COVER PAGE

The following is the comprehensive hospital staffing plan for TriState Health 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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Washington State Department of HEALTH

Hospital Staffing Form

Attestation

Date: 11/14/24

I, the undersigned with responsibility for TriState Health 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: Kym Clift, CEO

Hospital Information

Name of Hospital: Tri-State Memorial Hospital DBA TriState Health		
Hospital License #: HAC.FS.00000108		
Hospital Street Address: 1221 Highland Ave.		
City/Town: Clarkston	State: WA	Zip code: 99403
Is this hospital license affiliated with more than one location?	☐ Yes	☑ No
If "Yes" was selected, please provide the location name and address		
Review Type:	☑ Annual	Review Date: 1/1/25
	☐ Update	Next Review Date: 1/1/26
Effective Date: 1/1/25		
Date Approved: 11/14/24		

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

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

Description:
When applicable, guidance published by the following organizations were considered in the development of the Hospital Staffing Plan: AORN, AACN, ANA, AONL, AHRQ

☐ Terms of applicable collective bargaining agreement

Description:

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

Description:

☑ Hospital finances and resources

Description:

☐ Other

Description:

Signature

CEO & Co-chairs Name:	Signature:	Date:
Kym Clift	Kym Clift	11/14/24
Amber Dahlgren	Amber Dahlgren	11/14/24
Kerry Lopez	Kerry Lopez	11/14/24

Total Votes	
# of Approvals	# of Denials
12 (12)	0

Access unit staffing matrices here.

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Washington State Department of HEALTH

DOH 346-154

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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:	**Emergency Department**		
Unit/ Clinic Type:	**Emergency**		
Unit/ Clinic Address:	**1221 Highland Ave. Clarkston, WA 99403**		
Average Daily Census:	**43**	**Maximum # of Beds:**	**12**
Effective as of:	**9/25/2024**		
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)
1	0700-1930	12	2	0	1	0	24.00	0.00	12.00	0.00	
	1900-0730	12	2	0	1	0	24.00	0.00	12.00	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	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	72.00
2	0700-1930	12	2	0	1	0	12.00	0.00	6.00	0.00	
	1900-0730	12	2	0	1	0	12.00	0.00	6.00	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	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	36.00
3	0700-1930	12	2	0	1	0	8.00	0.00	4.00	0.00	
	1900-0730	12	2	0	1	0	8.00	0.00	4.00	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	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	24.00
4	0700-1930	12	2	0	1	0	6.00	0.00	3.00	0.00	
	1900-0730	12	2	0	1	0	6.00	0.00	3.00	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	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	18.00
5	0700-1930	12	2	0	1	0	4.80	0.00	2.40	0.00	
	1900-0730	12	2	0	1	0	4.80	0.00	2.40	0.00	
	1000-2230	12	1	0	1	0	2.40	0.00	2.40	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	0.00	0.00	19.20
6	0700-1930	12	2	0	1	0	4.00	0.00	2.00	0.00	
	1900-0730	12	2	0	1	0	4.00	0.00	2.00	0.00	
	1000-2330	12	1	0	1	0	2.00	0.00	2.00	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	0.00	0.00	0.00	16.00
7	0700-1930	12	2	0	1	0	3.43	0.00	1.71	0.00	
	1900-0730	12	2	0	1	0	3.43	0.00	1.71	0.00	
	1000-2230	12	1	0	1	0	1.71	0.00	1.71	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	0.00	0.00	13.71
8	0700-1930	12	2	0	1	0	3.00	0.00	1.50	0.00	
	1900-0730	12	2	0	1	0	3.00	0.00	1.50	0.00	
	1000-2230	12	1	0	1	0	1.50	0.00	1.50	0.00	
	1100-2330	12	1	0	0	0	1.50	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	13.50
9	0700-1930	12	3	0	1	0	4.00	0.00	1.33	0.00	
	1900-0730	12	3	0	1	0	4.00	0.00	1.33	0.00	
	1000-2230	12	1	0	1	0	1.33	0.00	1.33	0.00	
	1100-2330	12	1	0	0	0	1.33	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	14.67
10	0700-1930	12	3	0	1	0	3.60	0.00	1.20	0.00	
	1900-0730	12	3	0	1	0	3.60	0.00	1.20	0.00	
	1000-2230	12	1	0	1	0	1.20	0.00	1.20	0.00	
	1100-2330	12	1	0	0	0	1.20	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	13.20
11	0700-1930	12	3	0	1	0	3.27	0.00	1.09	0.00	
	1900-0730	12	3	0	1	0	3.27	0.00	1.09	0.00	
	1000-2230	12	1	0	1	0	1.09	0.00	1.09	0.00	
	1100-2330	12	1	0	0	0	1.09	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	12.00
12	0700-1930	12	3	0	1	0	3.00	0.00	1.00	0.00	
	1900-0730	12	3	0	1	0	3.00	0.00	1.00	0.00	
	1000-2230	12	1	0	1	0	1.00	0.00	1.00	0.00	
	1100-2330	12	1	0	0	0	1.00	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	0.00	11.00

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator	X			X

Unit Information

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

☑ Activity such as patient admissions, discharges, and transfers

Description:

Frequency and complexity of patients presenting to the Emergency Department, transfers to inpatient or surgical areas, transfers to outlyiing facilities, and complexity of patients discharging from the ED are taken into consideration.

