COVER PAGE

The following is the comprehensive hospital staffing plan for Valley Medical Center submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420 for the year FY 2025 (July.

This area is intentionally left blank

Washington State Department of HEALTH

Hospital Staffing Form

Attestation

Date: 12/30/24

I, the undersigned with responsibility for Valley Medical Center attest that the attached hospital staffing plan and matrix are in accordance with RCW 70.41.420 for FY 2025 (July 24 , and includes all units covered under our hospital license under RCW 70.41.

As approved by: Jeannine Grinnell

Hospital Information

Name of Hospital: Valley Medical Center		
Hospital License #: 00000155		
Hospital Street Address: 4055 43rd Street		
City/Town: Renton	State: WA	Zip code: 98055
Is this hospital license affiliated with more than one location?	☐ Yes	☑ No
If "Yes" was selected, please provide the location name and address		
Review Type:	☑ Annual	Review Date: 2/7/24
	☐ Update	Next Review Date: 2/28/25
Effective Date: 7/1/24		
Date Approved: 2/7/24		

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

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

Description:
National guidelines and recommendations including but not limited to: AACN, AWONE, AORN, ASPAN. Staffing guidelines are developed with the understanding that nursing is a dynamic, ever-evolving, and multifaceted profession that demands adaptability and a holistic approach. Nurses must consider the unique needs of each patient in the present moment, tailoring their care to address physical, emotional, and psychological well-being. This responsiveness ensures that patients receive compassionate and effective support during every stage of their healthcare journey.

☐ 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:
Strategies to enable registered nurses to take meal and rest breaks as required by law or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff.

☐ Hospital finances and resources

Description:

☑ Other

Description:
Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
Level of intensity of all patients and nature of the care to be delivered on each shift;
Skill mix;
Level of experience and specialty certification or training of nursing personnel providing care;
The need for specialized or intensive equipment;
The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;

Signature

CEO & Co-chairs Name:	Signature:	Date:
Jeannine Grinnell	Jeannine Grinnell	12/16/2024
Theresa Braungardt	Theresa Braungardt	12/16/2024
Corinda Lucas	Cori Lucas	12/16/2024

Total Votes	
# of Approvals	# of Denials
13	0

Access unit staffing matrices here.

This area is intentionally left blank

Washington State Department of HEALTH

DOH 346-154

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

Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:	**6011 Critical Care Unit**		
Unit/ Clinic Type:	**Inpatient Nursing**		
Unit/ Clinic Address:			
Average Daily Census:	**25**	**Maximum # of Beds:**	**30**
Effective as of:	**7/1/2024**		
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)
15	0700-1930	12.00	10.00	0.00	1.00	1.00	8.00	0.00	0.80	0.80	19.20
	1900-0730	12.00	10.00	0.00	1.00	1.00	8.00	0.00	0.80	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	
16	0700-1930	12.00	10.00	0.00	1.00	1.00	7.50	0.00	0.75	0.75	18.00

