24hrs/day						
Break Nurse (RN or LPN)	1 break nurse for 7 RNs		1 for 7 RNs	1 for 7 RNs 24 hrs/day						
HUCs	1 per shift			1 per shift 12 hrs/day						
ROLES THAT SUPPORT THE HOSPITAL										
VAT	Yes	Yes	No	Yes						
Tele Transport RN	Yes	Yes	Yes	Yes						
Discharge RN	Yes	Yes	No	Yes						
STAT RN	Yes	Yes	Yes	Yes						

#### **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:

7 Olympic is a 18-bed adult medical care unit.

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

Description:

Additional CNA for CORA/COSI as needed/required. One (1) break nurse (RN or LPN) supports 7 RNs; adjusted based on number of nurses ont he unit that need break coverage.

Skill	mix
Description	n:
	with charge nurse not assigned to provide direct patient care. Additional resources utilized for residents based on the on to Practice Program.

Level of experience of nursing and patient care staff

Description:

 $\square$ 

Need for specialized or intensive equipment

Description:

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

Description:		

Other	
Description:	



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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 Nam	ne:	Tacoma General Hospital									
Unit/ Clinic Type	e:	MedSurg ICU/PCU									
Unit/ Clinic Add	ress:	315 Martin Luther king Jr. Way, Tacoma, WA 98415									
Average Daily C	ensus:		36			Maxim	um # of Bed	s:		36	
Effective as of:						12,	/2/2024				
Census											
Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
	0700-1930	12	14	0	3	0	4.67	0.00	1.00	0.00	
	1900-0730	12	14	0	3	0	4.67	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
36		0	0	0	0	0	0.00	0.00	0.00	0.00	
30		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.33
	0700-1930	12	14	0	3	2	4.80	0.00	1.03	0.69	
	1900-0730	12	14	0	3	0	4.80	0.00	1.03	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
25		0	0	0	0	0	0.00	0.00	0.00	0.00	
35		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.34
	0700-1930	12	13	0	3	0	4.59	0.00	1.06	0.00	
	1900-0730	12	13	0	3	0	4.59	0.00	1.06	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
24		0	0	0	0	0	0.00	0.00	0.00	0.00	
34		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.29
	0700-1930	12	13	0	3	0	4.73	0.00	1.09	0.00	
	1900-0730	12	13	0	3	0	4.73	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
33		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.64
	0700-1930	12	13	0	3	0	4.88	0.00	1.13	0.00	
	1900-0730	12	13	0	3	0	4.88	0.00	1.13	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
32		0	0	0	0	0	0.00	0.00	0.00	0.00	
32		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
	0700-1930	12	12	0	3	0	4.65	0.00	1.16	0.00	
	1900-0730	12	12	0	3	0	4.65	0.00	1.16	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
21		0	0	0	0	0	0.00	0.00	0.00	0.00	
31		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.61
	0700-1930	12	11	0	3	0	4.40	0.00	1.20	0.00	
	1900-0730	12	11	0	3	0	4.40	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
30		0	0	0	0	0	0.00	0.00	0.00	0.00	
30		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.20

	0700-1930	12	11	0	3	0	4.55	0.00	1.24	0.00	
	1900-0730	12	11	0	3	0	4.55	0.00	1.24	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
29		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.59
	0700-1930	12	11	0	3	0	4.71	0.00	1.29	0.00	
	1900-0730	12	11	0	3	0	4.71	0.00	1.29	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
28		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
	0700-1930	12	11	0	3	0	4.89	0.00	1.33	0.00	
	1900-0730	12	11	0	3	0	4.89	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
27		0	0	0	0	0	0.00	0.00	0.00	0.00	
27		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.44
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	



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	Additional Care Tean	n Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
STAT RN	Yes	Yes	Yes	Yes
VAT	Yes	Yes	No	Yes
Tele transport RN	Yes	Yes	Yes	Yes
Critical Care Transport RN	Yes	Yes	Yes	Yes
Clinical Assistant Nurse Manager	Yes	Yes	Yes	Yes
NAR (CNA in training)	Yes	Yes	Yes	Yes
Nurse Tech	Yes	Yes	Yes	Yes
Phelebtomy?	Yes	Yes	Yes	Yes
Patient Transport Staff?	Yes	Yes	Yes	Yes
EVS?	Yes	Yes	Yes	Yes
HUCs	Yes	Yes	No	Yes
Discharge nurse				
harge Nurse (ICU break Nurse coverage	Yes	Yes	Yes	Yes

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

Activity such as patient admissions, discharges, and transfers

Description:

CNA need will increase based on sitter needs RN count includes 2 break nurses

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

Description:

Staffing number adjusted based on number of ICU patients; max capacity ICU patient is 9

Skill mix
Description:
Unit is mixed acuity with ICU and PCU RNs Unit has one Grandfathered in LPN who can utilized as break nurse or CNA on the floor or as a constant observer

Level of experience of nursing and patient care staff

Description:

Need for specialized or intensive equipment

Description:

Description:
Unit is split between 2 floors, 18 beds per floor and pending census per floor will impact RN and CNA needs. Each floor has it's own charge nurse and break nurse.

	Other
Desc	iption:



DOH 346-154

## Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Nam	e:				Та	acoma General Hospital							
Unit/ Clinic Type	::	Nuero Trauma ICU/PCU											
Unit/ Clinic Add	ress:	315 Martin Luther king Jr. Way, Tacoma, WA 98415											
Average Daily Ce	ensus:		35			Maxim	um # of Bed	s:		39			
Effective as of:		12/2/2024											
Census													
Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)		
	0700-1930	12	21	0	3	0	6.46	0.00	0.92	0.00			
	1900-0730	12	21	0	3	0	6.46	0.00	0.92	0.00			
		0	0	0	0	0	0.00	0.00	0.00	0.00			
		0	0	0	0	0	0.00	0.00	0.00	0.00			
39		0	0	0	0	0	0.00	0.00	0.00	0.00			
		0	0	0	0	0	0.00	0.00	0.00	0.00			

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.77
	0700-1930	12	20	0	3	0	6.32	0.00	0.95	0.00	
	1900-0730	12	20	0	3	0	6.32	0.00	0.95	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
38		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.53
	0700-1930	12	20	0	3	0	6.49	0.00	0.97	0.00	
	1900-0730	12	20	0	3	0	6.49	0.00	0.97	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
37		0	0	0	0	0	0.00	0.00	0.00	0.00	
57		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.92
	0700-1930	12	19	0	3	0	6.33	0.00	1.00	0.00	
	1900-0730	12	19	0	3	0	6.33	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
36		0	0	0	0	0	0.00	0.00	0.00	0.00	
50		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.67
	0700-1930	12	19	0	3	0	6.51	0.00	1.03	0.00	
	1900-0730	12	19	0	3	0	6.51	0.00	1.03	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
25		0	0	0	0	0	0.00	0.00	0.00	0.00	
35		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.09
	0700-1930	12	18	0	3	0	6.35	0.00	1.06	0.00	
	1900-0730	12	18	0	3	0	6.35	0.00	1.06	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
24		0	0	0	0	0	0.00	0.00	0.00	0.00	
34		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.82
	0700-1930	12	18	0	3	0	6.55	0.00	1.09	0.00	
	1900-0730	12	18	0	3	0	6.55	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22		0	0	0	0	0	0.00	0.00	0.00	0.00	
33		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.27

	0700-1930	12	16	0	3	0	6.00	0.00	1.13	0.00	
	1900-0730	12	16	0	3	0	6.00	0.00	1.13	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22		0	0	0	0	0	0.00	0.00	0.00	0.00	
32		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.25
	0700-1930	12	16	0	3	0	6.19	0.00	1.16	0.00	
	1900-0730	12	16	0	3	0	6.19	0.00	1.16	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
31		0	0	0	0	0	0.00	0.00	0.00	0.00	
51		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.71
	0700-1930	12	15	0	3	0	6.00	0.00	1.20	0.00	
	1900-0730	12	15	0	3	0	6.00	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
30		0	0	0	0	0	0.00	0.00	0.00	0.00	
30		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	



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	Additional Care Tea	am Members							
	Shift Coverage								
Occupation	Day	Evening	Night	Weekend					
NAR to NAC	Х	Х	Х	Х					
RN Fellow	Х	Х	Х	Х					
RN Resident	Х	Х	Х	Х					
Repiratory therapy	Х	Х	Х	Х					
Social work	Х			Х					
Care Management	Х			Х					
Physical Therapy	Х	Х		Х					
Occupational Therapy	Х	Х		Х					
Speech Therapy	Х	Х		Х					
Pharmacist critical care	Х	Х							
VAT	Х	Х							
Critical Care Transport	Х	Х	Х	Х					
Transport RN	Х	Х	Х	Х					
Discharge RN	Х								
STAT Nurse	Х								
Charge Nurse	Х								

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

Activity such as patient admissions, discharges, and transfers

Description:

Staffing plan is adjusted based on patient census which is directly affected by admission, discharge, and transfers. This can fluctuate frequently and significantly during the shift.

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

Description:

Nursing care is provided for unstable adult medical, surgical, neuro, and trauma patients. The ICU supports a Level II Trauma system and Comprehensive Stroke Program. Most of the patient population consists of the following:

- Neuro SAH, SDH, Acute Stroke, TPA, Seizure
- Trauma Ortho, Spine, Thoracic
- Sepsis
- DKA
- Drug overdose
- Suicide Ideation

Descr	ption:
	condition of the critically ill patient can rapidly change, the charge nurse or nursing leadership will make immediate Istments to support acuity. Relying on staffing ratios alone can ignore the variance in patient needs and acuity.
	care is provided to patients following the American Association of Critical Care Nurses (AACN) Scope & Standards for Acute Critical Care Nursing Practice.
	care is provided to patients following the American Society of Peri-Anesthesia Nurses (ASPAN) to support the immediate care rgent post surgical patients.

Level of experience of nursing and patient care staff

Description:

 $\checkmark$ Need for specialized or intensive equipment

Description:

Patient care requiring the use of specialized equipmnet including (but not limited to) Continuous Renal Replacment Therapy, Targeted Temprature Managment, and Rapid Truansfuers (mass transfusion protocol) can rapidly change the acutiy of the unit and may require additional RNs for patient care.

Description:	

Other	
Description:	



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## Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Nan	ne:	Tacoma General Hospital Campus Pulse Cardiac Care Unit												
Unit/ Clinic Type	e:	Inpatient Progressive Care Unit LOC												
Unit/ Clinic Add	ress:		315 Martin Luther King Jr Blvd, 7th Floor Philips Tower, Tacoma WA 98405											
Average Daily C	ensus:		8			Maxim	um # of Bed	s:		8				
Effective as of:			2-Dec-24											
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)			
	DAY	12	3	0	0	0	4.50	0.00	0.00	0.00				
	NOC	12	3	0	0	0	4.50	0.00	0.00	0.00				
		0	0	0	0	0	0.00	0.00	0.00	0.00				
		0	0	0	0	0	0.00	0.00	0.00	0.00				
8		0	0	0	0	0	0.00	0.00	0.00	0.00				
0		0	0	0	0	0	0.00	0.00	0.00	0.00				

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
	DAY	12	3	0	0	0	5.14	0.00	0.00	0.00	
	NOC	12	3	0	0	0	5.14	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7		0	0	0	0	0	0.00	0.00	0.00	0.00	
7		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.29
	DAY	12	2	0	1	0	4.00	0.00	2.00	0.00	
	NOC	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
6		0	0	0	0	0	0.00	0.00	0.00	0.00	
0		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
	DAY	12	2	0	1	0	4.80	0.00	2.40	0.00	
	NOC	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
5		0	0	0	0	0	0.00	0.00	0.00	0.00	
5		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
	DAY	12	2	0	1	0	6.00	0.00	3.00	0.00	
	NOC	12	2	0	1	0	6.00	0.00	3.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
4		0	0	0	0	0	0.00	0.00	0.00	0.00	
4		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	18.00
	DAY	12	2	0	1	0	8.00	0.00	4.00	0.00	
	NOC	12	2	0	1	0	8.00	0.00	4.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
2		0	0	0	0	0	0.00	0.00	0.00	0.00	
3		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!



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Additional Care Team Members										
		Shift Coverage								
Occupation	Day	Evening	Night	Weekend						
Charge Nurse as needed	8hrs	8 hrs	8 hrs	24/7 coverage						
Flex/Break Nurse as needed	8hrs	8 hrs	8 hrs	24/7 coverage						
CORA/COSI PCTs as needed	8hrs	8 hrs	8 hrs	24/7 coverage						
Monitor Tech/HUC	8hrs	8 hrs	8 hrs	24/7 coverage						
STAT RN	8hrs	8 hrs	8 hrs	24/7 coverage						
House Supervisor	8hrs	8 hrs	8 hrs	24/7 coverage						
Clinical Expeditor	8hrs	8 hrs	8 hrs	24/7 coverage						
Critical Care RN Transporter	8hrs	8 hrs	8 hrs	24/7 coverage						
RN Transporter	8hrs	8 hrs	8 hrs	24/7 coverage						
PCT Transporter	8hrs	8 hrs	8 hrs	24/7 coverage						
Phlebotomoy	8hrs	8 hrs	8 hrs	24/7 coverage						
Case Manager	8hrs	2-4 hrs	0 hrs	10-12hr /day						
Social Worker	8hrs	8 hrs	8 hrs	24/7 coverage						
IV Therapy	8hrs	4 hrs	0 hrs	12hr /day						
Wound Care	8hrs	2-4 hrs	0 hrs	10-12hr /day						
EVS/Environmental Services	8hrs	8 hrs	8 hrs	24/7 coverage						
PT, OT, ST Therapists	8hrs/Therapist	2-4 hrs/Ther.	0 hrs	10-12hr /day/Therapist						

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

Activity such as patient admissions, discharges, and transfers

Description:

 $\checkmark$ 

Staffing Plan is adaptable based on patient census which is directly affected by admission, discharges, and transfers.

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

Description:

CVSS/PHU specializes in the care and treatment of critically ill adults 18 years of age and older with a focus on Cardiac diagnoses and treatments. The following patients are standard to CVSS/PHU but are not limited to: Pre and Post cardiovascular surgery patients not requiring invasive hemodynamic monitoring, vascular surgery patients not requiring invasive hemodynamic monitoring, TAVRs, STEMI/NSTEMI, and CHF. Baseline standard of care includes: q4hr vital signs, q4hr assessments, q2hr telemetry documentation, medication administration as Physician ordered, and assist in Patient's Activities of Daily Living as needed.

L	Skill mix
D	Description:
	CVSS/PHU is designated a Progressive Care Unit (PCU) Level of Care. CVSS/PHU Nurses are expected to safely care for patients with respiratory requirements of up to 60% FiO2 or continuous use of Bipap (more than 4 hrs continuously with exemptions for those with baseline overnight Bipap use at home). Medications that CVSS/PHU Nurses may administer are per Hospital Policy (See policy: IV Medications: Appropriate Patient Care Settings in Which to Administer) including: IVP lopressor, diltiazem, Non-DKA Insulin infusion, fixed-rate Dopamine (up to 8mcg/kg/min), etc. CVSS/PHU Nurses may care for but are not limited to: post-surgical patients with chest tubes, wound vacs, central lines, and post-PCI incision sites. Unit specific skill mix will include one Charge Nurse (dependent on patient census), Primary Nurse, and Patient Care Tech (dependent on patient census). CVSS/PHU care is provided to patients following the American Association of Critical Care Nurses (AACN) Scope & Standards for Acute and

#### Level of experience of nursing and patient care staff

Description:

Staff Nurses will have at minimum graduated with an Associates Degree in Nursing, have passed the NCLEX, and have a vaild-Washington State Recognized Registered Nurse License. New Staff Nurses will have prior Cardiac experience and an orientation prior to working independently on the floor. Patient Care Techs (CNAs) will have recieved CNA training from an accredited program, passed their CNA certification test, and have earned a valid- Washington State Recognized License for CNAs.

Need for specialized or intensive equipment

Description:

Staff RN training may include: Pacemaker Class, Sheath Management, US Guided IVs, and Charge Nurse.