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

Description:

Patients receiving care in the Emergency Department may range in age from infant to geriatric adult, and thier health status may vary depending on any number of factors. The Registered Nurse, in collaboration with the attending Physician and Advance Practice Provider, play a crucial role in assessing patients and determining the intensity of care required during the course of their stay in the Emergency Department.

☑ Skill mix

Description:

Staff performing patient care may include Registered Nurses (RN), Certified Nursing Assistants (CNA), or techs.

☑ Level of experience of nursing and patient care staff

Description:

Experience level varies from the new RN or CNA/tech to those with many years of experience. ALS, PALS, and TNCC are all required for nursing staff. Professional certifications are encouraged, but not required. Staff on orientation are paried with a preceptor until competence is established.

☑ Need for specialized or intensive equipment

Description:

Specialized equipment may include but is not limited to: ventilators, BiPap/CPAP, high-flow oxygen, invasive monitoring devices, C-arms, restraints, Level 1 rapid infuser, and/or splints/traction devices.

☑ 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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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:	**Intensive Care**		
Unit/ Clinic Type:	**Inpatient**		
Unit/ Clinic Address:	**1221 Highland Ave. Clarkston, WA 99403**		
Average Daily Census:	**4**	**Maximum # of Beds:**	**6**
Effective as of:	**5/2/2024**		
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)
1	0600-1830	12	2	0	0	0	24.00	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	24.00	0.00	0.00	0.00	
							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	0.00	
							0.00	0.00	0.00	0.00	48.00
2	0600-1830	12	2	0	0	0	12.00	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	12.00	0.00	0.00	0.00	
							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	0.00	
							0.00	0.00	0.00	0.00	24.00
3	0600-1830	12	2	0	0	0	8.00	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	8.00	0.00	0.00	0.00	
							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	0.00	
							0.00	0.00	0.00	0.00	16.00
4	0600-1830	12	2	0	0	0	6.00	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	6.00	0.00	0.00	0.00	
							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	0.00	
							0.00	0.00	0.00	0.00	12.00
5	0600-1830	12	2	0	0	0	4.80	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	4.80	0.00	0.00	0.00	
							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	0.00	

							0.00	0.00	0.00	0.00	9.60
6	0600-1830	12	2	0	0	0	4.00	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	4.00	0.00	0.00	0.00	
							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	0.00	
							0.00	0.00	0.00	0.00	8.00

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Health Unit Coordinator	X		X	

Unit Information

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

☑ Activity such as patient admissions, discharges, and transfers

Description:

Complexity, frequency, and number of admissions, discharges, and transfers are all factors for consideration.

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

Description:

Patients receiving care in the ICU may range in age from 12 years of age and up and of varying body habitus. Their health status and plan of care may vary widely depending on a number of factors. The Registered Nurses, in collaboration with the attending physician or surgeon, play a crucial role in assessing the patients and determining the intensity of care and treatments required in the ICU.

☑ Skill mix

Description:

Staff performing patient care may include Registered Nurses (RN) and Certified Nursing Assistants (CNA).

☑ Level of experience of nursing and patient care staff

Description:

Experience level varies from new RN or tech to many years of experience. ALS is required for nursing staff. Professional certifications are encouraged, but not required. Staff on orientation are paired with a preceptor until competence is established.

☑ Need for specialized or intensive equipment

Description:

Specialized equipment may include but is not limited to: patient positioning devices, splints/braces/traction, invasive monitoring devices such as arterial lines, bariatric equipment, specialty beds/surfaces, and/or ventilators or BiPap/CPAP machines.

☑ 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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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:	**Medical-Surgical**		
Unit/ Clinic Type:	**Inpatient with Observation & Same Day Capacity**		
Unit/ Clinic Address:	**1221 Highland Ave. Clarkston, WA 99403**		
Average Daily Census:	**11**	**Maximum # of Beds:**	**23**
Effective as of:	**7/1/2024**		
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)
1	0600-1830	12	1	0	0	0	12.00	0.00	0.00	0.00	
	1800-0630	12	1	0	0	0	12.00	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	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	24.00
2	0600-1830	12	1	0	0	0	6.00	0.00	0.00	0.00	
	1800-0630	12	1	0	0	0	6.00	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	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	12.00
3	0600-1830	12	1	0	1	0	4.00	0.00	4.00	0.00	
	1800-0630	12	1	0	1	0	4.00	0.00	4.00	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	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	16.00
4	0600-1830	12	1	0	1	0	3.00	0.00	3.00	0.00	
	1800-0630	12	1	0	1	0	3.00	0.00	3.00	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	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	12.00
5	0600-1830	12	2	0	0	0	4.80	0.00	0.00	0.00	
	1800-0630	12	2	0	0	0	4.80	0.00	0.00	0.00	
							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	0.00	