	1900-0730	12.00	10.00	0.00	1.00	1.00	7.50	0.00	0.75	0.75	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
17	0700-1930	12.00	12.00	0.00	1.00	1.00	8.47	0.00	0.71	0.71	19.76
	1900-0730	12.00	12.00	0.00	1.00	1.00	8.47	0.00	0.71	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	
18	0700-1930	12.00	12.00	0.00	1.00	1.00	8.00	0.00	0.67	0.67	18.67
	1900-0730	12.00	12.00	0.00	1.00	1.00	8.00	0.00	0.67	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	
19	0700-1930	12.00	13.00	0.00	1.00	1.00	8.21	0.00	0.63	0.63	18.95
	1900-0730	12.00	13.00	0.00	1.00	1.00	8.21	0.00	0.63	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	
20	0700-1930	12.00	13.00	0.00	1.00	1.00	7.80	0.00	0.60	0.60	18.00
	1900-0730	12.00	13.00	0.00	1.00	1.00	7.80	0.00	0.60	0.60	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
21	0700-1930	12.00	14.00	0.00	1.00	1.00	8.00	0.00	0.57	0.57	18.29
	1900-0730	12.00	14.00	0.00	1.00	1.00	8.00	0.00	0.57	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	
22	0700-1930	12.00	14.00	0.00	1.00	1.00	7.64	0.00	0.55	0.55	17.45
	1900-0730	12.00	14.00	0.00	1.00	1.00	7.64	0.00	0.55	0.55	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
23	0700-1930	12.00	15.00	0.00	1.00	1.00	7.83	0.00	0.52	0.52	17.74
	1900-0730	12.00	15.00	0.00	1.00	1.00	7.83	0.00	0.52	0.52	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	0700-1930	12.00	15.00	0.00	1.00	1.00	7.50	0.00	0.50	0.50	17.00
	1900-0730	12.00	15.00	0.00	1.00	1.00	7.50	0.00	0.50	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	
25	0700-1930	12.00	16.00	0.00	1.00	1.00	7.68	0.00	0.48	0.48	17.28
	1900-0730	12.00	16.00	0.00	1.00	1.00	7.68	0.00	0.48	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	
26	0700-1930	12.00	16.00	0.00	1.00	1.00	7.38	0.00	0.46	0.46	16.62
	1900-0730	12.00	16.00	0.00	1.00	1.00	7.38	0.00	0.46	0.46	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
27	0700-1930	12.00	17.00	0.00	1.00	1.00	7.56	0.00	0.44	0.44	16.89
	1900-0730	12.00	17.00	0.00	1.00	1.00	7.56	0.00	0.44	0.44	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
28	0700-1930	12.00	17.00	0.00	1.00	1.00	7.29	0.00	0.43	0.43	16.29
	1900-0730	12.00	17.00	0.00	1.00	1.00	7.29	0.00	0.43	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	
29	0700-1930	12.00	18.00	0.00	1.00	1.00	7.45	0.00	0.41	0.41	16.55
	1900-0730	12.00	18.00	0.00	1.00	1.00	7.45	0.00	0.41	0.41	
		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	
30	0700-1930	12.00	18.00	0.00	1.00	1.00	7.20	0.00	0.40	0.40	16.00
	1900-0730	12.00	18.00	0.00	1.00	1.00	7.20	0.00	0.40	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	

Washington State Department of HEALTH

DOH 346-154

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

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Hospitalist Support				
Clinical Admin Resource				
STAT Nurse				
Clinical Nurse Specialist/Educator				
Physical/Occupational Therapy				
Care Management				
Chaplain				
Repiratory Therapy Support				
Nutrition Support				
Pharmacy Support				
Environmental Support				
Vascular Access Team as needed				

Unit Information

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

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

Level of experience and specialty certification or training of nursing personnel providing care

☑ 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
- Total number of RNs includes roles for Charge and/or Resource RN or Admit/Discharge/Transfer RN as needed pending unit type - Additional resources are added as needed for sitter utilization and/or acuity of patients	