Description:	

Other	
Description:	



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## Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Nar	ne:		т	acoma G	ieneral Ho	ospital Ca	ampus Pulse	e Cardiac	Interm Ca	re					
Unit/ Clinic Typ	e:		Inpatient Progressive Care Unit LOC												
Unit/ Clinic Add	lress:		315 Martin Luther King Jr Blvd, 8th Floor Philips Tower, Tacoma WA 98405												
Average Daily C	Census:		29			Maxim	um # of Bed	s:		29					
Effective as of:			2-Dec-24												
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)				
	DAY	12	9	0	3	0	3.72	0.00	1.24	0.00					
	NOC	12	9	0	3	0	3.72	0.00	1.24	0.00					
		0	0	0	0	0	0.00	0.00	0.00	0.00					
		0	0	0	0	0	0.00	0.00	0.00	0.00					
29		0	0	0	0	0	0.00	0.00	0.00	0.00					
29		0	0	0	0	0	0.00	0.00	0.00	0.00					

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.93
	DAY	12	8	0	3	0	3.43	0.00	1.29	0.00	
	NOC	12	8	0	3	0	3.43	0.00	1.29	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
28		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.43
	DAY	12	8	0	3	0	3.56	0.00	1.33	0.00	
	NOC	12	8	0	3	0	3.56	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
27		0	0	0	0	0	0.00	0.00	0.00	0.00	
27		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.78
	DAY	12	8	0	3	0	3.69	0.00	1.38	0.00	
	NOC	12	8	0	3	0	3.69	0.00	1.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
26		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.15
	DAY	12	7	0	3	0	3.36	0.00	1.44	0.00	
	NOC	12	7	0	3	0	3.36	0.00	1.44	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
25		0	0	0	0	0	0.00	0.00	0.00	0.00	
25		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
	DAY	12	7	0	3	0	3.50	0.00	1.50	0.00	
	NOC	12	7	0	3	0	3.50	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
24		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.00
	DAY	12	7	0	3	0	3.65	0.00	1.57	0.00	
	NOC	12	7	0	3	0	3.65	0.00	1.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22		0	0	0	0	0	0.00	0.00	0.00	0.00	
23		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.43

	DAY	12	6	0	2	0	3.27	0.00	1.09	0.00	
	NOC	12	6	0	2	0	3.27	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22		0	0	0	0	0	0.00	0.00	0.00	0.00	
22		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.73
	DAY	12	6	0	2	0	3.43	0.00	1.14	0.00	
	NOC	12	6	0	2	0	3.43	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
21		0	0	0	0	0	0.00	0.00	0.00	0.00	
21		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.14
	DAY	12	6	0	2	0	3.60	0.00	1.20	0.00	
	NOC	12	6	0	2	0	3.60	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
	DAY	12	5	0	2	0	3.16	0.00	1.26	0.00	
	NOC	12	5	0	2	0	3.16	0.00	1.26	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
19		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.84
	DAY	12	5	0	2	0	3.33	0.00	1.33	0.00	
	NOC	12	5	0	2	0	3.33	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
18		0	0	0	0	0	0.00	0.00	0.00	0.00	
18		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.33
	DAY	12	5	0	1	0	3.53	0.00	0.71	0.00	
	NOC	12	5	0	1	0	3.53	0.00	0.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
17		0	0	0	0	0	0.00	0.00	0.00	0.00	
17		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.47
	DAY	12	4	0	1	0	3.00	0.00	0.75	0.00	
	NOC	12	4	0	1	0	3.00	0.00	0.75	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
16		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.50
	DAY	12	4	0	1	0	3.20	0.00	0.80	0.00	
	NOC	12	4	0	1	0	3.20	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
15		0	0	0	0	0	0.00	0.00	0.00	0.00	
15		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	DAY	12	4	0	1	0	3.43	0.00	0.86	0.00	
	NOC	12	4	0	1	0	3.43	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
14		0	0	0	0	0	0.00	0.00	0.00	0.00	
14		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.57
	DAY	12	4	0	1	0	3.69	0.00	0.92	0.00	
	NOC	12	4	0	1	0	3.69	0.00	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
13		0	0	0	0	0	0.00	0.00	0.00	0.00	
1.5		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.23
	DAY	12	3	0	1	0	3.00	0.00	1.00	0.00	
	NOC	12	3	0	1	0	3.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	DAY	12	3	0	1	0	3.27	0.00	1.09	0.00	
	NOC	12	3	0	1	0	3.27	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
11		0	0	0	0	0	0.00	0.00	0.00	0.00	
11		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.73
	DAY	12	3	0	1	0	3.60	0.00	1.20	0.00	
	NOC	12	3	0	1	0	3.60	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
	DAY	12	3	0	0	0	4.00	0.00	0.00	0.00	
	NOC	12	3	0	0	0	4.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
0		0	0	0	0	0	0.00	0.00	0.00	0.00	
9		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	DAY	12	2	0	0	0	3.00	0.00	0.00	0.00	
	NOC	12	2	0	0	0	3.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
0		0	0	0	0	0	0.00	0.00	0.00	0.00	
8		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.00
	DAY	12	2	0	0	0	3.43	0.00	0.00	0.00	
	NOC	12	2	0	0	0	3.43	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7		0	0	0	0	0	0.00	0.00	0.00	0.00	
7		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.86

	DAY	12	2	0	0	0	4.00	0.00	0.00	0.00	
	NOC	12	2	0	0	0	4.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
c		0	0	0	0	0	0.00	0.00	0.00	0.00	
6		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	DAY	12	2	0	0	0	4.80	0.00	0.00	0.00	
	NOC	12	2	0	0	0	4.80	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
5		0	0	0	0	0	0.00	0.00	0.00	0.00	
5		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
	DAY	12	1	0	0	0	3.00	0.00	0.00	0.00	
	NOC	12	1	0	0	0	3.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
4		0	0	0	0	0	0.00	0.00	0.00	0.00	
4		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.00
	DAY	12	1	0	0	0	4.00	0.00	0.00	0.00	
	NOC	12	1	0	0	0	4.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
3		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	DAY	12	1	0	0	0	6.00	0.00	0.00	0.00	
	NOC	12	1	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
2		0	0	0	0	0	0.00	0.00	0.00	0.00	
2		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
	DAY	12	1	0	0	0	12.00	0.00	0.00	0.00	
	NOC	12	1	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
1		0	0	0	0	0	0.00	0.00	0.00	0.00	
-		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	



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

Additional Care Team Members										
		Shift Coverage								
Occupation	Day	Evening	Night	Weekend						
Charge Nurse	8hrs	8 hrs	8 hrs	24/7 coverage						
Flex/Break Nurse	8hrs	8 hrs	8 hrs	24/7 coverage						
CORA/COSI PCTs as needed	8hrs	8 hrs	8 hrs	24/7 coverage						
Monitor Tech/HUC	8hrs	8 hrs	8 hrs	24/7 coverage						
STAT RN	8hrs	8 hrs	8 hrs	24/7 coverage						
House Supervisor	8hrs	8 hrs	8 hrs	24/7 coverage						
Clinical Expeditor	8hrs	8 hrs	8 hrs	24/7 coverage						
Critical Care RN Transporter	8hrs	8 hrs	8 hrs	24/7 coverage						
RN Transporter	8hrs	8 hrs	8 hrs	24/7 coverage						
PCT Transporter	8hrs	8 hrs	8 hrs	24/7 coverage						
Phlebotomoy	8hrs	8 hrs	8 hrs	24/7 coverage						
Case Manager	8hrs	2-4 hrs	0 hrs	10-12hr /day						
Social Worker	8hrs	8 hrs	8 hrs	24/7 coverage						
IV Therapy	8hrs	4 hrs	0 hrs	12hr /day						
Wound Care	8hrs	2-4 hrs	0 hrs	10-12hr /day						
EVS/Environmental Services	8hrs	8 hrs	8 hrs	24/7 coverage						
PT, OT, ST Therapists	8hrs/Therapist	2-4 hrs/Ther.	0 hrs	10-12hr /day/Therapis						

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

Activity such as patient admissions, discharges, and transfers

Description:

 $\checkmark$ 

Staffing Plan is adaptable based on patient census which is directly affected by admissions, discharges, and transfers.

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

Description:

The CCU specializes in the care and treatment of critically ill adults 18 years of age and older with a focus on Cardiac diagnoses and treatments. The following patients are standard to CCU but are not limited to: Pre and Post cardiovascular surgery patients not requiring invasive hemodynamic monitoring, vascular surgery patients not requiring invasive hemodynamic monitoring, TAVRs, STEMI/NSTEMI, CHF, and LVADs. Baseline standard of care includes: q4hr vital signs, q4hr assessments, q2hr telemetry documentation, medication administration as Physician ordered, and assist in Patient's Activities of Daily Living as needed.

Skill mix
Description:
CCU is designated a Progressive Care Unit (PCU) Level of Care. CCU Nurses are expected to safely care for patients with respiratory requirements of up to 60% FiO2 or continuous use of Bipap (more than 4 hrs continuously with exemptions for those with baseline overnight Bipap use at home). Medications that CCU Nurses may administer are per Hospital Policy (See policy: IV Medications: Appropriate Patient Care Settings in Which to Administer) including: IVP lopressor, diltiazem, Non-DKA Insulin infusion, fixed-rate Dopamine (up to 8mcg/kg/min), etc. CCU Nurses may care for but are not limited to: post-surgical patients with chest tubes, wound vacs, central lines, and posts. Unit specific skill mix will include one Charge Nurse, one Break Nurse (dependent on patient census), Primary Nurses for Patient Care, Patient Care Tech (dependent on patient census), and Monitor Tech/HUC (dependent on patient census). CCU care is provided to patients following the American Association of Critical Care Nurses

#### ☑ Level of experience of nursing and patient care staff

Description:

Staff Nurses will have at minimum graduated with an Associates Degree in Nursing, have passed the NCLEX, and have a vaild-Washington State Recognized Registered Nurse License. Staff Nurses will also have prior Cardiac experience or have completed a Residency or Fellowship Program within CCU prior to working independently on the floor after orientation. Patient Care Techs (CNAs) will have recieved CNA training from an accredited program, passed their CNA certification test, and have earned a valid-Washington State Recognized License for CNAs.

Need for specialized or intensive equipment

Description:

Special education for RN staff includes LVAD training. Additional training may also include: Pacemaker Class, Sheath Management, US Guided IVs, and Charge Nurse.

Description:	

Other	
Description:	



DOH 346-154

## Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Nar	ne:		Tacoma General Hospital Campus Pulse Cardiovascular ICU											
Unit/ Clinic Typ	e:	Inpatient Critical Care Unit Unit LOC												
Unit/ Clinic Add	dress:		315 Martin Luther King Jr Blvd, 8th Floor Philips Tower, Tacoma WA 98405											
Average Daily C	Census:		13				um # of Bed	s:		13				
Effective as of:						2-	Dec-24							
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)			
	DAY	12	7	0	1	0	6.46	0.00	0.92	0.00				
	NOC	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				
		0	0	0	0	0	0.00	0.00	0.00	0.00				
13		0	0	0	0	0	0.00	0.00	0.00	0.00				
13		0	0	0	0	0	0.00	0.00	0.00	0.00				

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.77
	DAY	12	6	0	1	0	6.00	0.00	1.00	0.00	
	NOC	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
42		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.00
	DAY	12	6	0	1	0	6.55	0.00	1.09	0.00	
	NOC	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
11		0	0	0	0	0	0.00	0.00	0.00	0.00	
11		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.27
	DAY	12	5	0	1	0	6.00	0.00	1.20	0.00	
	NOC	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
	DAY	12	5	0	0	0	6.67	0.00	0.00	0.00	
	NOC	12	5	0	0	0	6.67	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
0		0	0	0	0	0	0.00	0.00	0.00	0.00	
9		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.33
	DAY	12	4	0	0	0	6.00	0.00	0.00	0.00	
	NOC	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
8		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
	DAY	12	4	0	0	0	6.86	0.00	0.00	0.00	
	NOC	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7		0	0	0	0	0	0.00	0.00	0.00	0.00	
7		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.71

	DAY	12	3	0	0	0	6.00	0.00	0.00	0.00	
	NOC	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
c		0	0	0	0	0	0.00	0.00	0.00	0.00	
6		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
	DAY	12	3	0	0	0	7.20	0.00	0.00	0.00	
	NOC	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
r		0	0	0	0	0	0.00	0.00	0.00	0.00	
5		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
	DAY	12	2	0	0	0	6.00	0.00	0.00	0.00	
	NOC	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
4		0	0	0	0	0	0.00	0.00	0.00	0.00	
4		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
	DAY	12	2	0	0	0	8.00	0.00	0.00	0.00	
	NOC	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
3		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00
	DAY	12	1	0	0	0	6.00	0.00	0.00	0.00	
	NOC	12	1	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
2		0	0	0	0	0	0.00	0.00	0.00	0.00	
2		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
	DAY	12	1	0	0	0	12.00	0.00	0.00	0.00	
	NOC	12	1	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
1		0	0	0	0	0	0.00	0.00	0.00	0.00	
-		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	



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## **Unit Information**

	Additional Care Team Members										
		Shift Coverage									
Occupation	Day	Evening	Night	Weekend							
Charge Nurse	8hrs	8 hrs	8 hrs	24/7 coverage							
Flex/Break Nurse	8hrs	8 hrs	8 hrs	24/7 coverage							
CORA/COSI PCTs as needed	8hrs	8 hrs	8 hrs	24/7 coverage							
Monitor Tech/HUC	8hrs	8 hrs	8 hrs	24/7 coverage							
STAT RN	8hrs	8 hrs	8 hrs	24/7 coverage							
House Supervisor	8hrs	8 hrs	8 hrs	24/7 coverage							
Clinical Expeditor	8hrs	8 hrs	8 hrs	24/7 coverage							
Critical Care RN Transporter	8hrs	8 hrs	8 hrs	24/7 coverage							
RN Transporter	8hrs	8 hrs	8 hrs	24/7 coverage							
PCT Transporter	8hrs	8 hrs	8 hrs	24/7 coverage							
Phlebotomoy	8hrs	8 hrs	8 hrs	24/7 coverage							
Case Manager	8hrs	2-4 hrs	0 hrs	10-12hr /day							
Social Worker	8hrs	8 hrs	8 hrs	24/7 coverage							
IV Therapy	8hrs	4 hrs	0 hrs	12hr /day							
Wound Care	8hrs	2-4 hrs	0 hrs	10-12hr /day							
EVS/Environmental Services	8hrs	8 hrs	8 hrs	24/7 coverage							
PT, OT, ST Therapists	8hrs/Therapist	2-4 hrs/Ther.	0 hrs	10-12hr /day/Therapis							

#### **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:

 $\checkmark$ 

Staffing Plan is adaptable based on patient census which is directly affected by admission, discharges, and transfers.

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

Description:

The CVICU specializes in the care and treatment of critically ill adults 18 years of age and older with a focus on Cardiac diagnoses and treatments. CVICU is a 13-bed unit providing care 24/7/365. The following patients are standard to CVICU but are not limited to:

- Immediate post-operative surgical patients requiring invasive hemodynamic monitoring and treatment;
- High-acuity vascular surgery patients requiring hemodynamic monitoring and treatment;
- Endovascular and open aortic/abdominal aneurysm repair;
- Post-AMI and post-arrest treatment, including therapeutic temperature management;
- Cardiac assist device insertion, monitoring, and management including: Intra-aortic Balloon Pump, Impella, LVAD,

scription:	
VICU is designated a Critical Care Unit (CCU, aka ICU) Level of Care. CVICU Nurses are expected to safely care for patients we entilator support requirements. Medications that CVICU Nurses may administer are per Hospital Policy (See policy: IV edications: Appropriate Patient Care Settings in Which to Administer). CVICU Nurses can care for and are not limited to: In portic Balloon Pump, Impella, LVAD, Centrimag, ECMO/ECLS (Cardiopulmonary bypass support); and other interventional de uch as Continuous Renal Replacement Therapy. Unit specific skill mix will include one Charge Nurse, one Break Nurse lependent on patient census), Primary Nurses for Patient Care, Patient Care Tech (dependent on patient census), and Mon ech/HUC (dependent on patient census). ICU care is provided to patients following the American Association of Critical Ca urses (AACN) Scope & Standards for Acute and Critical Care Nursing Practice. ICU Care is also provided in accordance wit	tra- evices tor re

#### $\hfill \Box$ Level of experience of nursing and patient care staff

Description:

Staff Nurses will have at minimum graduated with an Associates Degree in Nursing, have passed the NCLEX, and have a vaild-Washington State Recognized Registered Nurse License. Staff Nurses will also have prior Cardiac ICU experience or have completed a Residency or Fellowship Program within CVICU prior to working independently on the floor after orientation. Patient Care Techs (CNAs) will have recieved CNA training from an accredited program, passed their CNA certification test, and have earned a valid- Washington State Recognized License for CNAs.

Need for specialized or intensive equipment

Description:

Special education for RN staff includes Intra-aortic Balloon Pump, Impella, LVAD, Centrimag, ECMO/ECLS (Cardiopulmonary bypass support); and other interventional devices such as Continuous Renal Replacement Therapy. Additional training may also include: Pacemaker Class, Sheath Management, US Guided IVs, and Charge Nurse.