							0.00	0.00	0.00	0.00	9.60
6	0600-1830	12	1	1	1	0	2.00	2.00	2.00	0.00	
	1800-0630	12	2	0	1	0	4.00	0.00	2.00	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	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	12.00
7	0600-1830	12	1	1	1	0	1.71	1.71	1.71	0.00	
	1800-0630	12	2	0	1	0	3.43	0.00	1.71	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	0.00	0.00	
							0.00	0.00	0.00	0.00	10.29
8	0600-1830	12	1	1	1	0	1.50	1.50	1.50	0.00	
	1800-0630	12	2	0	1	0	3.00	0.00	1.50	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	0.00	0.00	
							0.00	0.00	0.00	0.00	9.00
9	0600-1830	12	1	1	1	0	1.33	1.33	1.33	0.00	
	1830-0630	12	2	0	1	0	2.67	0.00	1.33	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	0.00	0.00	
							0.00	0.00	0.00	0.00	8.00
10	0600-1830	12	1	1	1	0	1.20	1.20	1.20	0.00	
	1800-0630	12	3	0	1	0	3.60	0.00	1.20	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	0.00	0.00	
							0.00	0.00	0.00	0.00	8.40
11	0600-1830	12	2	1	1	0	2.18	1.09	1.09	0.00	
	1800-0630	12	3	0	1	0	3.27	0.00	1.09	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	0.00	0.00	
							0.00	0.00	0.00	0.00	8.73
12	0600-1800	12	2	1	1	0	2.00	1.00	1.00	0.00	
	1800-0630	12	3	0	1	0	3.00	0.00	1.00	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	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	8.00
	0600-1830	12	2	1	2	0	1.85	0.92	1.85	0.00	
	1800-0630	12	3	0	1	0	2.77	0.00	0.92	0.00	
							0.00	0.00	0.00	0.00	

13							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	0.00	8.31
14	0600-1830	12	2	1	2	0	1.71	0.86	1.71	0.00	
	1800-0630	12	3	0	1	0	2.57	0.00	0.86	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	0.00	0.00	
							0.00	0.00	0.00	0.00	7.71
15	0600-1830	12	2	1	2	0	1.60	0.80	1.60	0.00	
	1800-0630	12	4	0	1	0	3.20	0.00	0.80	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	0.00	0.00	
							0.00	0.00	0.00	0.00	8.00
16	0600-1830	12	3	1	2	0	2.25	0.75	1.50	0.00	
	1800-0630	12	4	0	2	0	3.00	0.00	1.50	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	0.00	0.00	
							0.00	0.00	0.00	0.00	9.00
17	0600-1830	12	3	1	3	0	2.12	0.71	2.12	0.00	
	1800-0630	12	4	0	2	0	2.82	0.00	1.41	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	0.00	0.00	
							0.00	0.00	0.00	0.00	9.18
18	0600-1830	12	3	1	3	0	2.00	0.67	2.00	0.00	
	1800-0630	12	4	0	2	0	2.67	0.00	1.33	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	0.00	0.00	
							0.00	0.00	0.00	0.00	8.67
19	0600-1830	12	3	1	3	0	1.89	0.63	1.89	0.00	
	1800-0630	12	4	0	2	0	2.53	0.00	1.26	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	0.00	0.00	
							0.00	0.00	0.00	0.00	8.21
20	0600-1830	12	3	1	3	0	1.80	0.60	1.80	0.00	
	1800-0630	12	5	0	2	0	3.00	0.00	1.20	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	0.00	0.00	
							0.00	0.00	0.00	0.00	8.40
21	0600-1830	12	4	1	3	0	2.29	0.57	1.71	0.00	
	1800-0630	12	5	0	2	0	2.86	0.00	1.14	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	0.00	0.00	
							0.00	0.00	0.00	0.00	8.57
22	0600-1830	12	4	1	3	0	2.18	0.55	1.64	0.00	
	1800-0630	12	5	0	2	0	2.73	0.00	1.09	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	0.00	0.00	
							0.00	0.00	0.00	0.00	8.18
23	0600-1830	12	4	1	3	0	2.09	0.52	1.57	0.00	
	1800-0630	12	5	0	2	0	2.61	0.00	1.04	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	0.00	0.00	
							0.00	0.00	0.00	0.00	7.83

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Charge Nurse	X		X	X
Health Unit Coordinator	X		X	X

Unit Information

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

☑ Activity such as patient admissions, discharges, and transfers

Description:

Complexity, frequency, and number of admissions, discharges, and transfers are all factors for consideration.

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

Description:

Patients receiving care on the Medical-Surgical floor may range in age from 12 years of age and up and of varying body habitus.Their health status and plan of care may vary widely depending on a number of factors. The Registered Nurses, in collaboration with the attending physician or surgeon, play a crucial role in assessing the patients and determining the intensity of care and treatments required.

☑ Skill mix

Description:

Staff performing patient care may include Registered Nurses (RN), Licenses Practical Nurses (LPN), and Certified Nursing Assistants (CNA).

☑ Level of experience of nursing and patient care staff

Description:

Experience level varies from new RN, LPN, or CNA to many years of experience. BLS is required for nursing staff. Professional certifications are encouraged,but not required. Staff on orientation are paired with a preceptor until competence is established.