Washington State Department of HEALTH

DOH 346-154

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

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:	**6020 General Surgery**		
Unit/ Clinic Type:	**Inpatient Nursing**		
Unit/ Clinic Address:			
Average Daily Census:	**26**	**Maximum # of Beds:**	**30**
Effective as of:	**7/1/2024**		
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)
15	0700-1930	12.00	5.00	0.00	2.00	1.00	4.00	0.00	1.60	0.80	12.60
	1000-2230	12.00	0.75	0.00	0.00	0.00	0.60	0.00	0.00	0.00	
	1900-0730	12.00	5.00	0.00	2.00	0.00	4.00	0.00	1.60	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	0700-1930	12.00	5.00	0.00	2.00	1.00	3.75	0.00	1.50	0.75	11.81
	1000-2230	12.00	0.75	0.00	0.00	0.00	0.56	0.00	0.00	0.00	
	1900-0730	12.00	5.00	0.00	2.00	0.00	3.75	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	
17	0700-1930	12.00	5.00	0.00	2.00	1.00	3.53	0.00	1.41	0.71	11.12
	1000-2230	12.00	0.75	0.00	0.00	0.00	0.53	0.00	0.00	0.00	
	1900-0730	12.00	5.00	0.00	2.00	0.00	3.53	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	
18	0700-1930	12.00	5.00	0.00	2.00	1.00	3.33	0.00	1.33	0.67	10.50
	1000-2230	12.00	0.75	0.00	0.00	0.00	0.50	0.00	0.00	0.00	
	1900-0730	12.00	5.00	0.00	2.00	0.00	3.33	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	
19	0700-1930	12.00	6.00	0.00	2.00	1.00	3.79	0.00	1.26	0.63	11.21
	1000-2230	12.00	0.75	0.00	0.00	0.00	0.47	0.00	0.00	0.00	
	1900-0730	12.00	6.00	0.00	2.00	0.00	3.79	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	
20	0700-1930	12.00	6.00	0.00	2.00	1.00	3.60	0.00	1.20	0.60	10.65
	1000-2230	12.00	0.75	0.00	0.00	0.00	0.45	0.00	0.00	0.00	
	1900-0730	12.00	6.00	0.00	2.00	0.00	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	
21	0700-1930	12.00	6.00	0.00	3.00	1.00	3.43	0.00	1.71	0.57	11.29
	1000-2230	12.00	0.75	0.00	0.00	0.00	0.43	0.00	0.00	0.00	
	1900-0730	12.00	6.00	0.00	3.00	0.00	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	
22	0700-1930	12.00	6.00	0.00	3.00	1.00	3.27	0.00	1.64	0.55	10.77

	1000-2230	12.00	0.75	0.00	0.00	0.00	0.41	0.00	0.00	0.00	
	1900-0730	12.00	6.00	0.00	3.00	0.00	3.27	0.00	1.64	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
23	0700-1930	12.00	7.00	0.00	3.00	1.00	3.65	0.00	1.57	0.52	11.35
	1000-2230	12.00	0.75	0.00	0.00	0.00	0.39	0.00	0.00	0.00	
	1900-0730	12.00	7.00	0.00	3.00	0.00	3.65	0.00	1.57	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	
24	0700-1930	12.00	7.00	0.00	3.00	1.00	3.50	0.00	1.50	0.50	10.88
	1000-2230	12.00	0.75	0.00	0.00	0.00	0.38	0.00	0.00	0.00	
	1900-0730	12.00	7.00	0.00	3.00	0.00	3.50	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	
25	0700-1930	12.00	7.00	0.00	4.00	1.00	3.36	0.00	1.92	0.48	11.40
	1000-2230	12.00	0.75	0.00	0.00	0.00	0.36	0.00	0.00	0.00	
	1900-0730	12.00	7.00	0.00	4.00	0.00	3.36	0.00	1.92	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
26	0700-1930	12.00	7.00	0.00	4.00	1.00	3.23	0.00	1.85	0.46	10.96
	1000-2230	12.00	0.75	0.00	0.00	0.00	0.35	0.00	0.00	0.00	
	1900-0730	12.00	7.00	0.00	4.00	0.00	3.23	0.00	1.85	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
27	0700-1930	12.00	8.00	0.00	4.00	1.00	3.56	0.00	1.78	0.44	11.44
	1000-2230	12.00	0.75	0.00	0.00	0.00	0.33	0.00	0.00	0.00	
	1900-0730	12.00	8.00	0.00	4.00	0.00	3.56	0.00	1.78	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
28	0700-1930	12.00	8.00	0.00	4.00	1.00	3.43	0.00	1.71	0.43	11.04

	1000-2230	12.00	0.75	0.00	0.00	0.00	0.32	0.00	0.00	0.00	
	1900-0730	12.00	8.00	0.00	4.00	0.00	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	
29	0700-1930	12.00	8.00	0.00	4.00	1.00	3.31	0.00	1.66	0.41	10.66
	1000-2230	12.00	0.75	0.00	0.00	0.00	0.31	0.00	0.00	0.00	
	1900-0730	12.00	8.00	0.00	4.00	0.00	3.31	0.00	1.66	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	0700-1930	12.00	8.00	0.00	4.00	1.00	3.20	0.00	1.60	0.40	10.30
	1000-2230	12.00	0.75	0.00	0.00	0.00	0.30	0.00	0.00	0.00	
	1900-0730	12.00	8.00	0.00	4.00	0.00	3.20	0.00	1.60	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Washington State Department of HEALTH