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

Other	
Description:	



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# Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name	e:				Tacoma G	ieneral E	Emergency [	Departme	nt		
Unit/ Clinic Type	:				I	npatien	t Holding Ar	ea			
Unit/ Clinic Addr	ess:	315 Martin Luther King Jr Way, Tacoma WA 98405									
Average Daily Ce	nsus:	17 Maximum # of Beds: 21									
Effective as of:		12/2/2024									
Census											
Please select metric type	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	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)
	Days	12	5	0	2	0	2.86	0.00	1.14	0.00	
	Nights	12	5	0	2	0	2.86	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
21		0	0	0	0	0	0.00	0.00	0.00	0.00	
21		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Days	12	5	0	2	0	3.00	0.00	1.20	0.00	
	Nights	12	5	0	2	0	3.00	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.40
	Days	12	4	0	2	0	2.53	0.00	1.26	0.00	
	Nights	12	4	0	2	0	2.53	0.00	1.26	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
19		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.58
	Days	12	4	0	2	0	2.67	0.00	1.33	0.00	
	Nights	12	4	0	2	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
18		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Days	12	4	0	2	0	2.82	0.00	1.41	0.00	
	Nights	12	4	0	2	0	2.82	0.00	1.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
17		0	0	0	0	0	0.00	0.00	0.00	0.00	
17		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.47
	Days	12	4	0	2	0	3.00	0.00	1.50	0.00	
	Nights	12	4	0	2	0	3.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
16		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
	Days	12	4	0	2	0	3.20	0.00	1.60	0.00	
	Nights	12	4	0	2	0	3.20	0.00	1.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
45		0	0	0	0	0	0.00	0.00	0.00	0.00	
15		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60

	Days	12	3	0	2	0	2.57	0.00	1.71	0.00	
	Nights	12	3	0	2	0	2.57	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
14		0	0	0	0	0	0.00	0.00	0.00	0.00	
14		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.57
	Days	12	3	0	2	0	2.77	0.00	1.85	0.00	
	Nights	12	3	0	2	0	2.77	0.00	1.85	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
13		0	0	0	0	0	0.00	0.00	0.00	0.00	
15		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.23
	Days	12	3	0	2	0	3.00	0.00	2.00	0.00	
	Nights	12	3	0	2	0	3.00	0.00	2.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.00
	Days	12	3	0	1	0	3.27	0.00	1.09	0.00	
	Nights	12	3	0	1	0	3.27	0.00	1.09	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
11		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.73
	Days	12	2	0	1	0	2.40	0.00	1.20	0.00	
	Nights	12	2	0	1	0	2.40	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20
	Days	12	2	0	1	0	2.67	0.00	1.33	0.00	
	Nights	12	2	0	1	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
9		0	0	0	0	0	0.00	0.00	0.00	0.00	
5		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Days	12	2	0	1	0	3.00	0.00	1.50	0.00	
	Nights	12	2	0	1	0	3.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
8		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
	Days	12	2	0	0	0	3.43	0.00	0.00	0.00	
	Nights	12	2	0	0	0	3.43	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7		0	0	0	0	0	0.00	0.00	0.00	0.00	
/		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.86
	Days	12	2	0	0	0	4.00	0.00	0.00	0.00	
	Nights	12	2	0	0	0	4.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
6		0	0	0	0	0	0.00	0.00	0.00	0.00	
0		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	



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#### **Fixed Staffing Matrix**

Unit/ Clinic Name:	Tacoma General Hospital Emergency Department								
Unit/ Clinic Type:	Emergency Department								
Unit/ Clinic Address:	315 Marting	Luther King W	ay Tacom	na, WA 9	8405				
Effective as of:		12/2/20	)24						
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			
	Day	12	11	0	3	4			
	Mid	12	5	0	1	1			
	Eve	12	10	0	3	3			
Monday									

	r		1			
	Day	12	11	0	3	4
	Mid	12	5	0	1	1
	Eve	12	10	0	3	3
Tuesday						
Tuesuay						
	Day	12	11	0	3	4
	Mid	12	5	0	1	1
	Eve	12	10	0	3	3
Wednesday						
weathesday						
	Day	12	11	0	3	4
	Mid	12	5	0	1	1
	Eve	12	10	0	3	3
Thursday						
marsday						

	Day	12	11	0	3	4
	Mid	12	5	0	1	1
	Eve	12	10	0	3	3
Friday						
Thươy						
	Day	12	11	0	3	4
	Mid	12	5	0	1	1
	Eve	12	10	0	3	3
Saturday						
	Day	12	11	0	3	4
	Mid	12	5	0	1	1
	Eve	12	10	0	3	3
			1			
Sunday			1			
			1			
			1			
			1			
			1			



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## **Unit Information**

	Additional Care Tea	m Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
CORA/COSI	Ad hoc	Ad hoc	Ad hoc	Ad hoc
Transporter	Ad hoc	Ad hoc	Ad hoc	Ad hoc
Social Work	Ad hoc	Ad hoc	Ad hoc	Ad hoc
Case Mangement	Ad hoc	Ad hoc	Ad hoc	Ad hoc
Security	Ad hoc	Ad hoc	Ad hoc	Ad hoc
Charge Nurse	Ad hoc	Ad hoc	Ad hoc	Ad hoc
Break Nurse	Ad hoc	Ad hoc	Ad hoc	Ad hoc

#### **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 emergency department averages a daily census of 150 patients and 20% daily admission rate. Contributing to an average 28 transitional patients holding daily in the ED.

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

Description:

Tacoma General Emergency Department is a Level II trauma center that provides comprehensive care to a diverse patient population with varying levels of acuity. We dynamically adjust our staffing to meet the specific care needs of the patient. Additionally, consideration is given to inpatient holding that contributes to increased census resulting in staffing changes as needed.

Skill mix	
Description:	
The emergency department employs skilled emergency trained staff to care for emergency patients. As needed inpatient resour are utliized to treat transitional patients to ensure comprehensive care. Staffing for inpatient holds is determined by minmium requirements to meet level of patient care needs.	ces

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:
The emergency department has 43 care spaces dedicated to treating patients seeking emergency care. The emergency department as a 21 bed care space that co-horts transitional patients awaiting bed placement. This co-hort space utlize the expertise of inpatient resources to optimize patient care and safety.

Other	
Description:	



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#### **Fixed Staffing Matrix**

Unit/ Clinic Name:	TG Family Birth Center								
Unit/ Clinic Type:		Birth Center							
Unit/ Clinic Address:	315 Martin Lu	ther King Jr W	/ay, Taco	ma WA 9	8405				
Effective as of:		12/2/20	024						
Metric:									
Please select metric type	Please select	Please select	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's			
	0700-1930		14	2	1	0			
	1930-0700		14	2	1	0			
Sunday									

	0700-1930	14	2	1	0
	1930-0700	14	2	1	0
Monday					
Wonday					
	0700-1930	14	2	1	0
	1930-0700	14	2	1	0
			1		
Tuesday					
	0700-1930	14	2	1	0
	1930-0700	14	2	1	0
			-		0
			1		
Wedneday					
			l		

			1		
	0700-1930	14	2	1	0
	1930-0700	14	2	1	0
Thursday					
	0700-1930	14	2	1	0
	1930-0700	14	1	1	0
Friday					
	0700-1930	14	2	1	0
	1930-0700	14	1	1	0
Saturday					
	+		+		



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## **Unit Information**

Additional Care Team Members										
		Shift Coverage								
Occupation	Day	Evening	Night	Weekend						
HUC	x1 plus x1 32hrs/wk		x1	x1 24/7						
VAT	x1		x1	x1						
Resouce RN(hospital)	x1		x1	x1						
House Supervisor	x1		x1	x1						
Ultrasound Tech	x1		x1	x1						
Charge Nurse/CANM	x1		x1	x1						
Resource RN (unit-based)	x1		x1	x1						

### **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:

Unit staff admits, transfers and dicharges all patients and newborns.

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

Description:

The unit is staffed to AWHONN guidelines. Staffing is flexed up and down from the fixed stafffing numbers depending on census and aquity. Care on unit includes all low and high risk pregnancies.

Skill mix	
Description:	
Combination of RN's, LPN's, CNA's, HUC's and NT's. LPN's primary role functions are as the scrub nurse in the OR and the transition nurse for newborns. CNA's primary roles are to act as a patient transporter, support the OR's and other unit tasks as assigned.	

Level of experience of nursing and patient care staff

Description:

 $\square$ 

57% of the RN staff has less than 3 years of experience.

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

escription:	
15 labor, 12 high risk antepartum, 4 OBED's and 3 OR's that are located on 2nd floor Rainier and Pavilion.	

Other	
Description:	



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DOH 346-154

# Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name	e:	TG Women and Newborn										
Unit/ Clinic Type	:					In	patient					
Unit/ Clinic Addr	ess:	315 Martin Luther King Jr Way, Tacoma WA 98405										
Average Daily Ce	nsus:	11.57 Maximum # of Beds:						22				
Effective as of:		12/2/2024										
Census	iensus											
Please select metric type	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)	
	0700-1930	12	6	2	1	0	1.80	0.60	0.30	0.00		
	1930-0730	12	6	2	1	0	1.80	0.60	0.30	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
40 0 0 0 0 0 0 0.00						0.00	0.00	0.00	0.00			
40		0	0	0	0	0	0.00	0.00	0.00	0.00		

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.40
	DAY	12	6	2	1	0	1.85	0.62	0.31	0.00	
	NOC	12	6	2	1	0	1.85	0.62	0.31	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
39		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.54
	DAY	12	6	2	1	0	1.89	0.63	0.32	0.00	
	NOC	12	6	2	1	0	1.89	0.63	0.32	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
38		0	0	0	0	0	0.00	0.00	0.00	0.00	
38		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.68
	DAY	12	6	2	1	0	1.95	0.65	0.32	0.00	
	NOC	12	6	2	1	0	1.95	0.65	0.32	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
37		0	0	0	0	0	0.00	0.00	0.00	0.00	
57		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.84
	DAY	12	6	2	1	0	2.00	0.67	0.33	0.00	
	NOC	12	6	2	1	0	2.00	0.67	0.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
36		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.00
	DAY	12	6	2	1	0	2.06	0.69	0.34	0.00	
	NOC	12	6	2	1	0	2.06	0.69	0.34	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
25		0	0	0	0	0	0.00	0.00	0.00	0.00	
35		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.17
	DAY	12	6	2	1	0	2.12	0.71	0.35	0.00	
	NOC	12	6	2	1	0	2.12	0.71	0.35	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
24		0	0	0	0	0	0.00	0.00	0.00	0.00	
34		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.35

	DAY	12	6	2	1	0	2.18	0.73	0.36	0.00	
	NOC	12	6	2	1	0	2.18	0.73	0.36	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22		0	0	0	0	0	0.00	0.00	0.00	0.00	
33		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.55
	DAY	12	6	2	1	0	2.25	0.75	0.38	0.00	
	NOC	12	6	2	1	0	2.25	0.75	0.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
32		0	0	0	0	0	0.00	0.00	0.00	0.00	
52		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.75
	DAY	12	6	2	1	0	2.32	0.77	0.39	0.00	
	NOC	12	6	2	1	0	2.32	0.77	0.39	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
21	_	0	0	0	0	0	0.00	0.00	0.00	0.00	
31		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.97
	DAY	12	5	2	1	0	2.00	0.80	0.40	0.00	
	NOC	12	5	2	1	0	2.00	0.80	0.40	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
30		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.40
	DAY	12	5	2	1	0	2.07	0.83	0.41	0.00	
	NOC	12	5	2	1	0	2.07	0.83	0.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
29		0	0	0	0	0	0.00	0.00	0.00	0.00	
29		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.62
	DAY	12	5	2	1	0	2.14	0.86	0.43	0.00	
	NOC	12	5	2	1	0	2.14	0.86	0.43	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
28		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.86
	DAY	12	5	2	1	0	2.22	0.89	0.44	0.00	
	NOC	12	5	2	1	0	2.22	0.89	0.44	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
27		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.11
	DAY	12	5	2	1	0	2.31	0.92	0.46	0.00	
	NOC	12	5	2	1	0	2.31	0.92	0.46	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
26		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.38
	DAY	12	5	2	1	0	2.40	0.96	0.48	0.00	
	NOC	12	5	2	1	0	2.40	0.96	0.48	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
25		0	0	0	0	0	0.00	0.00	0.00	0.00	
25		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.68
	DAY	12	4	2	1	0	2.00	1.00	0.50	0.00	
	NOC	12	4	2	1	0	2.00	1.00	0.50	0.00	
					0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0 0	0	0 0	0	0	0.00	0.00	0.00	0.00	
24					-						

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.00
	DAY	12	4	2	1	0	2.09	1.04	0.52	0.00	
	NOC	12	4	2	1	0	2.09	1.04	0.52	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22		0	0	0	0	0	0.00	0.00	0.00	0.00	
23		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.30
	DAY	12	4	2	1	0	2.18	1.09	0.55	0.00	
	NOC	12	4	2	1	0	2.18	1.09	0.55	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22		0	0	0	0	0	0.00	0.00	0.00	0.00	
22		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.64
	DAY	12	4	2	1	0	2.29	1.14	0.57	0.00	
	NOC	12	4	2	1	0	2.29	1.14	0.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
21		0	0	0	0	0	0.00	0.00	0.00	0.00	
21		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	DAY	12	4	2	1	0	2.40	1.20	0.60	0.00	
	NOC	12	4	2	1	0	2.40	1.20	0.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.40
	DAY	12	4	1	1	0	2.53	0.63	0.63	0.00	
NOC	NOC	12	4	1	1	0	2.53	0.63	0.63	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
19		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.58
	DAY	12	4	1	1	0	2.67	0.67	0.67	0.00	
	NOC	12	4	1	1	0	2.67	0.67	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
18		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00

	DAY	12	4	1	1	0	2.82	0.71	0.71	0.00	
	NOC	12	4	1	1	0	2.82	0.71	0.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
17		0	0	0	0	0	0.00	0.00	0.00	0.00	
17		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.47
	DAY	12	4	1	1	0	3.00	0.75	0.75	0.00	
	NOC	12	4	1	1	0	3.00	0.75	0.75	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
16		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
	DAY	12	4	1	1	0	3.20	0.80	0.80	0.00	
	NOC	12	4	1	1	0	3.20	0.80	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
15		0	0	0	0	0	0.00	0.00	0.00	0.00	
15		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
	DAY	12	4	1	1	0	3.43	0.86	0.86	0.00	
	NOC	12	4	1	1	0	3.43	0.86	0.86	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
14		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.29
	DAY	12	4	1	1	0	3.69	0.92	0.92	0.00	
	NOC	12	4	1	1	0	3.69	0.92	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
13		0	0	0	0	0	0.00	0.00	0.00	0.00	
13		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.08
	DAY	12	4	1	1	0	4.00	1.00	1.00	0.00	
	NOC	12	4	1	1	0	4.00	1.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
	DAY	12	4	1	1	0	4.36	1.09	1.09	0.00	
	NOC	12	4	1	1	0	4.36	1.09	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
11		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.09
	DAY	12	4	1	1	0	4.80	1.20	1.20	0.00	
	NOC	12	4	1	1	0	4.80	1.20	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
	DAY	12	3	1	1	0	4.00	1.33	1.33	0.00	
	NOC	12	3	1	1	0	4.00	1.33	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
9		0	0	0	0	0	0.00	0.00	0.00	0.00	
5		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.33
	DAY	12	3	1	1	0	4.50	1.50	1.50	0.00	
	NOC	12	3	1	1	0	4.50	1.50	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
8		0	0	0	0	0	0.00	0.00	0.00	0.00	
0		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.00
	DAY	12	3	1	0	0	5.14	1.71	0.00	0.00	
	NOC	12	3	1	0	0	5.14	1.71	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
_		0	0	0	0	0	0.00	0.00	0.00	0.00	
7		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.71
	DAY	12	2	1	0	0	4.00	2.00	0.00	0.00	
	NOC	12	2	1	0	0	4.00	2.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
C		0	0	0	0	0	0.00	0.00	0.00	0.00	
6		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
	DAY	12	2	1	0	0	4.80	2.40	0.00	0.00	
	NOC	12	2	1	0	0	2.67	1.33	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
5		0	0	0	0	0	0.00	0.00	0.00	0.00	
5		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.20
	DAY	12	2	1	0	0	6.00	3.00	0.00	0.00	
	NOC	12	2	1	0	0	6.00	3.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
4		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	18.00
	DAY	12	1	1	0	0	4.00	4.00	0.00	0.00	
	NOC	12	1	1	0	0	4.00	4.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
2		0	0	0	0	0	0.00	0.00	0.00	0.00	
3		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00
	DAY	12	1	1	0	0	6.00	6.00	0.00	0.00	
	NOC	12	1	1	0	0	6.00	6.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
2		0	0	0	0	0	0.00	0.00	0.00	0.00	
2		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00

	DAY	12	1	1	0	0	12.00	12.00	0.00	0.00	
	NOC	12	1	1	0	0	12.00	12.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
1		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	48.00
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		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
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		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	



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	Additional Care Team Members										
	Shift Coverage										
Occupation	Day	Evening	Night	Weekend							
CHARGE/CANM	1		1	SAME							
HUC	1	1	1	SAME							

# 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:			
Nursing staff experience from 40 years	to a new resident		

Level of experience of nursing and patient care staff

Description:

Same as above

Need for specialized or intensive equipment

Description:

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

Description:	

Other	
Description:	



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#### **Fixed Staffing Matrix**

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

Unit/ Clinic Name:	Tacoma General Operating Room											
Unit/ Clinic Type:	Operating Room											
Unit/ Clinic Address:	315 Martin Luther King Jr Way. Tacoma WA 98405											
Effective as of:	2-Dec-24											
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						
	Day	12	7	0	0	0						
	Day	10	0	0	0	0						
	Night	12	3	0	0	0						
	Night	10	0	0	0	0						
Sunday	Day	8	1	0	0	0						
Sunday												

			+			
	Day	8	18	0	0	0
	Day	10	14	0	0	0
	Day	12	10	0	0	0
	Evening	8	1	0	0	0
Mandau	Evening	10	2	0	0	0
Monday	Evening	12	2	0	0	0
	Night	8	1	0	0	0
	Night	10	0	0	0	0
	Night	12	2	0	0	0
	Day	8	18	0	0	0
	Day	10	14	0	0	0
	Day	12	10	0	0	0
	Evening	8	1	0	0	0
Turadau	Evening	10	2	0	0	0
Tuesday	Evening	12	2	0	0	3
	Night	8	1	0	0	0
	Night	10	0	0	0	0
	Night	12	2	0	0	0
	Day	8	18	0	0	0
	Day	10	14	0	0	0
	Day	12	10	0	0	0
	Evening	8	2	0	0	0
	Evening	10	1	0	0	0
Wednesday	Evening	12	3	0	0	0
	Night	8	1	0	0	0
	Night	10	0	0	0	0

	Night	12	2	0	0	0
	Day	8	18	0	0	0
	Day	10	14	0	0	0
	Day	12	10	0	0	0
	Evening	8	1	0	0	0
Thursday	Evening	10	2	0	0	0
mursuay	Evening	12	3	0	0	0
	Night	8	1	0	0	0
	Night	10	0	0	0	0
	Night	12	2	0	0	0
	Day	8	18	0	0	0
	Day	10	14	0	0	0
	Day	12	10	0	0	0
	Evening	8	1	0	0	0
<b>F</b> ulles .	Evening	10	1	0	0	0
Friday	Evening	12	2	0	0	0
	Night	8	1	0	0	0
	Night	10	0	0	0	0
	Night	12	2	0	0	0
	Day	8	1	0	0	0
	Day	10	0	0	0	0
	Day	12	7	0	0	0
	Night	10	0	0	0	0
Saturday	Night	12	3	0	0	0



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	Additional Care Tea	im Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
Anesthesia Assistant	1	0	0	0
Perioperative Services Technician	7	2	1	3
Control Desk Specialist	3	1	0	1
Surgical Technologist	23	4	2	6
Charge Nurse	1	0	0	1
Resource RN	2	0	0	0

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

Activity such as patient admissions, discharges, and transfers

Description:

 $\checkmark$ 

Considered number of rooms required to be staffed - then utilized operating room scheduled block matrix to determine amount of staffing required as day progresses. Operating room staff does not admit nor discharge patients. They only transfer in patients from other locations within the hospital. We staff our operating room nurses and surgical technologists per AORN guidelines. No operating room nurse may care for multiple patients at any time. To maintain WAC guidelines regarding trauma services, on all shifts, a trauma nurse must be available for surgery within 20 minutes of declaration they are needing an operating, which means on all shifts, we must provide unincumbered staffing in the event a patient needs emergency surgery. On all nights and weekends, all staffed shift work is supplemented by call teams if increased emergent procedures arise.