☑ Need for specialized or intensive equipment

Description:

Specialized equipment may include but is not limited to: patient positioning devices, splints/braces/traction, bariatric equipment, specialty beds/surfaces, and/or BiPap/CPAP machines.

☑ 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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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:	**Operating Room**		
Unit/ Clinic Type:	**Surgery**		
Unit/ Clinic Address:	**1221 Highland Ave. Clarkston, WA 99403**		
Average Daily Census:	**6**	**Maximum # of Beds:**	**4**
Effective as of:	**7/1/2024**		
# of Rooms			

# of Rooms	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
1	0830-1700	8	1	0	0	1	8.00	0.00	0.00	8.00	
							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	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	16.00
2	0830-1700	8	2	0	0	2	8.00	0.00	0.00	8.00	
							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	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	16.00
3	0630-1500	8	3	0	0	3	8.00	0.00	0.00	8.00	
							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	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	16.00
4	0630-1500	8	4	0	0	4	8.00	0.00	0.00	8.00	
							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	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	16.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Rover RN	X			
RN First Assist	X			
Pre-Op RN (share with PACU)	X			
Transport Aide (CNA)	X			
Surgery Scheduler	X			
Sterile Processing Tech	X			

Unit Information

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

☑ Activity such as patient admissions, discharges, and transfers

Description:

Speed of cases, complexity of room turnover, and patient equipment/habitus are all factors for consideration.

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

Description:

Patients receiving care in the operating room may range in age from infant to geriatric adult, and their health status may vary depending on a number of factors. The Registered Nurses, in collaboration with the surgeon and anesthesia provider, play a crucial role in assessing the patients and determining the intensity of care required during a surgical procedure.

☑ Skill mix

Description:

Staff performing patinet care may include Registered Nurses (RN), surgical techs, RN First Assists (RNFA), and Certified Nursing Assistants (CNA).

☑ Level of experience of nursing and patient care staff

Description:

Experience level varies from new RN or tech to many years of experience. ALS and PALS are required for nursing staff. Professional certifications are encouraged, but not required. Staff on orientation are paired with a preceptor until competence is established.

☑ Need for specialized or intensive equipment

Description:

Specialized equipment may include but is not limited to: patient positioning devices/tables, robotic instruments, lasers, scopes/monitors, C-arms, or invasive monitoring devices such as arterial lines.

☑ 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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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:	**GI**		
Unit/ Clinic Type:	**Outpatient Endoscopy**		
Unit/ Clinic Address:	**1221 Highland Ave. Clarkston, WA 99403**		
Average Daily Census:	**6**	**Maximum # of Beds:**	**2**
Effective as of:	**7/1/2024**		
# of Procedures			

# of Procedures	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
1	Day (variable)	10	2	0	0	1	20.00	0.00	0.00	10.00	
							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	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	30.00
2	Day (variable)	10	2	0	0	1	10.00	0.00	0.00	5.00	
							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	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	15.00
3	Day (variable)	10	2	0	0	1	6.67	0.00	0.00	3.33	
							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	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	10.00
4	Day (variable)	10	2	0	0	1	5.00	0.00	0.00	2.50	
							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	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	7.50
5	Day (variable)	10	3	0	0	1	6.00	0.00	0.00	2.00	
							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	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	8.00
6	Day (variable)	10	3	0	0	1	5.00	0.00	0.00	1.67	
							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	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	6.67
7	Day (variable)	10	3	0	0	1	4.29	0.00	0.00	1.43	
							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	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	5.71
8	Day (variable)	10	3	0	0	1	3.75	0.00	0.00	1.25	
							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	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	5.00
9	Day (variable)	10	3	0	0	1	3.33	0.00	0.00	1.11	
							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	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	4.44
10	Day (variable)	10	4	0	0	1	4.00	0.00	0.00	1.00	
							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	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	5.00
11	Day (variable)	10	4	0	0	1	3.64	0.00	0.00	0.91	
							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	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	4.55
12	Day (variable)	10	4	0	0	1	3.33	0.00	0.00	0.83	
							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	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	4.17
	Day (variable)	10	4	0	0	1	3.08	0.00	0.00	0.77	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

13							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	0.00	3.85
14	Day (variable)	10	4	0	0	1	2.86	0.00	0.00	0.71	
							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	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	3.57
15	Day (variable)	10	6	0	0	1	4.00	0.00	0.00	0.67	
							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	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	4.67
16	Day (variable)	10	6	0	0	1	3.75	0.00	0.00	0.63	
							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	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	4.38
17	Day (variable)	10	6	0	0	1	3.53	0.00	0.00	0.59	
							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	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	4.12
18	Day (variable)	10	6	0	0	1	3.33	0.00	0.00	0.56	
							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	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	3.89
19	Day (variable)	10	6	0	0	1	3.16	0.00	0.00	0.53	
							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	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	3.68
20	Day (variable)	10	6	0	0	1	3.00	0.00	0.00	0.50	
							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	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	3.50
21	Day (variable)	10	6	0	0	1	2.86	0.00	0.00	0.48	
							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	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	3.33
22	Day (variable)	10	6	0	0	1	2.73	0.00	0.00	0.45	
							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	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	3.18
23	Day (variable)	10	6	0	0	1	2.61	0.00	0.00	0.43	
							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	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	3.04
24	Day (variable)	10	6	0	0	1	2.50	0.00	0.00	0.42	
							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	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	2.92
25	Day (variable)	10	6	0	0	1	2.40	0.00	0.00	0.40	
							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	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	2.80

Washington State Department of HEALTH

DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Scope Tech	X			
RN Director (Share with SSSU)	X			
RN Supervisor (Share with SSSU)	X			
RN CCC (Share with SSSU)	X			
Charge RN (Share with SSSU)	X			
HUC	X			

Unit Information

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

☑ Activity such as patient admissions, discharges, and transfers

Description:

Speed of cases, complexity of room turnover, case volume, and patient equipment/habitus are all factors for consideration.