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

Description:

Certain procedures require increased staffing. The numbers provided do not include specialty procedures that require additional circulating nurses or surgical technicians. These procedures may include but are not limited to cardiac procedures, GYN procedures requiring additional scrubbed personnel and specialty neurosurgery procedures. We would need to flex to add additional staffed based on how the surgical schedule is built. As outlined above, night shift staffing is determined by urgent and emergent procedures with an additional team available to provide trauma coverage.

Skill mix
Description:
As referenced in AORN (association of operating room nurses) the skill mix is 60% RNs and 40% surgical technicians. A number (constantly in flux) of RNs possess the ability to scrub into surgical procedures. We mirror those ratios in our OR.

Level of experience of nursing and patient care staff

Description:

Need for specialized or intensive equipment

Description:

As the complexity of procedures increases, the technology required for each surgery also increases. Certain equipment requires an unincumbered RN to run these machines - certain neurosurgery, sinus procedures and urological procedures to name a few. This is also a requirement for certain scrubbed personnel during intensive GYN procedures. We would need to flex up on staffing based on these procedures - there is unpredicibility of when these procedures would be scheduled. Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:
We staff 3 different locations all within the Tacoma General Hospital - one of which is a free standing Ambulatory surgery space. While it is only 3 operating rooms, it needs to be staffed with a separate charge nurse since it is freestanding. It also requires additional support staff to accomodate lab runs, equipment needs, etc since all specimens/labs/equipment is within the main hospital.

Other	
Description:	



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#### **Fixed Staffing Matrix**

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

Unit/ Clinic Name:	Tacoma General Hospital Main Campus Pre Post Procedure Recovery					
Unit/ Clinic Type:	PRE/POS	PRE/POST PROCEDURE RECOVERY SASS				
Unit/ Clinic Address:	315 Martin Lu	ther King, Jr. \	Nay Taco	ma WA 9	98405	
Effective as of:		12/2/20	)24			
	•					
Day of the week	Day of the week	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
	Monday	10	14		2	
	<u> </u>					

	r		 	
Tuesday	10	14	2	
l				
Wednesday	10	14	2	
Thursday	10	14		
Thursday	10	14	2	
			Т	
<u> </u>				

	1		1	1	
Friday	10	14		2	
-					
Caturday	12	2			
Saturday	12	2		1	
Sunday	12	2		1	
	1				



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	Additional Care Team M	lembers		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
Health Unit Coordinator	1 Monday - Friday (12 hours)			
Charge Nurse	1 Monday - Friday (12 hours)	1 Mon- Fri		

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

Activity such as patient admissions, discharges, and transfers

Description:

 $\checkmark$ 

This unit includes 15 bays, located on the 6th floor phillips wing. SASS specializes in the admision of surgical patients coming from home and occasionally on hold for OR from the ER. SASS also specializes in Phase 2 recovery/ Discharge of patients once Phase 1/PACU level of care is completed and transfer criteria are met after surgery. Patients consist of OR, IR, Endo, CT, MRI and Radiology.

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

Description:

Patients in this area are stable, not on cardiac monitor and either awaiting surgery with minimal interventions needed or awaiting discharge home after surgery with minimal interventions needed. Intensity of care is variable depending on the type of surgeries and volumes on that particular day.

Skill mix
Description:
Nurses on this unit all have critical care background as well as maintain current ACLS, BLS certifications. Nurses are able to maintain skill set necessary for pre-operative preparation and education as well as phase 2 post operative recovery and patient education.

☑ Level of experience of nursing and patient care staff

Description:

All nurses on this unit have experience in critical care units, with several years of experience working as Registered Nurses. The patient care staff are well experienced and have been established in their role for aat least 5 years.

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

Des	scription:
	ne unit is essentially an open unit, with patient bays devied by curtains for privacy. The unit consist of 1 HUC desk, 1 nurses ation, 1 break room, restrooms, a medicaton room with pyxis as well as two supply rooms.

Other	
Description:	



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#### **Fixed Staffing Matrix**

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

Unit/ Clinic Name:	Tacoma General Hospital Main Campus Post Anesthesia Care Unit						
Unit/ Clinic Type:	Post Anesthesia Care (PACU)						
Unit/ Clinic Address:	315 Martin Lu	ther King, Jr. \	Nay Taco	ma WA 9	98405		
Effective as of:		12/2/20	)24				
Day of the week							
Day of the week	Day of the week	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	
	Monday	10	15		2		

			-		
Tuesday	10	15		2	
	1				
Wednesday	10	15		2	
weatesday	10	15		2	
	1				
		4-			
Thursday	10	15		2	
		1			

Friday	10	15	2	
Saturday	12	2	1	
Sunday	12	2	1	
,				



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Additional Care Team Members						
		Shift Coverage				
Occupation	Day	Evening	Night	Weekend		
Health Unit Coordinator	1- Monda-Friday (12 hours)					
Charge Nurse	1 Sunday - Saturday	1 Mon- Fri				
Flex Nurse	1 Monday, Tuesday, Wednesday					

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

Activity such as patient admissions, discharges, and transfers

Description:

 $\checkmark$ 

This units has a highly variable patient census and length of stay based on type of surgery, patient status as well as hospital room availablilty in order to transfer patient out to next level of care. This unit must remained adequately staffed in order to support surgical cases scheduled into available surgery blocks.

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

Description:

PACU specializes in the recovery and immediate care required for those directly out of surgery having undergone general anesthesia or monitored anesthesia care. Patients consists of ICU level of care to Ambulatory level of care and include OR, IR, Endo, CT, Radiology and MRI.

Skill mix
Description:
All nurses on this unit must have critical care experience and all are ACLS, BLS certified. Nurses are experienced in airway management, maintaining hemodynamic stability, pain management and management of possible post operative emergencies.

☑ Level of experience of nursing and patient care staff

Description:

All nurses on this unit have critical care experience and have been Registered Nurses for over 5 years with the exeption of nurses graduating through our fellowship program. Annual competency assessments are completed.

☑ Need for specialized or intensive equipment

Description:

All patients must remain on cardiac monitors. Some patient require more invasive monitoring such as arterial lines, chest tubes, EVDs, CSF monitoring, lumbar drains etc.

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

Description:	
This unit includes 16 bays, located on the 5th floor Phillips wing. There are 3 main corridors for patient care. A nurse will take no more than 2 patients at a time based on ASPAN standards.	

Other	
Description:	



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#### **Fixed Staffing Matrix**

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

Unit/ Clinic Name:	Post Anesthesia Care Baker							
Unit/ Clinic Type:	Tacoma General Hospita	Tacoma General Hospital Campus Pre-Post Anesthesia Care - Baker ASC						
Unit/ Clinic Address:	316 Martin Lu	ther King, Jr. V	Nay Taco	ma WA 9	98405			
Effective as of:		12/2/20	)24					
Day of the week	-							
Day of the week	Day of the week	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's		
	Monday	10	10		2			

	1		 	
Tuesday	10	10	2	
	10	40	_	
Wednesday	10	10	 2	
Thursday	10	10	2	
			 <u> </u>	
	1			
l	1	1		

		1			
Friday	8	3		1	
Saturday - closed					
Saturuay - closeu					
Sunday - closed					
			ļ		



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Additional Care Team Members					
	Shift Coverage				
Occupation	Day	Evening	Night	Weekend	
Health Unit Coordinator	1- Monday -Friday (8 hours)				
Charge Nurse	1- Monday - Friday (8 Hours)	1 - Mon- Thur			
Resource Nurse	1 Monday, Tuesday, Thursday, Friday				
Flex Nurse	1 Thursday, Friday				

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

Activity such as patient admissions, discharges, and transfers

Description:

 $\checkmark$ 

This unit is an ambulatory surgery center that acts as an adjunct to our main OR at TG. This unit treats not only ambulatory patients but TG inpatient/GI patients. This unit specializes in the admission and discharge as well as recovery and all immediate care required for those directly our of surgery having gone under general anesthesia or monitored anesthesia care (MAC). Patient consist of OR, GI, Pain and Endo.

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

Description:

Patient acuity and intensity of needs is that of an ambulatory surgical center. Patients must be ASA 3 or less, BMI of less than 50, and no patients with severe unoptimized systemic disease states. Nurses take no more than 3 admits at a time, no more than 2 phase 1 patients at a time and no more than 3 discharges at a time per ASPAN standards.

Skill mix	
Description:	
All nurses in this department are ACLS, BLS and CAPA/CPAN certified. Nurses in the unit are proficient in pre-operative admissi as well as phase1 and phase2 recovery following surgery.	on

☑ Level of experience of nursing and patient care staff

Description:

Nurses in this unit are experienced RNs with years of perioperative experience or critical care experience.

Need for specialized or intensive equipment

Description:

Description:	

Other	
Description:	



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#### **Fixed Staffing Matrix**

Unit/ Clinic Name:	TG/AH Endoscopy						
Unit/ Clinic Type:	Endoscopy (GI and Pulmonary)/ Pain Procedures						
Unit/ Clinic Address:	316 Martin Luther King Jr Way, Tacoma WA 98405						
Effective as of:	2-Dec-24						
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	
	Day	8	0	0	0	0	
	Day	10	0	0	0	0	
	Night	12	0	0	0	0	
	Night	0	0	0	0	0	
Sunday	Day	0	0	0	0	0	

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_	Day	8	7	1	0	1
	Day	10	4	1	0	0
	Day	12	0	0	0	0
	Evening	0	0	0	0	0
Manday	Night	0	0	0	0	0
Monday						
-						
	Day	8	7	1	0	1
-	Day	10	3	1	0	0
-	Day	12	0	0	0	0
	Evening	0	0	0	0	0
-	Night	0	0	0	0	0
Tuesday				Ű		
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-	Day	8	6	1	0	1
	Day	10	3	1	0	0
	Day	12	0	0	0	0
	Evening	8	0	0	0	0
Wednesday	Night	8	0	0	0	0
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	Day	10	3	1	0	0
	Day	12	0	0	0	0
	Evening	8	0	0	0	0
Thursday	Night	8	0	0	0	0
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	Day	8	9	1	0	1
	Day	10	2	1	0	0
	Day	12	0	0	0	0
	Evening	8	0	0	0	0
Frider	Night	8	0	0	0	0
Friday						
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	Day	8	0	0	0	0
	Day	10	0	0	0	0
	Day	12	0	0	0	0
	Night	10	0	0	0	0
Saturday	Night	12	0	0	0	0
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			1	1		
			1			



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Additional Care Team Members						
		Shift Coverage	1			
Occupation	Day	Evening	Night	Weekend		
SPD Tech (scope washers)	X3 (varying start times 08, 00830, 0900)	0	0	0		
Front desk/ scheduler	Mon- Fri 07-1530					

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

Activity such as patient admissions, discharges, and transfers

Description:

 $\checkmark$ 

Endoscopy room scheduled block matrix to determine amount of staffing may change throughout the day to accommodate inpatient addons. Endoscopy staff may admit or discharge patients. No Endoscopy procedure room nurse may care for multiple patients at any time. On all nights and weekends, all procedures are covered by call teams which consist of two nurses (one of which can be an LPN), and one SPD (scope washer).

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

Description:

Certain procedures require increased staffing. The numbers provided do not include specialty procedures that require additional circulating nurses or surgical technicians. These procedures may include but are not limited to ERCP and Computer assisted navigation bronchoscopy. We would need to flex to add additional staff based on how the procedural schedule is built. Endoscopy team accommodates procedures done at numerous campuses in procedure rooms, operating rooms, as well as bedside. The patient acuity includes outpatients, medsurge, as well as critical ICU patients.

Skill mix	
Description:	
Most staff RNs are cross trained to admit, circulate,tech procedures, recover, sedate as well as wash scopes. LPNs are traine admit and tech only.	∋d to

Level of experience of nursing and patient care staff

Description:

 $\checkmark$ Need for specialized or intensive equipment

Description:

As the complexity of procedures increases, the technology required for each procedure also increases. Certain equipment requires nurses to assist that have extra therapeutic endoscopy training as in ERCP with Spy scope, Bronchoscopy with computer assisted navigation (ION). We would need to flex up on staffing based on these procedures - there is unpredicibility of when these procedures would be scheduled.

Description:
Our procedures are done in Baker Center Endoscopy, Baker Center OR, Tacoma General OR, Patient bedside, Allenmore GI lab,
Allenmore OR, Allenmore ICU. Our equipment and teams are being utilized by other specialties outside of Gastroenterology and
Pulmonary, like trauma surgeons, thoracic surgeons, and bariatric surgeons.

Other	
Description:	



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#### **Fixed Staffing Matrix**

Unit/ Clinic Name:	Tacoma General Cath Lab						
Unit/ Clinic Type:	Procedure						
Unit/ Clinic Address:	315 Martin Luther King Jr Way, Tacoma General WA 98405						
Effective as of:	Dec-24						
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	
	Day	10	6				
Monday							

	Day	10	6			
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Tuesday						
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	Day	10	6			
Wednesday						
	Day	10	6			
Thursday						
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	Day	10	6			
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Friday						
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Closed						
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Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
CV Techs	13 tech a day					
			1			

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

Activity such as patient admissions, discharges, and transfers

Description:

The CCL consists of 4 labs plus 1 hybrid lab/room.

Adult patients needing cardiac diagnostic or interventional procedure. (LHC/RHC, CTO intervention, ASD/PFO, IABP, TAVR, Watchman, Mitral Clip, Pacer/ICD/CRTP/CRTD/SICD/EVICD, RFCA)

Pediatric patients needing congenital cath diagnostic or interventional procedures)

Patients needing vascular diagnostic or interventional procedure. (AARO, endovascular AAA, fistulagram, carotid stents, thrombolytic therapy for peripheral vascular and pulmonary embolism)

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

Description:

Intra procedural care is provided to patients following the AORN standards at a minimum of 1:1.

CCL room staffing is as follows, however, due to the acuity of the patient, additional staff may be necessary

- Standard CCL case 1 RN, 2 CVT's, total of three staff (RN committed to patient care/conscious sedation).
- Complicated CCL case 2 RN's, 2 CVT's

Skill mix
Description:
Level of experience of nursing and patient care staff
Description:
Critical Care
Need for specialized or intensive equipment
Description:

Ballon pump, impella, EKOS, P

Description:
Other
Description:
On call team for after hours and weekend emergency cases. Monday-Friday call 1630-0600. Late call shift Monday-Friday 1630-2200. Weekends and holidays call 0600-0600. Call team consists of 1 nurse and 2 CV techs.



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#### **Fixed Staffing Matrix**

Unit/ Clinic Name:	TG Cardiovascular Admission Recovery Unit							
Unit/ Clinic Type:	procedural							
Unit/ Clinic Address:	315	5 MLK Jr. Way	Tacoma	WA				
Effective as of:	Dec-24							
Room assignment								
Day of the week	Please select	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's		
		8-Jan	2		1			
	Day	10	1					
		12	7	1				
Monday								

			1		
	Day	8	2		1
		10	2		
		12	7	1	
				_	
Tuesday					
	Day	8	2		1
		10	1		1
		12	7	1	
Wednesday					
	Day	8	1		1
Thursday		10	2		1
		12	7	1	

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	Day	8	1		1	
		10	2		1	
		12	7	1		
Friday						
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Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
HUC	4 days/week 10 hours					

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

Activity such as patient admissions, discharges, and transfers

Description:

CVAR is an ambulatory outpatient unit that includes 22 bays/rooms consisting of 12 ambulatory bays, 6 semi-private rooms and 4 Phase 1 PACU bays located on 7 Phillip. Procedures include TEE, Cardioversions, Loop Record Insertions and Bone Marrow Biopsies. Patients consist of OR, Cath Lab, IR, Vascular, Oncology, MRI, and CT. This unit is designed for patients requiring an extended recovery post procedure.

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:	
Outpatient procedural RN/LPN	
Need for specialized or intensive equipment	
Description:	
POCT	

Description:	
Other	
Description:	
Call team M-F 1830-0000	



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#### **Fixed Staffing Matrix**

Unit/ Clinic Name:	Interventional Radiology							
Unit/ Clinic Type:	Interventional Radiology							
Unit/ Clinic Address:	315	315 MLK Jr Way, Tacoma, WA						
Effective as of:		12/2/20	)24					
Metric:								
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's		
	Day	8	6	0	0	0		
Monday								

			1			
	Day	8	6	0	0	0
Tuesday						
	Day	8	6	0	0	0
Wednesday						
	Day	8	7	0	0	0
Thursday						
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	Day	8	6	0	0	0
Friday						
	On call only	24	2	0	0	0
		24	2	0	0	0
Saturday						
	On call only	24	2	0	0	0
Sunday						
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	Additional Care Tea	ım Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
Interventional Radiology Technologists	Х			
IR Coordinator	Х			
EVS	Х			
Imaging lobby ISR	Х			
Respiratory therapy	Х			
IV therapy	Х			
Pathology Technologists	Х			
Anesthesiologists	Х			
Radiology Technologists	Х			

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

Activity such as patient admissions, discharges, and transfers

Description:

TG IR is a procedural unit that includes 2 biplane suites, as well as 2 holding bays. We utilize CT and US guidance for procedures. The following procedures are frequently encountered in our IR: port placement and removals, paracentesis, thoracentesis, nephrostomy tube placement, gastrostomy tube placement and exchange, percutaneous biopsies, transcatheter arterial embolizations, dialysis catheter placement, CT and US guided biopsies and drain placements. Neuro IR procedures include acute stroke intervention, carotid stenting, aneurysm/tumor/AVM/epistaxis embolizations.

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

Description:

We serve all patients acuity types from elective outpatients to IR/NIR emergencies and traumas. We see all acuity levels of inpatients.

Skill mix	
escription:	
RN only	

Level of experience of nursing and patient care staff

Description:

All RN staff must have a minimum of 3 years of critical care, ED or procedural experience.

Need for specialized or intensive equipment

Description:

We support all imaging modalities as needed- including CT, MRI, Nuclear Medicine. We perform procedures using fluoroscopy, US or CT guidance.

Description:
We are a procedural unit only, located on the 2nd floor. We do not have an admit/recovery unit included. We partner with the CVAR (7th floor)for our short stay patients. Our outpatients enter and exit via the radiology lobby on the 3rd floor. We utilize the procedural CT scanner located on the 3rd floor.
□ Other

Description:

We do not utilize house transport for our patient population, but instead transport all of our own patients. We are staffed 0700-1700 Mon-Fri and are on call after hours, weekends, and holidays for emergent IR/NIR cases.



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#### **Fixed Staffing Matrix**

Unit/ Clinic Name:	TG/AH Inpatient Wound Care					
Unit/ Clinic Type:	TG	TG/AH Inpatient Wound Care				
Unit/ Clinic Address:	315	Martin Luthe	r King Jr V	Vay		
Effective as of:	2-Dec-24					
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
	Day	8	2	0	0	0
Monday						
Monday						

	[					
	Day	8	2	0	0	0
Tuesday						
	Day	8	2	0	0	0
Wednesday						
	Day	8	2	0	0	0
Thursday	Day	0	2	0	0	0

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	Davi	0	2			
	Day	8	2	0	0	0
Friday						
	Day	8	1	0	0	0
Saturday						
	Day	8	1	0	0	0
Sunday						
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	Additional Care Team	Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
Assistant Nurse Manager	х			

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

Activity such as patient admissions, discharges, and transfers

Description:

Patients admitted to the hospital with complex wounds or ostomies may be referred to the Wound Care department for assessment and treatment recommendations

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

Description:

The wound care nurses work only day shift. This is a consulting team only, the wound staff assess the wounds, document, photograph and classify wounds and expedite treatment orders that are completed by the staff nurses.

Skill mix				
Description:				
Backfill could be a trained LPN or RN from the Wound Team.				

Level of experience of nursing and patient care staff

Description:

RNs are required to have wound certification within 1 year of hire and maintain this while working in this department

Need for specialized or intensive equipment

Description:

No specialized equipment in this department. Wound care does assist with Negative Pressure Wound Therapy (NPWT) treatments and use of the NPWT equipment, these are housed in supply chain and delivered to the patient on their assigned units

Description:	
Inpatient wound car	e see patients in their hospital rooms.
Other Description:	
nurses work 10 hr sh Routine M-F staffing	out specific hours, all nurses work within day shift relm, variable start times(between 0630-0800). Some ifts, but because backfill may be with 8 hr shift staff we have listed 8 hrs as the minimum required staffing. includes an LPN and CNA, however for PTO or unexpected time off these positions are not backfilled. ANM e responsibility and shares oversight of both OP and IP wound departments.



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#### **Fixed Staffing Matrix**

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

Unit/ Clinic Name:	TG Outpatient Wound Clinic						
Unit/ Clinic Type:	Wound Clinic						
Unit/ Clinic Address:	315 Martin Lu	ither King Jr W	/ay, Taco	ma WA 9	8405		
Effective as of:		2-Dec-	24				
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	
	Day (0700-1730)	10	1	1	0	0	
Monday							

	Day (0700-1730)	10	1	1	0	0
Tuesday						
Tuesday						
	Day (0700-1730)	10	1	1	0	0
Wednesday						
	Day (0700-1730)	10	1	1	0	0
Thursday						

	Closed	0	0	0	0	0
				_		
Friday						
Thuay						
	Classed	0	0			
	Closed	0	0	0	0	0
Saturday						
	Closed	0	0	0	0	0
Sunday						



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### **Unit Information**

Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
Front Desk Specialist	Х					
ARNP	Х					
Assistanct Nurse Manager	Х					

#### **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:

This is an outpatient clinic, patients are seen at scheduled appointment time and seen in serial appointments until wounds are healed or care is established elsewhere.

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

Description:

patients are seen in this outpatient clinic weekly to monthly for assessment and orders for wound care at home between visits. Complex and chronic wounds are served in the provider run clinic. Treatments including, but not limited to; debridement, negative pressure wound therapy, advance wound modalities and basic wound dressings may be performed.

Skill mix
Description:
RNs and LPNs are used interchangeably in the OP clinic; so backfill could be with either resulting in all LPN or all RN staff on any given day. The number of nurses fluctuate based on patient volumes.

Level of experience of nursing and patient care staff

Description:

This clinic is staffed by physician, ARNP, RN, LPN staff.

Need for specialized or intensive equipment

Description:

No specialized equipment

Description:	
ANM has some direct care responsibility and shares oversight of both OP and IP wound departments	

Other	
Description:	



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#### **Fixed Staffing Matrix**

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

Unit/ Clinic Name:	TG Multicare Cancer Institute						
Unit/ Clinic Type:	Infusion Clinic						
Unit/ Clinic Address:	1003 Sc	outh 5th St Ta	coma, WA	98405			
Effective as of:		12/2/20	)24				
Hours of the day							
Day of the week	Day of the week	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	
	Day	8	7	1	1	0	
	Day	10	4	0	0	0	
Monday							

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	Day	8	7	1	1	0
	Day	10	4	0	0	0
Tuesday						
Tuesuay						
	Day	8	7	1	1	0
	Day	10	4		0	0
Wedneday						
	Day	8	7	1	1	0
	Day	10	4		0	0
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Thursday	L			+		
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	Day	8	7	1	1	0
	Day	10	4		0	0
Friday						
Thouy						
	Day	8	3	1	0	0
Saturday						
	Closed					
Sunday						
	I					



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### **Unit Information**

Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
Medical Assistants	0730-1800					
LPNS	0730-1800					

### **Unit Information**

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

Activity	sucl

ctivity such as patient admissions, discharges, and transfers

Description:

N/A

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

Description:

We have an infusion template that schedules patients in EPIC to manage the type of regimens and acuity for each day.

Skill mix
Description:
All Infusion RNs are required to obtain ONS Immunotherapy/Chemotherapy certification, encouraged to obtain OCN as well. Prefer to have oncology experience, and at least 1-2 years of nursing experience is required.

Level of experience of nursing and patient care staff

Description:

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We have a range for novice nurses to expert nurses. We do not accept resident nurses in our setting.

Need for specialized or intensive equipment

Description:

N/A

Description:
Infusion Suites are all located in the same area of the clinic with 5 infusion suites with 6 chairs in each suite. Every suite has a Pyxis machine located in the suite and have preparation areas in the suite. The pharmacist and pharmacy hood is located in the same area. The pharmacist delivery any medication compounded in the hood to each infusion suite.

Other	
Description:	



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#### **Fixed Staffing Matrix**

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

nit/ Clinic Name: Gig Harbor Multicare Cancer Institute								
Unit/ Clinic Type:	Infusion Clinic							
Unit/ Clinic Address:	4545 Point Fosc	lick Dr. Suite 2	15 Gig Ha	arbor Wa	98335			
Effective as of:		12/2/20	)24					
Hours of the day	Hours of the day							
Day of the week	Day of the week	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's		
	Day	8	4	1	0	0		
	Day	8	1	0	0	0		
Monday								

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	L					
	Davi					
	Day	8	4	1	0	0
	Day	8	1	0	0	0
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Tuesday						
	Day	8	4	1	0	0
	Day	8	1	0	0	0
Wedneday						
weuneday						
	Day	8	4	1	0	0
	Day	8	1	0	0	0
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Thursday						
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	Day	8	4	1	0	
	Day	8	1	0	0	0
Friday						
	Closed					
Caturday						
Saturday						
	Closed					
				1		
Sunday						
				1		
				1		



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### **Unit Information**

Additional Care Team Members							
	Shift Coverage						
Occupation	Day	Evening	Night	Weekend			
Medical Assistants	0730-1800						
Receptionist/Scheduler	0800-1630	0	0	0			
Receptionist/Scheduler	0830-1700	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:

N/A

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

Description:

We have an infusion template that schedules patients in EPIC to manage the type of regimens and acuity for each day.

Skill mix	
Description:	
All Infusion RNs are required to obtain ONS Immunotherapy/Chemotherapy certification, encouraged to obtain OCN as well. Prefer to have oncology experience, and at least 1-2 years of nursing experience is required.	

☑ Level of experience of nursing and patient care staff

Description:

We have a range for novice nurses to expert nurses. We do not accept resident nurses in our setting.

Need for specialized or intensive equipment

Description:

N/A

# Description: Infusion Suite holds 10 infusion chairs. The space houses a Pyxis medication delivery machine located in the nurses station. The pharmacist and pharmacy hood is located in the same area. The pharmacist delivery any medication compounded in the hood to the infusion suite.

Other	
Description:	



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#### **Fixed Staffing Matrix**

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

Unit/ Clinic Name:	Puyallup Multicare Cancer Institute						
Unit/ Clinic Type:	Infusion Clinic						
Unit/ Clinic Address:	400 15	th Ave SE Puy	allup, WA	98372			
Effective as of:		12/2/20	)24				
Hours of the day							
Day of the week	Day of the week	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	
	0730-1600	8	2	1	1	0	
	0800-1630	8	6	1	1	0	
	0830-1700	8	2	0	0	0	
Monday							

		-				
			_			
	0730-1600	8	2	1	1	0
	0800-1630	8	6	1	1	0
-	0830-1700	8	2	0	0	0
Tuesday						
Tuesday						
	Day	8	10	2	1	0
-	0730-1600	8	2	1	1	0
	0800-1630	8	7	1	1	0
	0830-1700	8	2	0	0	0
Wedneday						
	0730-1600	8	2	1	1	0
	0800-1630	8	6	1	1	0
	0830-1700	8	2	0	0	0
		-		-		
Thursday						
			1			

	0730-1600	8	2	1	1	0
	0800-1630	8	6	1	1	0
	0830-1700	8	2	0	0	0
Friday						
Friday						
Saturday	0800-1630	8	5	1	1	0
	0800-1630	8	4	1	1	0
			_			
Sunday						



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### **Unit Information**

Additional Care Team Members					
	Shift Coverage				
Occupation	Day	Evening	Night	Weekend	
Medical Assistants	0830-1700				
Receptionist/Scheduler	0730- 1600				
Receptionist/Scheduler	0800-1630			0800-1630	
Receptionist/Scheduler	0830-1700				
Nurse Navigator	0830-1700				
Courrier	0830-1700				
Infusion Scheduler	0730-1600				
Medical Providers	0830-1700				
APP	0830-1700				

#### **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 check in, patient preparation for appointment, labs, observation after medication or transfusion

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

Description:

Acuity levels vary based on the type of infusion or treatment patient is receiving at our facility. Sometimes it is as simple as a maintenance port flush to plans as complicated as sensitivity testing and administration of a research drug. We currently assign patients out to each RN and try to keep acuities at 15 or less, however run about 17-19 on a regular basis. We have a fast track area, that is run by our LPNs and it entails appointments that are an hour or less long. On the clinic side, we have 3 providers and 2 APPs. Providers can see up to 32 patients each day, APPs can see up to 12, but also cover our inpatient services.

Skill mix
Description:
Skill sets range from non-clinical (front desk staff and schedulers), to clinical staff (MA's) in the back office who directly with providers, LPNs in our fast track area, and RN's in our infusion area.

Level of experience of nursing and patient care staff

Description:

We have a mix of new staff and experienced staff members who have been with our organization for 15 years or more.

Need for specialized or intensive equipment

Description:

None

Description:
Patient rooms are towards the southeastern side of the building. We currently have 14 exam rooms (7 in each hallway) and 2 small MA stations. Our fast track area is on the southwestern corner of our building and currently has 6 chairs. Our infusion suite is in the northern part of the building and we currently have 22 chairs in that area.

Oth			
Descriptio	on:		



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#### **Fixed Staffing Matrix**

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

Unit/ Clinic Name:	Auburn Hematology Oncology Infusion					
Unit/ Clinic Type:		Outpatient Infusion				
Unit/ Clinic Address:	121 N D	121 N Division St Suite 200 Auburn WA				
Effective as of:	12/2/2024					
Day of the week						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
	Day	8	6	1	1	0
Monday						

	Day	8	6	1	1	0
Tuesday						
,						
	Davi	8	6	1	1	0
	Day	0	0	1	1	0
Wednesday						
	Day	8	6	1	1	0
			ļ			
Thursday						

	Day	8	6	1	1	0
Friday						



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### **Unit Information**

Additional Care Team Members					
	Shift Coverage				
Occupation	Day	Evening	Night	Weekend	
Receoptionist/Scheduler	0730-1600	0	0	0	
Receoptionist/Scheduler	0800-1630	0	0	0	
Receoptionist/Scheduler	0800-1630	0	0	0	
Receoptionist/Scheduler	0830-1700	0	0	0	
Receoptionist/Scheduler	0830-1700	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:

N/A

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

Description:

We have an infusion template that schedules patients in EPIC to manage the type of regimens and acuity for each day.

Skill mix	
Description:	
All Infusion RNs are required to obtain ONS Immunotherapy/Chemotherapy certification, encouraged to obtain OCN as well. Prefer to have oncology experience, and at least 1-2 years of nursing experience is required.	

☑ Level of experience of nursing and patient care staff

Description:

We have a range for novice nurses to expert nurses. We do not accept resident nurses in our setting.

Need for specialized or intensive equipment

Description:

N/A

Description:					
	Infusion suite holds 21 chairs and 1 bed. The spaces houses a Pyxis medication delivery machine located at the nurses station				
	The pharamcy with pharmacist and pharacy hood is located in the same are. The pharmacist delivers any medication				
	compounded in the hood to the infusion suite.				

Other		
Description:		



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DOH 346-154

# Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name	e:	Tacoma General Adolescent Behavioral Health Unit												
Unit/ Clinic Type	:		Behavioral Health- Adolescents											
Unit/ Clinic Addr	ess:	316 South I Street, Tacoma 98405												
Average Daily Ce	nsus:	24Maximum # of Beds:27												
Effective as of:		12/2/2024												
Census							-							
Please select metric type	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)			
	0700-1100	4	4	0	5	0	0.59	0.00	0.74	0.00				
	1100-1500	4	4	0	5	0	0.59	0.00	0.74	0.00				
	1500-1900	4	4	0	5	0	0.59	0.00	0.74	0.00				
	1900-2300	4	4	0	3	0	0.59	0.00	0.44	0.00				
27	2300-0300	4	4	0	3	0	0.59	0.00	0.44	0.00				
27	0300-0700	4	4	0	3	0	0.59	0.00	0.44	0.00				

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.11
	0700-1100	4	4	0	5	0	0.62	0.00	0.77	0.00	
	1100-1500	4	4	0	5	0	0.62	0.00	0.77	0.00	
	1500-1900	4	4	0	5	0	0.62	0.00	0.77	0.00	
	1900-2300	4	4	0	3	0	0.62	0.00	0.46	0.00	
26	2300-0300	4	4	0	3	0	0.62	0.00	0.46	0.00	
26	0300-0700	4	4	0	3	0	0.62	0.00	0.46	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.38
	0700-1100	4	4	0	5	0	0.64	0.00	0.80	0.00	
	1100-1500	4	4	0	5	0	0.64	0.00	0.80	0.00	
	1500-1900	4	4	0	5	0	0.64	0.00	0.80	0.00	
	1900-2300	4	4	0	3	0	0.64	0.00	0.48	0.00	
25	2300-0300	4	4	0	3	0	0.64	0.00	0.48	0.00	
25	0300-0700	4	4	0	3	0	0.64	0.00	0.48	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.68
	0700-1100	4	3	0	5	0	0.50	0.00	0.83	0.00	
	1100-1500	4	3	0	5	0	0.50	0.00	0.83	0.00	
	1500-1900	4	3	0	5	0	0.50	0.00	0.83	0.00	
	1900-2300	4	4	0	3	0	0.67	0.00	0.50	0.00	
24	2300-0300	4	4	0	3	0	0.67	0.00	0.50	0.00	
24	0300-0700	4	4	0	3	0	0.67	0.00	0.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.50
	0700-1100	4	3	0	4	0	0.52	0.00	0.70	0.00	
	1100-1500	4	3	0	4	0	0.52	0.00	0.70	0.00	
	1500-1900	4	3	0	4	0	0.52	0.00	0.70	0.00	
	1900-2300	4	3	0	3	0	0.52	0.00	0.52	0.00	
22	2300-0300	4	3	0	3	0	0.52	0.00	0.52	0.00	
23	0300-0700	4	3	0	3	0	0.52	0.00	0.52	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.78
	0700-1100	4	3	0	4	0	0.55	0.00	0.73	0.00	
	1100-1500	4	3	0	4	0	0.55	0.00	0.73	0.00	
	1500-1900	4	3	0	4	0	0.55	0.00	0.73	0.00	
	1900-2300	4	3	0	3	0	0.55	0.00	0.55	0.00	
22	2300-0300	4	3	0	3	0	0.55	0.00	0.55	0.00	
22	0300-0700	4	3	0	3	0	0.55	0.00	0.55	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.09
	0700-1100	4	3	0	4	0	0.57	0.00	0.76	0.00	
	1100-1500	4	3	0	4	0	0.57	0.00	0.76	0.00	
	1500-1900	4	3	0	4	0	0.57	0.00	0.76	0.00	
	1900-2300	4	3	0	3	0	0.57	0.00	0.57	0.00	
21	2300-0300	4	3	0	3	0	0.57	0.00	0.57	0.00	
21	0300-0700	4	3	0	3	0	0.57	0.00	0.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.43