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

Description:

Patients receiving care in the endoscopy area in age from child to geriatric adult, and their health status may vary depending on a number of factors. The Registered Nurses play a crucial role in assessing the patients and determining the intensity of care required during the procedure and subsequent recovery.

☑ Skill mix

Description:

Staff performing patient care are Registered Nurses (RN) or endoscopy procedure technicians.

☑ Level of experience of nursing and patient care staff

Description:

Experience level varies from new RN to many years of experience. ALS and PALS are required for nursing staff. Professional certifications are encouraged, but not required. Staff on orientation are paired with a preceptor until competence is established.

☑ Need for specialized or intensive equipment

Description:

Specialized equipment may include but is not limited to: BiPap/CPAP, mechanical ventilator, radiologic equipment, or specialized endocsopy equipment.

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

Description:

Due to unit geography, support staff such as the Charge RN, Director, Supervisor, Clinical Care Coordinator, and HUC are all shared with the Short-Stay Specialties Unit (SSSU) and are located adjacent to the endoscopy area. There are 2 procedure rooms and 1 6-bay admit/discharge area. 1 procedure RN/tech remains in the procedure room while the sedation RN transports the patient to and from the admit/discharge area. Depending on the number of procedures scheduled, the number of RNs in the admit/discharge area varies (see matrix). A second sedation RN will be added when procedures meet or exceed 15. Shifts vary in start and end time depending on when procedures are scheduled, but all staff work 10-hour shifts.

☐ Other

Description:

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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:	**PACU**		
Unit/ Clinic Type:	**Post-Anesthesia Care Unit**		
Unit/ Clinic Address:	**1221 Highland Ave. Clarkston, WA 99403**		
Average Daily Census:	**6**	**Maximum # of Beds:**	**4**
Effective as of:	**7/1/2024**		
# of Rooms			

# of Rooms	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
1	0830-1700	8	2	0	0	0	16.00	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	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	16.00
2	0830-1700	8	2	0	0	0	8.00	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	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
3	0630-1500	8	3	0	0	0	8.00	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	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
4	0630-1500	8	4	0	0	0	8.00	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	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

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
RN Clinic Care Coordinator	X			
Charge RN	X			
HUC	X			

Unit Information

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

☑ Activity such as patient admissions, discharges, and transfers

Description:

Speed of cases, complexity of room turnover, and patient equipment/habitus are all factors for consideration.

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

Description:

Patients receiving care in the PACU range in age from infant to geriatric adult, and their health status may vary depending on a number of factors. The Registered Nurses, in collaboration with the surgeon and anesthesia provider, play a crucial role in assessing the patients and determining the intensity of care required during Phase I recovery.

☑ Skill mix

Description:

Staff performing patient care are Registered Nurses (RN).

☑ Level of experience of nursing and patient care staff

Description:

Experience level varies from new RN to many years of experience. ALS and PALS are required for nursing staff. Professional certifications are encouraged, but not required. Staff on orientation are paired with a preceptor until competence is established.

☑ Need for specialized or intensive equipment

Description:

Specialized equipment may include but is not limited to: BiPap/CPAP, mechanical ventilator, drains, splints/positioning devices, or invasive monitoring devices such as arterial lines.

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

Description:

Due to unit geography, support staff such as the Charge RN, Director, Supervisor, Clinical Care Coordinator, and HUC are all shared with the Short-Stay Specialties Unit (SSSU) and are not located directly in the PACU area. Operating Room (OR) staff will provide hands-on assistance whenever necessary.

☐ Other

Description:

Washington State Department of HEALTH

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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:	**Short Stay Specialties Unit (SSSU)**		
Unit/ Clinic Type:	**Outpatient Treatment and Pre/Post Surgical Department**		
Unit/ Clinic Address:	**1221 Highland Ave. Clarkston, WA 99403**		
Average Daily Census:	**15**	**Maximum # of Beds:**	**10**
Effective as of:	**7/1/2024**		
# of Visits			

# of Visits	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
1	0530-1800	12	2	0	0	0	24.00	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	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	24.00
2	0530-1800	12	2	0	0	0	12.00	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	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	12.00
3	0530-1800	12	2	0	0	0	8.00	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	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
4	0530-1800	12	2	0	0	0	6.00	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	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	6.00
5	0530-1800	12	3	0	0	0	7.20	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	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