	0700-1100	4	3								
		4		0	4	0	0.60	0.00	0.80	0.00	
	1100-1500	4	3	0	4	0	0.60	0.00	0.80	0.00	
-	1500-1900	4	3	0	4	0	0.60	0.00	0.80	0.00	
-	1900-2300	4	3	0	3	0	0.60	0.00	0.60	0.00	
20	2300-0300	4	3	0	3	0	0.60	0.00	0.60	0.00	
-	0300-0700	4	3	0	3	0	0.60	0.00	0.60	0.00	
-		0	0	0	0	0	0.00	0.00	0.00	0.00	
L –		0	0	0	0	0	0.00	0.00	0.00	0.00	
_		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.80
	0700-1100	4	3	0	4	0	0.63	0.00	0.84	0.00	
	1100-1500	4	3	0	4	0	0.63	0.00	0.84	0.00	
	1500-1900	4	3	0	4	0	0.63	0.00	0.84	0.00	
	1900-2300	4	3	0	3	0	0.63	0.00	0.63	0.00	
19	2300-0300	4	3	0	3	0	0.63	0.00	0.63	0.00	
19	0300-0700	4	3	0	3	0	0.63	0.00	0.63	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.21
	0700-1100	4	3	0	4	0	0.67	0.00	0.89	0.00	
	1100-1500	4	3	0	4	0	0.67	0.00	0.89	0.00	
	1500-1900	4	3	0	4	0	0.67	0.00	0.89	0.00	
	1900-2300	4	3	0	3	0	0.67	0.00	0.67	0.00	
	2300-0300	4	3	0	3	0	0.67	0.00	0.67	0.00	
18	0300-0700	4	3	0	3	0	0.67	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.67
	0700-1100	4	3	0	3	0	0.71	0.00	0.71	0.00	
	1100-1500	4	3	0	3	0	0.71	0.00	0.71	0.00	

	1500-1900	4	3	0	3	0	0.71	0.00	0.71	0.00	
	1900-2300	4	3	0	3	0	0.71	0.00	0.71	0.00	
	2300-0300	4	3	0	3	0	0.71	0.00	0.71	0.00	
17	0300-0700	4	3	0	3	0	0.71	0.00	0.71	0.00	
	0300-0700	0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.47
	0700-1100	4	3	0	3	0	0.75	0.00	0.75	0.00	0.47
				0		0				0.00	
	1100-1500	4	3		3	-	0.75	0.00	0.75 0.75		
	1500-1900	4	3	0	3	0	0.75	0.00		0.00	
	1900-2300	4	3	0	3	0	0.75	0.00	0.75	0.00	
16	2300-0300	4	3	0	2	0	0.75	0.00	0.50	0.00	
	0300-0700	4	3	0	2	0	0.75	0.00	0.50	0.00	
	L	0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
	_	0	0	0	0	0	0.00	0.00	0.00	0.00	8.50
	0700-1100	4	3	0	3	0	0.80	0.00	0.80	0.00	
	1100-1500	4	3	0	3	0	0.80	0.00	0.80	0.00	
	1500-1900	4	3	0	3	0	0.80	0.00	0.80	0.00	
	1900-2300	4	3	0	2	0	0.80	0.00	0.53	0.00	
15	2300-0300	4	3	0	2	0	0.80	0.00	0.53	0.00	
15	0300-0700	4	3	0	2	0	0.80	0.00	0.53	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.80
	0700-1100	4	2	0	3	0	0.57	0.00	0.86	0.00	
	1100-1500	4	2	0	3	0	0.57	0.00	0.86	0.00	
	1500-1900	4	2	0	3	0	0.57	0.00	0.86	0.00	
	1900-2300	4	2	0	3	0	0.57	0.00	0.86	0.00	

	2300-0300	4	2	0	2	0	0.57	0.00	0.57	0.00	
14	0300-0700	4	2	0	2	0	0.57	0.00	0.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	0700-1100	4	2	0	3	0	0.62	0.00	0.92	0.00	
	1100-1500	4	2	0	3	0	0.62	0.00	0.92	0.00	
	1500-1900	4	2	0	3	0	0.62	0.00	0.92	0.00	
	1900-2300	4	2	0	3	0	0.62	0.00	0.92	0.00	
12	2300-0300	4	2	0	2	0	0.62	0.00	0.62	0.00	
13	0300-0700	4	2	0	2	0	0.62	0.00	0.62	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.62
	0700-1100	4	2	0	3	0	0.67	0.00	1.00	0.00	
	1100-1500	4	2	0	3	0	0.67	0.00	1.00	0.00	
	1500-1900	4	2	0	3	0	0.67	0.00	1.00	0.00	
	1900-2300	4	3	0	3	0	1.00	0.00	1.00	0.00	
12	2300-0300	4	2	0	2	0	0.67	0.00	0.67	0.00	
12	0300-0700	4	2	0	2	0	0.67	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.67
	0700-1100	4	2	0	2	0	0.73	0.00	0.73	0.00	
	1100-1500	4	2	0	2	0	0.73	0.00	0.73	0.00	
	1500-1900	4	2	0	2	0	0.73	0.00	0.73	0.00	
	1900-2300	4	2	0	2	0	0.73	0.00	0.73	0.00	
11	2300-0300	4	2	0	2	0	0.73	0.00	0.73	0.00	
11	0300-0700	4	2	0	2	0	0.73	0.00	0.73	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.73
	0700-1100	4	2	0	2	0	0.80	0.00	0.80	0.00	
	1100-1500	4	2	0	2	0	0.80	0.00	0.80	0.00	
	1500-1900	4	2	0	2	0	0.80	0.00	0.80	0.00	
	1900-2300	4	2	0	2	0	0.80	0.00	0.80	0.00	
10	2300-0300	4	2	0	2	0	0.80	0.00	0.80	0.00	
10	0300-0700	4	2	0	2	0	0.80	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
	0700-1100	4	2	0	2	0	0.89	0.00	0.89	0.00	
	1100-1500	4	2	0	2	0	0.89	0.00	0.89	0.00	
	1500-1900	4	2	0	2	0	0.89	0.00	0.89	0.00	
	1900-2300	4	2	0	2	0	0.89	0.00	0.89	0.00	
0	2300-0300	4	2	0	2	0	0.89	0.00	0.89	0.00	
9	0300-0700	4	2	0	2	0	0.89	0.00	0.89	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.67
	0700-1100	4	2	0	2	0	1.00	0.00	1.00	0.00	
	1100-1500	4	2	0	2	0	1.00	0.00	1.00	0.00	
	1500-1900	4	2	0	2	0	1.00	0.00	1.00	0.00	
	1900-2300	4	2	0	2	0	1.00	0.00	1.00	0.00	
0	2300-0300	4	2	0	2	0	1.00	0.00	1.00	0.00	
8	0300-0700	4	2	0	2	0	1.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
	0700-1100	4	2	0	2	0	1.14	0.00	1.14	0.00	
	1100-1500	4	2	0	2	0	1.14	0.00	1.14	0.00	
	1500-1900	4	2	0	2	0	1.14	0.00	1.14	0.00	
	1900-2300	4	2	0	2	0	1.14	0.00	1.14	0.00	
7	2300-0300	4	2	0	2	0	1.14	0.00	1.14	0.00	
7	0300-0700	4	2	0	2	0	1.14	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.71
	0700-1100	4	2	0	2	0	1.33	0.00	1.33	0.00	
	1100-1500	4	2	0	2	0	1.33	0.00	1.33	0.00	
	1500-1900	4	2	0	2	0	1.33	0.00	1.33	0.00	
	1900-2300	4	2	0	2	0	1.33	0.00	1.33	0.00	
c	2300-0300	4	2	0	2	0	1.33	0.00	1.33	0.00	
6	0300-0700	4	2	0	2	0	1.33	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00
	0700-1100	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	1100-1500	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	1500-1900	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	1900-2300	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	2300-0300	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0300-0700	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

0700-1100	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
1100-1500	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
1500-1900	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
1900-2300	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
2300-0300	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
0300-0700	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
0700-1100	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
1100-1500	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
1500-1900	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
1900-2300	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
2300-0300	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
0300-0700	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	



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### **Unit Information**

	Additional Care Tea	am Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
HUC	8hr			Yes
CNA= MHT (mental Health Tech)	12hr			Yes
Social Workers (SW)	8hr			Yes
Inpatient Therapist (Ther)	8hr			Yes
Psychologist (Psy)	10hr			
Creative Arts Therapist (CAT)	8hr			Yes
(non-patient assignments at identified d	12hr			Yes
Resource RN (no patient assignments)	12hr			Yes
Resource MHT (no patient assignments)	12 hr			Yes

### **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:

 $\checkmark$ 

The ABHU is a fast pace unit with 3-5 discharges and admissions a day.

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

Description:

We require all adolescents admitted to the unit to be with staff at all times; staff have visualization of the patients at all times

[	Skill mix
C	Description:
	The staffing matrix is built off of a multidisciplinary team approach which includes nurses, mental health technicians, thera providers, and social workers. Charge nurse does not have patient assignments in census between 18 and 24 for dayshift. Ni shift Charge RN always has a case load. Resource RN and MHT are unassigned to specific patient aissgnments.

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

The unit is structures to run the patients in "pods" and/or 4 seperate groups.	
	ents in "pods" and/or 4 seperate groups.
Other	
Description:	
Each patient has an individualized care plan and additional orders can be obtained based on needs and overall safety (i. sight and/or constant observer).	are plan and additional orders can be obtained based on needs and overall safety (i.e. L



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#### **Fixed Staffing Matrix**

Unit/ Clinic Name:	Fee	Federal Way Off Campus ED											
Unit/ Clinic Type:	Emergency Department												
Unit/ Clinic Address:	29805 Pacific Highway S, Federal Way WA 98003												
Effective as of:	12/2/2024												
Day of the week													
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's							
	Day (0700-1930)	12	3	1									
	Day/Mid (1100-2330)	12	2	1									
	Evening/Night (15-0330)	12	3	2									
	Nights (1900-0730)	12	2	1									
Monday													

			-		
	Day (0700-1930)	12	3	1	
	Day/Mid (1100-2330)	12	2		
		12	3	1	
	Evening/Night (15-0330)		2	2	
	Nights (1900-0730)	12	2	1	
Tuesday					
	+				
	Day (0700-1930)	12	3	1	
	Day/Mid (1100-2330)	12	2	1	
	Evening/Night (15-0330)	12	3	2	
	Nights (1900-0730)	12	2	1	
Wednesday					
····,					
	Day (0700-1930)	12	3	1	
	Day/Mid (1100-2330)	12	2	1	
	Evening/Night (15-0330)	12	3	2	
	Nights (1900-0730)	12	2	1	
Thursday					
mursuay					

	Day (0700-1930)	12	3	1	
	Day/Mid (1100-2330)	12	2	1	
	Evening/Night (15-0330)	12	3	2	
	Nights (1900-0730)	12	2	1	
Friday					
r nady					
	Day (0700-1930)	12	3	1	
	Day/Mid (1100-2330)	12	2	1	
	Evening/Night (15-0330)	12	3	2	
	Nights (1900-0730)	12	2	1	
Coturdou					
Saturday					
	Day (0700-1930)	12	3	1	
	Day/Mid (1100-2330)	12	2	1	
	Evening/Night (15-0330)	12	3	2	
	Nights (1900-0730)	12	2	1	
<b>C</b> 1					
Sunday					



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DOH 346-154

# Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name	e:					AH M	edSurg ICU				
Unit/ Clinic Type	:	Intensive Care Unit									
Unit/ Clinic Addr	ess:				1901 S L	Inion Av	e, Tacoma, V	WA 98405	5		
Average Daily Ce	nsus:		Maxim	um # of Bed	s:		6				
Effective as of:						4-	Dec-24				
Census											
Please select metric type	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	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)
	Day	12	3	0	0	0	6.00	0.00	0.00	0.00	
	Night	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
6		0	0	0	0	0	0.00	0.00	0.00	0.00	
0		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
	Day	12	3	0	0	0	7.20	0.00	0.00	0.00	
	Night	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
_		0	0	0	0	0	0.00	0.00	0.00	0.00	
5		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
	Day	12	2	0	0	0	6.00	0.00	0.00	0.00	
	Night	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
4		0	0	0	0	0	0.00	0.00	0.00	0.00	
4		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
	Day	12	2	0	0	0	8.00	0.00	0.00	0.00	
	Night	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
3		0	0	0	0	0	0.00	0.00	0.00	0.00	
3		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00
	Day	0	2	0	0	0	0.00	0.00	0.00	0.00	
	Night	0	2	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
2		0	0	0	0	0	0.00	0.00	0.00	0.00	
2		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	0.00
	Day	0	2	0	0	0	0.00	0.00	0.00	0.00	
	Night	0	2	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
4		0	0	0	0	0	0.00	0.00	0.00	0.00	
1		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	0.00
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### **Unit Information**

	Additional Care Tea	m Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
RT	х	Х	х	Х
Phlebotomy	х	Х	х	Х
Monitor Tech	Х	Х	х	Х
PT, OT, Speech	х	Х		Х
Wound care	х			Х
Nutrition	х	Х	х	Х
CNA	х	Х	х	Х

#### **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 AH Intensive Care Unit (ICU) supports patients who are 18 years and older. Average age of the patient population is between 60 and 90 years old.

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

Description:

This unit supports 6 adult intensive care beds and provides patient care 24/7/365 dats a year. The unit is compromised of cardiac and respiratory-related illnesses and injuries, diagnoses related to infectios disease and/or processes including pancreatitis, illnesses related to diabetes or post-operative care patients.

_	Skill mix	_
	Description:	
-		ļui

Level of experience of nursing and patient care staff

Description:

Experience, background, or education in critical care for all nursing and patient care staff.

Need for specialized or intensive equipment

Description:

Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medicatio preparation areas, and equipment	n
Description:	
Other	
Description:	

I.....



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DOH 346-154

# Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Nar	ne:		Allenmore 2West MedSurg Interm Care								
Unit/ Clinic Typ	e:		Progressive Care Unit								
Unit/ Clinic Add	lress:				1901 S L	Inion Av	e, Tacoma, '	WA 98405	5		
Average Daily C	ensus:		27			Maxim	um # of Bed	s:		29	
Effective as of:						4-	Dec-24				
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)
	day	12	3	0	1	0	3.00	0.00	1.00	0.00	
	night	12	3	0	1	0	3.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
	<u> </u>	0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	day	12	3	0	2	0	2.77	0.00	1.85	0.00	
	night	12	3	0	2	0	2.77	0.00	1.85	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
13		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.23
	day	12	3	0	2	0	2.57	0.00	1.71	0.00	
	night	12	3	0	2	0	2.57	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
14		0	0	0	0	0	0.00	0.00	0.00	0.00	
14		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.57
	day	12	4	0	2	0	3.20	0.00	1.60	0.00	
	night	12	4	0	2	0	3.20	0.00	1.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
15		0	0	0	0	0	0.00	0.00	0.00	0.00	
15		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
	day	12	4	0	2	0	3.00	0.00	1.50	0.00	
	night	12	4	0	2	0	3.00	0.00	1.50	0.00	
16		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
	day	12	4	0	2	0	2.82	0.00	1.41	0.00	
	night	12	4	0	2	0	2.82	0.00	1.41	0.00	
47		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
17		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.47
	day	12	4	0	2	0	2.67	0.00	1.33	0.00	
	night	12	4	0	2	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
18		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00

	day	12	5	0	2	0	3.16	0.00	1.26	0.00	
	night	12	5	0	2	0	3.16	0.00	1.26	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
19		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.84
	day	12	5	0	2	0	3.00	0.00	1.20	0.00	
	night	12	5	0	2	0	3.00	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.40
	day	12	5	0	2	0	2.86	0.00	1.14	0.00	
	night	12	5	0	2	0	2.86	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
21		0	0	0	0	0	0.00	0.00	0.00	0.00	
21		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	day	12	5	0	3	0	2.73	0.00	1.64	0.00	
	night	12	5	0	3	0	2.73	0.00	1.64	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22		0	0	0	0	0	0.00	0.00	0.00	0.00	
22		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.73
	day	12	5	0	3	0	2.61	0.00	1.57	0.00	
	night	12	5	0	3	0	2.61	0.00	1.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
23		0	0	0	0	0	0.00	0.00	0.00	0.00	
23		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.35
	day	12	6	0	3	0	3.00	0.00	1.50	0.00	
	night	12	6	0	3	0	3.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
24		0	0	0	0	0	0.00	0.00	0.00	0.00	
24		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
	day	12	6	0	3	0	2.88	0.00	1.44	0.00	
	night	12	6	0	3	0	2.88	0.00	1.44	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
25		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.64
	day	12	6	0	3	0	2.77	0.00	1.38	0.00	
	night	12	6	0	3	0	2.77	0.00	1.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
26		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.31
	day	12	6	0	3	0	2.67	0.00	1.33	0.00	
	night	12	6	0	3	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
27		0	0	0	0	0	0.00	0.00	0.00	0.00	
27		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	day	12	7	0	3	0	3.00	0.00	1.29	0.00	
	night	12	7	0	3	0	3.00	0.00	1.29	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
28		0	0	0	0	0	0.00	0.00	0.00	0.00	
					0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.57
	day	12	7	0	3	0	2.90	0.00	1.24	0.00	
	night	12	7	0	3	0	2.90	0.00	1.24	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
29		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.28
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	



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### **Unit Information**

Additional Care Team Members												
	Shift Coverage											
Occupation	Day	Evening	Night	Weekend								
HUC	12hrs M-F			12hrs S-S								
LPN	12hrs		12hrs	12 hrs								
Charge RN	12 hrs		12 hrs	12hrs								

#### **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:

29 bed inpatient unit serving community needs. AH MedSurg Interm Care is acutiy adaptable with medical, med tele and PCU patients. Unit functions 24/7, recieving admissions from ED and off campus transfers.