							0.00	0.00	0.00	0.00	7.20
6	0530-1800	12	3	0	0	0	6.00	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	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	6.00
7	0530-1800	12	3	0	0	0	5.14	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	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	5.14
8	0530-1800	12	3	0	0	0	4.50	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	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	4.50
9	0530-1800	12	3	0	0	0	4.00	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	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	4.00
10	0530-1800	12	3	0	0	1	3.60	0.00	0.00	1.20	
	0600-1430	8	1	0	0	0	0.80	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	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	5.60
11	0530-1800	12	3	0	0	1	3.27	0.00	0.00	1.09	
	0600-1430	8	1	0	0	0	0.73	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	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	5.09
12	0530-1800	12	3	0	0	1	3.00	0.00	0.00	1.00	
	0600-1430	8	1	0	0	0	0.67	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	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	4.67
	0530-1800	12	3	0	0	1	2.77	0.00	0.00	0.92	
	0600-1430	8	1	0	0	0	0.62	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	

13							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	0.00	4.31
14	0530-1800	12	3	0	0	1	2.57	0.00	0.00	0.86	
	0600-1430	8	1	0	0	0	0.57	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	
							0.00	0.00	0.00	0.00	
							0.00	0.00	0.00	0.00	4.00
15	0530-1800	12	3	0	0	1	2.40	0.00	0.00	0.80	
	0600-1430	8	1	0	0	0	0.53	0.00	0.00	0.00	
	0700-1630	9	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	0.00	
							0.00	0.00	0.00	0.00	3.73
16	0530-1800	12	3	0	0	1	2.25	0.00	0.00	0.75	
	0600-1430	8	1	0	0	0	0.50	0.00	0.00	0.00	
	0700-1630	9	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	0.00	
							0.00	0.00	0.00	0.00	3.50
17	0530-1800	12	3	0	0	1	2.12	0.00	0.00	0.71	
	0600-1430	8	1	0	0	0	0.47	0.00	0.00	0.00	
	0700-1630	9	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	0.00	
							0.00	0.00	0.00	0.00	3.29
18	0530-1800	12	3	0	0	1	2.00	0.00	0.00	0.67	
	0600-1430	8	1	0	0	0	0.44	0.00	0.00	0.00	
	0700-1630	9	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	0.00	
							0.00	0.00	0.00	0.00	3.11
19	0530-1800	12	3	0	0	1	1.89	0.00	0.00	0.63	
	0600-1430	8	1	0	0	0	0.42	0.00	0.00	0.00	
	0700-1630	9	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	0.00	
							0.00	0.00	0.00	0.00	2.95
20	0530-1800	12	3	0	0	1	1.80	0.00	0.00	0.60	
	0600-1430	8	1	0	0	0	0.40	0.00	0.00	0.00	
	0700-1630	9	1	0	0	0	0.45	0.00	0.00	0.00	
	0700-1930	12	1	0	0	0	0.60	0.00	0.00	0.00	
	0800-1630	8	1	0	0	0	0.40	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	4.25
21	0530-1800	12	3	0	0	1	1.71	0.00	0.00	0.57	
	0600-1430	8	1	0	0	0	0.38	0.00	0.00	0.00	
	0700-1630	9	1	0	0	0	0.43	0.00	0.00	0.00	
	0700-1930	12	1	0	0	0	0.57	0.00	0.00	0.00	
	0800-1630	8	1	0	0	0	0.38	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	4.05
22	0530-1800	12	3	0	0	1	1.64	0.00	0.00	0.55	
	0600-1430	8	1	0	0	0	0.36	0.00	0.00	0.00	
	0700-1630	9	1	0	0	0	0.41	0.00	0.00	0.00	
	0700-1930	12	1	0	0	0	0.55	0.00	0.00	0.00	
	0800-1630	8	1	0	0	0	0.36	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	3.86
23	0530-1800	12	3	0	0	1	1.57	0.00	0.00	0.52	
	0600-1430	8	1	0	0	0	0.35	0.00	0.00	0.00	
	0700-1630	9	1	0	0	0	0.39	0.00	0.00	0.00	
	0700-1930	12	1	0	0	0	0.52	0.00	0.00	0.00	
	0800-1630	8	1	0	0	0	0.35	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	3.70
24	0530-1800	12	3	0	0	1	1.50	0.00	0.00	0.50	
	0600-1430	8	1	0	0	0	0.33	0.00	0.00	0.00	
	0700-1630	9	1	0	0	0	0.38	0.00	0.00	0.00	
	0700-1930	12	1	0	0	0	0.50	0.00	0.00	0.00	
	0800-1630	8	1	0	0	0	0.33	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	3.54
25	0530-1800	12	3	0	0	1	1.44	0.00	0.00	0.48	
	0600-1430	8	1	0	0	0	0.32	0.00	0.00	0.00	
	0700-1630	9	1	0	0	0	0.36	0.00	0.00	0.00	
	0700-1930	12	1	0	0	0	0.48	0.00	0.00	0.00	
	0800-1630	8	1	0	0	0	0.32	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	3.40

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DOH 346-154

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	X			
RN Clinical Care Coordinator	X			
Charge RN	X			

Unit Information

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

☑ Activity such as patient admissions, discharges, and transfers

Description:

Speed of cases, complexity of room turnover, case volume, and patient equipment/habitus are all factors for consideration.