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

Description:

Mixed acuity level with stable medical, medsurg and med tele patients to low acuity PCU patients.

Skill mix	
Description:	
Skill mix of CNAs, LPNs, RNs and HUC.	

Level of experience of nursing and patient care staff

Description:

Level of experience ranges from residency RNs to greater then 15 years.

Need for specialized or intensive equipment

Description:

All rooms have telemetry hardwire capabilities.

Description:	
2West MedSurg Interm Care unit is located in Allenmore Hospital, 2nd floor. Nurses station, medication room and supplies are centeraly located. Rooms 2101-2104, 2106-2110 are semi private rooms. Rooms 2105, 2111-2120 are private rooms. Rooms 2111-2114 have ICU capability. 2104,2105, 2114, and 2115 are negative pressure rooms.	ļ

Other	
Description:	



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DOH 346-154

# Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name	e:					Allenm	ore Hospita	I			
Unit/ Clinic Type	:	2 East OrthoGenSurg									
Unit/ Clinic Addr	ess:	1901 S Union, Tacoma WA 98405. MailStop 19U-H2-SUR									
Average Daily Ce	nsus:	26 Maximum # of Beds:						30			
Effective as of:		12/4/2024									
Census											
Please select metric type	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	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)
	Day	12	3	0	2	0	3.00	0.00	2.00	0.00	
	Night	12	3	0	2	0	3.00	0.00	2.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.00
	Day	12	3	0	2	0	2.77	0.00	1.85	0.00	
	Night	12	3	0	2	0	2.77	0.00	1.85	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
13		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.23
	Day	12	3	0	2	0	2.57	0.00	1.71	0.00	
	Night	12	3	0	2	0	2.57	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
14		0	0	0	0	0	0.00	0.00	0.00	0.00	
14		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.57
	Day	12	3	0	2	0	2.40	0.00	1.60	0.00	
	Night	12	3	0	2	0	2.40	0.00	1.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
15		0	0	0	0	0	0.00	0.00	0.00	0.00	
15		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day	12	4	0	2	0	3.00	0.00	1.50	0.00	
	Night	12	4	0	2	0	3.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
16		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
	Day	12	4	0	2	0	2.82	0.00	1.41	0.00	
	Night	12	4	0	2	0	2.82	0.00	1.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
47		0	0	0	0	0	0.00	0.00	0.00	0.00	
17		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.47
	Day	12	4	0	2	0	2.67	0.00	1.33	0.00	
	Night	12	4	0	2	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
18		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00

	Day	12	4	0	2	0	2.53	0.00	1.26	0.00	
	Night	12	4	0	2	0	2.53	0.00	1.26	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
19		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.58
	Day	12	4	0	2	0	2.40	0.00	1.20	0.00	
	Night	12	4	0	2	0	2.40	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20
	Day	12	5	0	3	0	2.86	0.00	1.71	0.00	
	Night	12	5	0	3	0	2.86	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
21		0	0	0	0	0	0.00	0.00	0.00	0.00	
21		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.14
	Day	12	5	0	3	0	2.73	0.00	1.64	0.00	
	Night	12	5	0	3	0	2.73	0.00	1.64	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.73
	Day	12	5	0	3	0	2.61	0.00	1.57	0.00	
	Night	12	5	0	3	0	2.61	0.00	1.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
23		0	0	0	0	0	0.00	0.00	0.00	0.00	
23		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.35
	Day	12	5	0	3	0	2.50	0.00	1.50	0.00	
	Night	12	5	0	3	0	2.50	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
24		0	0	0	0	0	0.00	0.00	0.00	0.00	
24		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
	Day	12	5	0	3	0	2.40	0.00	1.44	0.00	
	Night	12	5	0	3	0	2.40	0.00	1.44	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
25		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.68
	Day	12	6	0	3	0	2.77	0.00	1.38	0.00	
	Night	12	6	0	3	0	2.77	0.00	1.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
26		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.31
	Day	12	6	0	3	0	2.67	0.00	1.33	0.00	
	Night	12	6	0	3	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
27		0	0	0	0	0	0.00	0.00	0.00	0.00	
27											
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0 0	0.00	0.00	0.00	0.00 0.00	
		0 0 0	0	0	0	0 0 0	0.00	0.00	0.00	0.00	
		0 0	0 0	0 0	0 0	0	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	8.00
	Day	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	8.00
	Day Night	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	8.00
		0 0 0 0 12	0 0 0 0 6	0 0 0 0 0	0 0 0 0 3	0 0 0 0	0.00 0.00 0.00 0.00 2.57	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 1.29	0.00 0.00 0.00 0.00 0.00	8.00
		0 0 0 0 12 12	0 0 0 0 6 6	0 0 0 0 0	0 0 0 3 3	0 0 0 0 0 0	0.00 0.00 0.00 2.57 2.57	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 1.29 1.29	0.00 0.00 0.00 0.00 0.00 0.00	8.00
28		0 0 0 0 12 12 0	0 0 0 0 6 6 6 0	0 0 0 0 0 0 0	0 0 0 3 3 0	0 0 0 0 0 0 0	0.00 0.00 0.00 2.57 2.57 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 1.29 1.29 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	8.00

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.71
	Day	12	6	0	3	0	2.48	0.00	1.24	0.00	
	Night	12	6	0	3	0	2.48	0.00	1.24	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
29		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.45
	Day	12	6	0	3	0	2.40	0.00	1.20	0.00	
	Night	12	6	0	3	0	2.40	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
30		0	0	0	0	0	0.00	0.00	0.00	0.00	
50		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	



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## **Unit Information**

	Additional Care Team Members										
	Shift Coverage										
Occupation	Day	Evening	Night	Weekend							
HUC	12 hrs.		NONE	12 hrs. (Days)							
LPN	Variable: 8 hr & 12 hr shifts		12 hrs.	12 hrs. (NOC only)							
Charge RN	12 hrs.		12 hrs.	12 hrs.							

### **Unit Information**

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

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

Description:

 $\checkmark$ 

Average Daily Census: 26 pts. This unit is very fast-paced, mostly consisting of weekday-post op patients with admissions and discharges rapidily moving throughout the day. Our highest turnover times is between 1300-1800. We average 10-12 discharges per day, with upwards of 16-18 discharges daily. We rarely see lower than 8 discharges during the weekdays. Admissions follow the discharges, average of 8-10 post-op admissions from surgery, as well as receiving admissions from the ED, OCEDs and our other MHS facilities. Fruthermore, we occassional take direct admits from our surgical clinics (ortho/Bari/etc).

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

Description:

The acuity of the unit mainly come for the fast-paced movement of admits, discharges and transfers during the weekdays (sugical admits, procedures to and from the unit, surgical discharges, medical discharges, rapid vitals and COE measure documentation/tracking/mobility, and high education especially for the surgical post op discharges/admits). The dayshift tend to be moving quickly due to acute surgical needs, but NOCs and weekends due tend to slow down a bit as the turnover is not so intense.

⊡ SI	kill mix
Descrip	tion:
Comm	non Diagnoses & Procedures:?
	rics (center of excellence), Orthopedics (center of ecellence for total joint knee and hips), General Surgery, Urology, and Gynecology. /olume of as needed medical inpatient care: high needs community due to low income area serviced by Allenmore.
Comp	etencies:?
and har mover	cant push towards certifications in our largest areas of specialty- Bariatric, Ortho, and M/S general. We have advanced COE for Joints ave COE for Bariatrics. We have 10 tele boxes for low acuity tele. Some consideration to remove telemetry due to high acuity and staff ment, but not in project at this time.
BLS ce	rtifications for all 2E staff?
🗸 Le	evel of experience of nursing and patient care staff
Descript	
✓ N Descript	eed for specialized or intensive equipment tion:
Sara St mainte	edy, Bariatric equitment, ortho/Total joint equiptment. Telemetry Monitoring. Suction for SBO etc. Suction for incontince to allow for skin enance with purewick but avoid foley placement. Incentive Spirometer for post surgical prevention of respiratory complications (bari excellence).

Bladder Scanners for prevention of post op complication (ortho excellence). Wound and Ostomy Care more common due to surgical nature of unit, plus outside transfers for increased care needs with infections requiring surgical operative care. Ceiling Slings to prevent in bed decline due to poor mobility, particular with Orth-Hip needs and aging population. Recliners for post surgical up out of bed requirements to increase ability to discharge within 24-48 hrs.

scription:	
ocated on the 2nd floor of Allenmore Hospital	
)pen 24/7 365 😳	
ares for primarily adults, exceptions are made through leadership with consideration for teenagers but not younger than 16. Due to ediatric care certified staff present and need for parental presence etc.	no
Init Dynamics	
rivate Rooms- 10	
rovides post-op care primarily for pts with total joint surgeries. The room is set up to accommodate work with PT/OT and has PT ap	proved
] Other	
scription:	
Ve have an active Unit based shared leadership counsel who is focusing on standardizing workflows, placement of supplies, unit engage nd processes/flow. CN team is working to standardize shift report, bed/safety huddle report, workflow, acuities, and rounding. CNAs are ocused on pt service: responsiveness (call lights and toileting), RN/LPN team is working on pt service: Nursing communication with Stop onnect, and listen/reiterate the plan or story. HUCs are focusing on use of telmediq communication tool, connection to pt safety, and pt esponsiveness. Committee members focus to send the meeting minutes and follow up gained at the meeting discussions-presented back nit staff. Mobility with JH is being lead by our LPN and other unit staff to improve post operative and other medical patient outcomes thro ohn Hopkins mobility initiative and new equipment such as sara steady and room updates(whiteboards and walk stations). Leadership taffing for safety/staffing with the appropriate needs, SCORE/burnout discussion, increasing patient service through rounding, in the mod ducation for safety, survey, and daily workflow.	, Pause service k to the ugh the goals:



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#### **Fixed Staffing Matrix**

Unit/ Clinic Name:	Allenmore Hospital Emergency Department							
Unit/ Clinic Type:	Emergency Department							
Unit/ Clinic Address:	1901 S U	Jnion Ave., Ta	coma, W	A 98405				
Effective as of:		12/4/20	)24					
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		
	Day	12	4	0	2	1		
	Mid	12	6	0	0	2		
	Night	12	4	0	2	1		
Monday								

			1	<u>г г</u>		
	L					
	Day	12	4	0	2	1
	Mid	12	6	0	0	2
	Night	12	4	0	2	1
Tuesday						
	-					
	Day	12	4	0	2	1
	Mid	12	6	0	2	1 2
		12				1
	Night	12	4	0	2	1
	L					
Wednesday	<u> </u>					
	Day	12	4	0	2	1
	Mid	12	6	0	0	2
	Night	12	4	0	2	1
Thursday		1				
		-				

				<u> </u>		
	Day	12	4	0	2	1
	Mid	12	6	0	0	2
	Night	12	4	0	2	1
<b>C</b> 1 1						
Friday						
	Day	12	4	0	2	1
	Mid	12	6	0	0	2
	Night	12	4	0	2	1
Coturdou						
Saturday						
	Day	12	4	0	2	1
	Mid	12	6	0	0	2
	Night	12	4	0	2	1
Sunday						
Sunuay						



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## **Unit Information**

Additional Care Team Members								
	Shift Coverage							
Occupation	Day	Evening	Night	Weekend				
RN - Charge	1		1	Yes				
RN - Breaks		2		Yes				

## **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:

Allenmore Hospital Emergency Department holds a level IV trauma designation that provides comprehensive care to our patient population. Approximately 5-10% of our patient population is pediatric and we have an overall admission rate of approximately 10-15%. We collaborate with our inpatient nursing units in attempt to provide inpatient staff to care for inpatients that may be boarding in the emergency department.

Skill mix	
Description:	
Our nursing team is comprised of registered nurses, emergency services technicians, certified nursing assistants, and a hea unit coordinator / monitor technician.	ilth

Level of experience of nursing and patient care staff

Description:

Need for specialized or intensive equipment

Description:

Description:	

Other	
Description:	



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#### **Fixed Staffing Matrix**

Unit/ Clinic Name:	AH Operating Room								
Unit/ Clinic Type:	Operating Room								
Unit/ Clinic Address:	1901 S	Union Ave, Ta	coma, W/	A 98405					
Effective as of:		4-Dec-2	24						
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			
	700	8-12 hours	8	0	0	0			
	1500	8-12 hours	8	0	0	0			
	1700	8-12 hours	3	0	0	0			
	2000	8-12 hours	2	0	0	0			
Monday									

	L					
	700	0.12 have	0		0	
	700	8-12 hours	8	0	0	0
	1500	8-12 hours	8	0	0	0
	1700	8-12 hours	3	0	0	0
	2000	8-12 hours	2	0	0	0
Tuesday						
,						
	700	8-12 hours	8	0	0	0
	1500	8-12 hours	8	0	0	0
	1700	8-12 hours	3	0	0	0
	2000	8-12 hours	2	0	0	0
M/a dia andari						
Wednesday						
	700	8-12 hours	8	0	0	0
	1500	8-12 hours	8	0	0	0
	1700	8-12 hours	3	0	0	0
	2000	8-12 hours	2	0	0	0
_						
Thursday						

				1		
	700	8-12 hours	8	0	0	0
	1500	8-12 hours	8	0	0	0
	1700	8-12 hours	3	0	0	0
	2000	8-12 hours	2	0	0	0
Friday						
Thườy						
	l					



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## **Unit Information**

Additional Care Team Members					
_		Shift Coverage			
Occupation	Day	Evening	Night	Weekend	
Surgical Technologist	11 on Mon, Wed, Thurs	3	0	0	
Surgical Technologist	10 on Tues, Fri	3	0	0	
Anesthesia Assistant	3	2	0	0	
Instrument Coordinators	2	0	0	0	
Control Desk Specialist	1	1	0	0	
Charge RN	1 0600-2200 M-F	1			
Backhall RN	0900-1730 M-F	2			

## **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:

Up to eight operating rooms are utilized and scheduled for surgical procedures Monday through Friday 0730-1700; up to two operating rooms after 1730 and one operating room after 1900. Urgent/emergent surgical procedures are accomodated 24 hours a day, seven days a week.

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

Description:

Allenmore Hospital provides a multi-specialty surgical environment that meet the needs of patients thirteen years to geriatrics. Those patients that are thirteen to eighteen years of age should not have a diagnosis of sleep apnea. Scope of services served are orthopedics, including Total Joint Replacements, Robotics, Urology, General Surgery, Bariatric, Ophthalmology and Podiatry.

Skill mix	
Description:	
Staffing is composed of RNs, Surgical Technologists, and Anesthesia Assistants. The standard for each O.R. room is two staf members; one RN circulator and one Surgical Technologist, or one RN circulator and one RN in the scrub role. For certain rol procedures, an additional RN or Surgical Technologist may be required for optimum patient care.	

☑ Level of experience of nursing and patient care staff

Description:

Staffing will be sufficient at all times in numbers, skill mix and competency to meet the needs of patients. REGISTERED NURSE must be competent in the perioperative services specialty as determined by education, orientation, and experience. SURGICAL TECHNOLOGIST must be graduates of a qualified Surgical Technology Program and be registered with the State of Washington, will skills and abilities measured during the orientation process by precepting and mentoring. ANESTHESIA ASSISTANTS must have specialized training in Anesthesia Assistance for individuals from a variety of healthcare backgrounds. Requirements are high school graduate with special orientation to the perioperative environment.

Need for specialized or intensive equipment

Description:

Description:	
✓ Other	
Description:	
Call team consists of one RN and one Surgical Technologist, coverage is from 2200-0630 Monday through Friday. On weekends and holidays, coverage is from 0630-0630 the following day. On weekends, Anesthesia Assistant coverage is from 0730-1600. Response time for call is 30 minutes.	