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

Description:

Patients receiving care in the endoscopy and surgical areas in age from child to geriatric adult, and their health status may vary depending on a number of factors. The Registered Nurses play a crucial role in assessing the patients and determining the intensity of care required during the procedure and subsequent recovery.

☑ Skill mix

Description:

Staff performing patient care are Registered Nurses (RN) or unlicensed assistive personnel (UAP).

☑ Level of experience of nursing and patient care staff

Description:

Experience level varies from new RN to many years of experience. ALS and PALS are required for nursing staff. Professional certifications are encouraged, but not required. Staff on orientation are paired with a preceptor until competence is established.

☑ Need for specialized or intensive equipment

Description:

Specialized equipment may include but is not limited to: BiPap/CPAP, mechanical ventilator, radiologic equipment, or specialized endocsopy equipment, splints, drains, and patient positioning devices.

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

Description:

Due to unit geography, support staff such as the Charge RN, Director, Supervisor, Clinical Care Coordinator, and HUC are all shared with the GI and PACU areas. There are 2 procedure rooms and 1 5-bay admit/discharge area. 1 procedure RN/tech remains in the procedure room while the sedation RN transports the patient to and from the admit/discharge area. Depending on the number of endoscopy or surgical procedures scheduled, the number of RNs in the admit/discharge area varies (see matrix). Shift length and start/end time may be adjusted to accomodate the times cases are scheduled to ensure appropriate patient care.

☐ 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:	**TriState Health Urology Clinic**
Unit/ Clinic Type:	**Outpatient Clinic**
Unit/ Clinic Address:	**1119 Highland Ave. Ste 1, Clarkston, WA 99403**
Effective as of:	**7/1/2024**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday	0730-1700	8.5	1	0	0	1
Tuesday	0730-1700	8..5	1	0	0	1
Wednesday	0730-1700	8..5	1	0	0	1

Thursday	0730-1700	8..5	1	0	0	1
Friday	0730-1700	8..5	1	0	0	1

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Surgery Scheduler	X			
Reception	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

Description:

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

Description:

☐ Skill mix

Description:

☐ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

Description:

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

Description:

☐ Other

Description:

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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:	**Pulmonology**
Unit/ Clinic Type:	**Outpatient Clinic**
Unit/ Clinic Address:	**1119 Highland Ave. Suite 2 Clarkston, WA 99403**
Effective as of:	**7/1/2024**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday	Day	10.00	2.00	0.00		2.00
Tuesday	Day	10.00	2.00			2.00
Wednesday	Day	10.00	1.00			2.00

Thursday	Day	10.00	1.00			2.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Receptionist #1	X			
Receptionist #2	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☐ Skill mix

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other

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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:	**TriState Health Rheumatology Clinic**
Unit/ Clinic Type:	**Outpatient Clinic**
Unit/ Clinic Address:	**1119 Highland Ave. Ste 3, Clarkston, WA 99403**
Effective as of:	**7/1/2024**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday	0730-1700	8	1	0	0	1
Tuesday	0730-1700	8	1	0	0	1
Wednesday	0730-1700	8	1	0	0	1

Thursday	0730-1700	8	1	0	0	1
Friday	0730-1200	4.5	1	0	0	1

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Reception	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

Description:

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

Description:

☐ Skill mix

Description:

☐ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

Description:

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

Description:

☐ Other

Description:

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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:	**Tristate Health Urogynecology**
Unit/ Clinic Type:	**Outpatient Clinic**
Unit/ Clinic Address:	**1119 Highland Ave. Ste 6, Clarkston, WA 99403**
Effective as of:	**7/1/2024**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday	0730-1730	9.5	1	0	0	0
Tuesday	0730-1730	9.5	1	0	0	0
Wednesday	0730-1730	9.5	1	0	0	0

Thursday	0730-1730	9.5	1	0	0	0

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Surgery Scheduler	X			
Reception	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

Description:

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

Description:

☐ Skill mix

Description:

☐ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

Description:

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

Description:

☐ Other

Description:

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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:	**TriState Health Wound Healing & Hyperbaric Medicine**
Unit/ Clinic Type:	**Outpatient Wound Healing & Hyperbaric Medicine**
Unit/ Clinic Address:	**1119 Highland Ave. Suite 7, Clarkston, WA**
Effective as of:	**7/1/2024**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday	7:30-4:00p	8	2	1	1	1
	7:30-4:30p	8.5	1	1	0	1
Tuesday	7:30-4:00p	8	2	1	1	1
	7:30-4:30p	8.5	1	1	0	1
Wednesday	7:30-4:00p	8	2	1	1	1
	7:30-4:30p	8.5	1	1	0	1

Thursday	7:30-4:00p	8	2	1	1	1
	7:30-4:30p	8.5	1	1	0	1
Friday	7:30-12:30	5	3	2	1	2

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
New Patient Coordinator	X			
Reception	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

Description:

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

Description:

☐ Skill mix

Description:

☐ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

Description:

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

Description:

☐ Other

Description:

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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:	**TriState Health Family Practice Clinic**
Unit/ Clinic Type:	**Outpatient Clinic**
Unit/ Clinic Address:	**1119 Highland Ave. Ste 10, Clarkston, WA 99403**
Effective as of:	**7/1/2024**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday	0700-1800	10.5	0	0	0	1
	0715-1645	9	0	0	0	1
	0715-1745	10	0	0	0	1
	0715-1800	10.25	0	0	0	1
	0730-1730	9.5	0	0	0	1
	0800-1800	9.5	0	0	0	1
	0830-1700	8	0	0	0	1
Tuesday	0700-1730	10	0	0	0	1
	0700-1800	10.5	0	0	0	2
	0715-1645	9	0	0	0	1
	0715-1745	10	0	0	0	1
	0715-1800	10.25	0	0	0	1
	0730-1730	9.5	0	0	0	1
	0800-1800	9.5	0	0	0	1
	0830-1700	8	0	0	0	1
Wednesday	0700-1730	10	0	0	0	1
	0700-1800	10.5	0	0	0	1
	0715-1645	9	0	0	0	1
	0715-1745	10	0	0	0	1
	0715-1830	10.75	0	0	0	1

Wednesday	0730-1730	9.5	0	0	0	1
	0800-1800	9.5	0	0	0	1
	0830-1700	8	0	0	0	1
Thursday	0700-1730	9.5	0	0	0	1
	0700-1800	10.5	0	0	0	1
	0715-1645	9	0	0	0	1
	0715-1745	10	0	0	0	1
	0715-1800	10.25	0	0	0	1
	0715-1830	10.75	0	0	0	1
	0730-1730	9.5	0	0	0	1
	0800-1800	9.5	0	0	0	1
	0830-1700	8	0	0	0	1
Friday	0700-1730	9.5	0	0	0	1
	0715-1245	5	0	0	0	1
	0715-1800	10.25	0	0	0	1
	0715-1830	10.75	0	0	0	1
	0730-1330	5.5	0	0	0	1
	0830-1700	8	0	0	0	1

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Triage RN	X			
Reception	X			
AWV Coordinator	X			
Occupational Health Coordinator	X			
Nurse Visit MA	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

Description:

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

Description:

High acutiy patients are generally provided with longer appointment times.

☑ Skill mix

Description:

Staffing can be a mix of MA, LPN, and RN depending on the needs of othe provider and staff availability.

☑ Level of experience of nursing and patient care staff

Description:

More experienced staff will mentor newer staff until they are competent in their respective area.

☐ 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:	**Interventional Pain Consultants**
Unit/ Clinic Type:	**Outpatient Clinic**
Unit/ Clinic Address:	**1119 Highland Ave. Ste. 11, Clarkston, WA 99403**
Effective as of:	**7/1/2024**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday	0715-1600	9	1	0	0	0
	0715-1715	10	0	0	0	3
Tuesday	0715-1600	9	1	0	0	0
	0715-1715	10	0	0	0	3
	0630-1730	11	0	0	0	1
Wednesday	0715-1600	9	1	0	0	0
	0715-1715	10	0	0	0	3
	0630-1730	11	0	0	0	1

Thursday	0715-1600	9	1	0	0	0
	0715-1715	10	0	0	0	3
	0630-1730	11	0	0	0	1
Friday	0715-1600	9	1	0	0	0
	0900-1600	7	0	0	0	1

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Care Coordinator	X			
Front Office	X			
Special Procedures/Imaging Tech	X			
Clerical Supervisor	X			
Clinical Supervisor	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☐ Skill mix

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other

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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:	**Interventional Pain Consultants**
Unit/ Clinic Type:	**Procedure-Based Outpatient Clinic**
Unit/ Clinic Address:	**1119 Highland Ave. Ste. 11, Clarkston, WA 99403**
Effective as of:	**7/1/2024**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday	0615-1645	10	2	0	0	0
	0645-1715	10	2	0	0	0
Tuesday	0615-1645	10	2	0	0	0
	0645-1715	10	2	0	0	0
Wednesday	0615-1645	10	2	0	0	0
	0645-1715	10	2	0	0	0

Thursday	0615-1645	10	2	0	0	0
	0645-1715	10	2	0	0	0
Friday	Closed					

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Radiology/Scrub Tech	X			

Unit Information

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

☑ Activity such as patient admissions, discharges, and transfers

Description:

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

Description:

In addition to the above, the procedure type and complexity will also be considered in the number of staff needed in the procedure area.

☑ Skill mix

Description:

☑ Level of experience of nursing and patient care staff

Description:

☑ Need for specialized or intensive equipment

Description:

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

Description:

☐ Other

Description:

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Minor Care Center**
Unit/ Clinic Type:	**Outpatient Urgent Care Clinic**
Unit/ Clinic Address:	**1267 Belmont Way Clarkston, WA 99403**
Effective as of:	**7/1/2024**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday	Day	12.00	1.00	1.00		1.00
Tuesday	Day	12.00	1.00	1.00		1.00
Wednesday	Day	12.00	1.00	1.00		1.00

Thursday	Day	12.00	1.00	1.00		1.00
Friday	Day	12.00	1.00	1.00		1.00
Saturday	Day	8.00				1.00

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Receptionist #1	X			X
Receptionist #2	X			

Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☐ Skill mix

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other