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#### **Fixed Staffing Matrix**

Unit/ Clinic Name:	AH Day Surgery Unit						
Unit/ Clinic Type:	Surgical Admit Unit						
Unit/ Clinic Address:	1901 S. Union Ave., Tacoma, WA 98405						
Effective as of:	12/4/2024						
Day of the week	Day of the week						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	
	0500-1330		0	0	0	0	
	0530-1400		1	0	0	0	
	0530-1800		2	0	0	0	
	0600-1430		4	0	0	0	
Monday	0800-1630		0	0	0	0	

	0500-1330	0	0	0	0
	0530-1400	1	0	0	0
	0530-1800	2	0	0	0
	0600-1430	4	0	0	0
Tuesday	0800-1630	0	0	0	0
Tuesday					
	0500-1330	0	0	0	0
	0530-1400	1	0	0	0
	0530-1800	2	0	0	0
	0600-1430	4	0	0	0
	0800-1630	0	0	0	0
Wednesday					
	0500-1330	0	0	0	0
		1		0	0
	0530-1400		0	0	0
	0530-1800	2	0	0	0
	0600-1430	4	0	0	0
Thursday	0800-1630	0	0	0	0
			ļ		
	L		ļ		

	Г Г				
	0500 1330	0		0	
	0500-1330	0	0	0	0
	0530-1400	1	0	0	0
	0530-1800	2	0	0	0
	0600-1430	4	0	0	0
Friday	0800-1630	0	0	0	0
	closed				
Saturday					
Saturuay					
	closed				
Sunday					



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## **Unit Information**

Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
CNA	3					

## **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 unit includes 12 rooms with the ability to flex more beds into Phase 2. Our typical procedures include bariatrics (center of excellence for bariatrics), orthopedics (center of excellence for total joints), gynecology, urology, ophthalmology, general surgeries, as well as GI and IR procedures. Our patients consist of OR, GI, and IR. We are open Monday-Friday and closed on weekends and holidays except for emergent surgeries.

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

Description:

Acuity of patients are typically ambulatory or MedSurg, however the unit is capable of monitoring a higher level of care ED patient if needed for a short period of time prior to surgery.

□ Skill mix
Description:
RN and CNA's staff this unit.
Level of experience of nursing and patient care staff
Description:

Because Day Surgery and PACU work so closely together all DSU RNs are cross trained to PACU and can care for ICU level of care patients in the immediate post op recovery phase of care. The minimum experience required is at least 2 years of ED, ICU, PCU or a qualifying PACU residency.

Need for specialized or intensive equipment

Description:

This unit has access to US for guided IV, which does require training and return demo prior to use.

Description:
There are 12 beds in DSU that are acuity adaptable with the Phase 2 recovery unit. The unit was designed to flow with patient admissions allowing for more bed space for admitting in the morning and more recovery bed space in the afternoon.

Other	
Description:	



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#### **Fixed Staffing Matrix**

Unit/ Clinic Name:	ΑΗ ΡΑϹυ							
Unit/ Clinic Type:	Post Anesthesia Care Unit							
Unit/ Clinic Address:	1901 S. Union Ave., Tacoma, WA							
Effective as of:	12/4/2024							
Day of the week								
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's		
	0800-1630		2	0	0	0		
	0830-1700		1	1	0	0		
	0830-2100		1	0	0	0		
	0900-1730		1	0	0	0		
Manday	0930-2200		4	0	0	0		
Monday	1000-1830		1	0	0	0		

	1000-2030	0	1	0	0
	1100-1930	0	0	0	0
	call 2200-0800	2			
	0800-1630	2	0	0	0
	0830-1700	1	1	0	0
	0830-2100	1	0	0	0
	0900-1730	1	0	0	0
- I	0930-2200	4	0	0	0
Tuesday	1000-1830	1	0	0	0
	1000-2030	0	1	0	0
	1100-1930	0	0	0	0
	call 2200-0800	2			
	0800-1630	2	0	0	0
	0830-1700	1	1	0	0
	0830-2100	1	0	0	0
	0900-1730	1	0	0	0
Madaasday	0930-2200	4	0	0	0
Wednesday	1000-1830	1	0	0	0
	1000-2030	0	1	0	0
	1100-1930	0	0	0	0
	call 2200-0800	2			
	0800-1630	2	0	0	0
	0830-1700	1	1	0	0
	0830-2100	1	0	0	0
	0900-1730	1	0	0	0
Thursday	0930-2200	4	0	0	0
Thursday	1000-1830	1	0	0	0
	1000-2030	0	1	0	0
	1100-1930	0	0	0	0

	call 2200-0800		2			
	0800-1630		2	0	0	0
	0830-1700		1	1	0	0
	0830-2100		1	0	0	0
	0900-1730		1	0	0	0
	0930-2200		4	0	0	0
Friday	1000-1830		1	0		0
	1000-2030		0	1	0	0
	1100-1930		0	0	0	0
	call 2200-0800		2			
	closed					
	call 0800-0800	12hrs	2			
Saturday						
Saturuay						
	closed					
	call 0800-0800	12hrs	2			
Sunday						
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Additional Care Team Members						
		Shift Coverage				
Occupation	Day	Evening	Night	Weekend		
Physical Therapy	Х	Х				
Respiratory Therapy	Х	Х	Х	Х		
X-ray	Х	Х	Х	Х		
CNA	1	1				
Resource RN (take pts 80% of time)	Х	Х				

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

Activity such as patient admissions, discharges, and transfers

Description:

The unit includes 17 rooms consisting of 12 Phase 1 bays and 5 Phase 2 beds, with the ability to flex more beds into day surgery. Our typical procedures include bariatrics (center of excellence for bariatrics), orthopedics (center of excellence for total joints), gynecology, urology, ophthalmology, general surgeries, as well as GI and IR procedures. Our patients consist of OR, GI, and IR. We are open Monday-Friday and closed on weekends and holidays except for emergent surgeries.

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

Description:

Patient acuity in PACU is critical care for the immediate post operative phase. Phase I is the level of care in which close monitoring is required, including airway and support for effective ventilation, progression toward hemodynamic stability, pain control, fluid management, and other acute aspects of patient care. Phase 2 PACU patients have met Phase 1 discharge criteria, and the care in this phase focuses on continued pain management, increasing activity, education, and a safe discharge. Phase 1 can also provide extended care to patients who have met discharge criteria, but are still waiting on transfer to another unit.

Skill mix
Description:
RNs, LPNs, and CNA's staff this unit.

Level of experience of nursing and patient care staff

Description:

Because Day Surgery and PACU work so closely together all DSU RNs are cross trained to PACU and can care for ICU level of care patients in the immediate post op recovery phase of care. The minimum experience required is at least 2 years of ED, ICU, PCU or a qualifying PACU residency.

Need for specialized or intensive equipment

Description:

This unit has access to US for guided IV, which does require training and return demo prior to use. There is also access to continuous monitoring and ventilation if required.

Description:
The unit includes 17 rooms consisting of 12 Phase 1 bays and 5 Phase 2 beds, with the ability to flex more beds into day surgery.

Other	
Description:	



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#### **Fixed Staffing Matrix**

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

Unit/ Clinic Name:	AH Interventional Radiology						
Unit/ Clinic Type:	Interventional Radiology						
Unit/ Clinic Address:	1901 S. Union Ave., Tacoma, WA						
Effective as of:	12/4/2024						
Day of the week							
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	
	Day	10	1	0	0	0	
Monday							

	Day	10	1	0	0	0
Tuesday						
		10				
	Day	10	1	0	0	0
Mada andari						
Wednesday						
	Day	10	1	0	0	0
	Duy	10		5	0	0
Thursday						

			1			
	Day	10	1	0	0	0
Friday						
	closed					
Saturday						
Saturday						
	closed					
Sunday						



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Additional Care Team Members						
		Shift Coverage	Γ			
Occupation	Day	Evening	Night	Weekend		
Radiology Technologist	Х					
IR Coordinator	Х					

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

Activity such as patient admissions, discharges, and transfers

Description:

Allenmore IR serves inpatient, outpatient and ER patients. Allenmore IR is considered "IR light" due to the limitations of the current equipment. Common procedures include port placment, CT or US guided biopsies, paracentesis, thoracentesis, drain placements.

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

Description:

Acuity of patients range from stable outpatients to ICU level inpatients.

Skill mix	
escription:	
RN only	

Level of experience of nursing and patient care staff

Description:

All IR RNs are required to have a minimum of 3 years of critical care, ED or procedural experience.

Need for specialized or intensive equipment

Description:

Radiology procedures performed using fluoroscopy, US, or CT guidance.

Description:
One main IR control room in close proximity to xray, CT, MR and IR suite. Short stay patients admitted and recovered through the Day Surgery Unit, also located on the same floor.
Other
Description:
Minimum staffing utilized daily, Monday-Friday. One RN, one IR technologist and one provider.



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#### **Fixed Staffing Matrix**

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

Unit/ Clinic Name:	West Pierce Pre-Anesthesia Clinic						
Unit/ Clinic Type:	Pre-Anesthesia Clinic						
Unit/ Clinic Address:	1901 S. Union Ave., Tacoma, WA						
Effective as of:	12/4/2024						
Day of the week							
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	
	0800-1630		11	0	2	0	
Monday							

	0800-1630	11	0	2	0
	0000-1050		0	۷	0
Tuesday					_
		1			
	0800-1630	11	0	2	0
			0	2	0
Wednesday					
	0800-1630	11	0	2	0
<b>T</b> 1					
Thursday					

	0800-1630	11	0	2	0
			-		
<b>E</b> video					
Friday					
	closed				
Saturday					
	closed				
Sunday					



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Additional Care Team Members					
		Shift Coverage	1		
Occupation	Day	Evening	Night	Weekend	
ARNP	Х				
Anesthesia	Х				
Interperative Services					

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

Activity such as patient admissions, discharges, and transfers

Description:

There are 9 patient care rooms that are built virtually for this clinic and those rooms can accomodate 9 patients per day with built in rest breaks and meal periods. Each phone appointment is 40 minutes long and allows time for charting and follow up. There is also a nurse facilitator who is ensuring that follow-up action items are occurring prior to surgery as well as a nurse whose role is to track and document specialty clearances. This clinic supports 100% of the elective surgical case volume for 4 operating rooms (Allenmore Hospital, Tacoma General Hospital, Baker Day Surgery, and the Gig Harbor Ambulatory Surgery Center).

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

Description:

The care provided in this clinic is for ambulatory patients prior to surgery and the bulk of care provided is patient interviews either remote or in person.

L Skill mix	
Description:	
RNs, ARNPs, and CNA's staff this unit.	

Level of experience of nursing and patient care staff

Description:

The nursing staff here is required to carry BSNs (or be a grandfathered ADN) per MHS standard and must have at least 2 years experience in the perioperative setting. CNAs must have an active licensure and experience with EKGs is preferred.

Need for specialized or intensive equipment

Description:

This unit uses home setups for remote work per MHS standards for privacy compliance.

Description:	
This is an outpatient clinic with two patient care treatment rooms that are set up to perform EKGs and physical assessments as required. There are also 4 additional rooms that have space for either in person or phone interviews with patients. The rest of the team works remotely.	

Other	
Description:	



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#### **Fixed Staffing Matrix**

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

Unit/ Clinic Name:	MultiCare Gig Harbor Ambulatory Surgery OR						
Unit/ Clinic Type:	Operating Room						
Unit/ Clinic Address:	4545 Pc	oint Fosdick Dr	ive NW S	uite 160			
Effective as of:		4-Dec-	24				
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	
			_				
	0630-1500 (RN)		3	0	0	0	
	0630-1700 (RN)		2	0	0	0	
	0830-1700 (RN)		1	0	0	0	
Monday							

	0630-1500 (RN)	3	0	0	0
	0630-1700 (RN)	2	0	0	0
	0830-1700 (RN)	1	0	0	0
Tuesday					
Tuesday					
	0630-1500 (RN)	3	0	0	0
	0630-1700 (RN)	2	0	0	0
	0830-1700 (RN)	1	0	0	0
Wednesday					
weanesday					
	0630-1500 (RN)	3	0	0	0
	0630-1700 (RN)	2	0	0	0
	0830-1700 (RN)	1	0	0	0
Thursday					

	0630-1500 (RN)	3	0	0	0
	0630-1700 (RN)	2	0	0	
	0830-1700 (RN)	1	0	0	
		-	0	Ŭ	0
Friday					
	<u> </u>				
	closed				
Saturday					
	closed				
Sunday					
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Additional Care Team Members					
		Shift Coverage			
Occupation	Day	Evening	Night	Weekend	
Surgical Technologist	6	0	0	0	
Resource/Charge RN	1				
Anesthesia Assistant	1	0	0	0	
Instrument Coordinators	1	0	0	0	
Material Manager	1	0	0	0	
Patient Access	1	0	0	0	
Sterile Processing	3	0	0	0	

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

Activity such as patient admissions, discharges, and transfers

Description:

4 operating rooms are utilized and scheduled for surgical and pain procedures Monday through Friday 0730-1630; up to two operating rooms after 1530. Patients are discharged same day. Urgent/emergent transfers made to TG.

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

Description:

Gig Harbor OR surgical environment that meets the needs of patients 1 years to geriatrics. Those patients must meet anesthesia admission criteria. Scope of services served are orthopedics, ent, gyn, Robotics, plastics, General Surgery and Ophthalmology.

Skill mix	
Description:	
Staffing is composed of RNs, Surgical Technologists, and Anesthesia Assistants. The standard for each O.R. room is two staf members; one RN circulator and one Surgical Technologist, or one RN circulator and one RN in the scrub role. For certain rol procedures, an additional RN or Surgical Technologist may be required for optimum patient care.	

☑ Level of experience of nursing and patient care staff

Description:

Staffing will be sufficient at all times in numbers, skill mix and competency to meet the needs of patients. REGISTERED NURSE must be competent in the perioperative services specialty as determined by education, orientation, and experience. SURGICAL TECHNOLOGIST must be graduates of a qualified Surgical Technology Program and be registered with the State of Washington, will skills and abilities measured during the orientation process by precepting and mentoring. ANESTHESIA ASSISTANTS must have specialized training in Anesthesia Assistance for individuals from a variety of healthcare backgrounds. Requirements are high school graduate with special orientation to the perioperative environment.

Need for specialized or intensive equipment

Description:

Description:	

Other	
Description:	



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#### **Fixed Staffing Matrix**

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

Unit/ Clinic Name:	Gig Harbor Ambulatory Surgery Center PACU/Pre-op					
Unit/ Clinic Type:	Pre-op/ PACU					
Unit/ Clinic Address:	4545 Po	oint Fosdick Dr	ive NW S	uite 160		
Effective as of:		12/4/20	)24			
Day of the week						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
	0600-1430		4	0	0	0
	0730-1600		2	0	0	0
	0830-1700		2	0	0	0
	0830-1900		2	0	0	0
Monday						

	L				
	0600-1430	4	0	0	0
	0730-1600	2	0	0	0
	0830-1700	2	0	0	0
	0830-1900	2	0	0	0
Tuesday					
Tuesuay					
			1		
	0600-1430	4	0	0	0
	0730-1600	2	0	0	0
	0830-1700	2	0	0	0
	0830-1900	2	0	0	0
			Ŭ		
Wednesday					
	L				
	0600-1430	4	0	0	0
	0730-1600	2	0	0	0
	0830-1700	2	0	0	0
	0830-1900	2	0	0	0
Thursday					
marsuay					

		1	1			
	L					
	0600-1430		4	0	0	0
	0730-1600		2	0	0	0
	0830-1700		2	0	0	0
	0830-1900		2	0	0	0
Frider						
Friday						
	closed					
Saturday						
	closed					
Currele						
Sunday						



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Additional Care Team Members				
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
CNA	0600-1430 M-F supports Pre-Op and PACU			

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

Activity such as patient admissions, discharges, and transfers

Description:

The unit includes 6 pre-op rooms/bays and 10 PACU rooms/bays. Surgeries include ENT, orthopedics, gynecology, plastics, ophthalmology, general surgeries, pain procedures. We are open Monday-Friday and closed on weekends and holidays.

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

Description:

Acuity of patients are ambulatory.

Skill mix
Description:
RN and CNA's staff this unit.
Level of experience of nursing and patient care staff
Description:
All RNs are cross trained to Pre-op, PACU and procedural sedation. The minimum experience required is at least 2 years of ED,

Need for specialized or intensive equipment

ICU, PCU or a qualifying PACU residency.

Description:

Descript	tion:
	consists of 6 admission bays and 1 nursing station. PAcu cosists of 10 recovery bays, 1 nursing station and a PYXIS. Phase overy has 5 private patient rooms with private bathrroms. This area is flexed to admit and recovery patients as unit census res.

Other	
Description:	



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#### **Fixed Staffing Matrix**

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

Unit/ Clinic Name:	AH AMBULATORY INFUSION						
Unit/ Clinic Type:	Hospita	al Based Amb	ulatory in	fusion			
Unit/ Clinic Address:	3124 S 19th s	street Suite 1	05 Tacom	na, WA 9	8405		
Effective as of:		12/4/20	)24				
Day of the week							
Day of the week	Please select	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	
	0700-1730	10				3	
	0830-1700	8	9	0			
Monday							

	0700 1720	10				2
	0700-1730	10				3
	0830-1700	8	9	0		
	L					
Tuedsday	L					
	L					
	L					
	L					
	L					
	0700-1730	10	_			3
	0830-1700	8	9	0		
Wednesday						
weatesday						
	0700-1730	10				3
	0830-1700	8	9	0		
Thursday						
				1	1	

					1
	0700-1730	10			3
	0830-1700	8	9	0	
Friday					
Thuay					
	0800-1630	8	3	0	1
Saturday					
	0830-16330	8	3	0	1
				_	
Sunday					



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Additional Care Team Members				
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
Medical Assistant	3			1
Pharmacy Technition	2			1
Pharmacist	2			1

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

Activity such as patient admissions, discharges, and transfers

Description:

 $\checkmark$ 

Patients are seen every 20 minutes for durations of 30 minutes to 5 hour infusions.

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

Description:

pateints are ambulatory and low acuity. Intenisity of care needs is low. Type of care are ambulatory patients in outpatint setting.

Skill mix
Description:
Level of experience of nursing and patient care staff
Description:
Need for specialized or intensive equipment
Description:

Description:	
✓ Other	
Description:	
One nurse in the count works as Charge RN who conducts care coordination efforts with acute care discharges.	