DOH 346-154

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

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Hospitalist Support				
Clinical Admin Resource				
STAT Nurse				
Clinical Nurse Specialist/Educator				
Physical/Occupational Therapy				
Care Management				
Chaplain				
Repiratory Therapy Support				
Nutrition Support				
Pharmacy Support				
Environmental Support				
Vascular Access Team as needed				

Unit Information

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

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

Level of experience and specialty certification or training of nursing personnel providing care

☑ 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

- Total number of RNs includes roles for Charge and/or Resource RN or Admit/Discharge/Transfer RN as needed pending unit type
- Additional resources are added as needed for sitter utilization and/or acuity of patients

Washington State Department of HEALTH

DOH 346-154

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

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:	**6280 Joint and Spine**		
Unit/ Clinic Type:	**Inpatient Nursing**		
Unit/ Clinic Address:			
Average Daily Census:	**17**	**Maximum # of Beds:**	**30**
Effective as of:	**7/1/2024**		
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)
15	0700-1930	12.00	5.00	0.00	2.00	1.00	4.00	0.00	1.60	0.80	12.40
	1000-2230	12.00	0.50	0.00	0.00	0.00	0.40	0.00	0.00	0.00	
	1900-0730	12.00	5.00	0.00	2.00	0.00	4.00	0.00	1.60	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	0700-1930	12.00	5.00	0.00	2.00	1.00	3.75	0.00	1.50	0.75	11.63
	1000-2230	12.00	0.50	0.00	0.00	0.00	0.38	0.00	0.00	0.00	
	1900-0730	12.00	5.00	0.00	2.00	0.00	3.75	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	
17	0700-1930	12.00	5.00	0.00	2.00	1.00	3.53	0.00	1.41	0.71	10.94
	1000-2230	12.00	0.50	0.00	0.00	0.00	0.35	0.00	0.00	0.00	
	1900-0730	12.00	5.00	0.00	2.00	0.00	3.53	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	
18	0700-1930	12.00	5.00	0.00	2.00	1.00	3.33	0.00	1.33	0.67	10.33
	1000-2230	12.00	0.50	0.00	0.00	0.00	0.33	0.00	0.00	0.00	
	1900-0730	12.00	5.00	0.00	2.00	0.00	3.33	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	
19	0700-1930	12.00	6.00	0.00	2.00	1.00	3.79	0.00	1.26	0.63	11.05
	1000-2230	12.00	0.50	0.00	0.00	0.00	0.32	0.00	0.00	0.00	
	1900-0730	12.00	6.00	0.00	2.00	0.00	3.79	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	
20	0700-1930	12.00	6.00	0.00	2.00	1.00	3.60	0.00	1.20	0.60	10.50
	1000-2230	12.00	0.50	0.00	0.00	0.00	0.30	0.00	0.00	0.00	
	1900-0730	12.00	6.00	0.00	2.00	0.00	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	
21	0700-1930	12.00	6.00	0.00	3.00	1.00	3.43	0.00	1.71	0.57	11.14
	1000-2230	12.00	0.50	0.00	0.00	0.00	0.29	0.00	0.00	0.00	
	1900-0730	12.00	6.00	0.00	3.00	0.00	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	0.00	0.00	0.00	0.00	

		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
22	0700-1930	12.00	6.00	0.00	3.00	1.00	3.27	0.00	1.64	0.55	10.64
	1000-2230	12.00	0.50	0.00	0.00	0.00	0.27	0.00	0.00	0.00	
	1900-0730	12.00	6.00	0.00	3.00	0.00	3.27	0.00	1.64	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
23	0700-1930	12.00	7.00	0.00	3.00	1.00	3.65	0.00	1.57	0.52	11.22
	1000-2230	12.00	0.50	0.00	0.00	0.00	0.26	0.00	0.00	0.00	
	1900-0730	12.00	7.00	0.00	3.00	0.00	3.65	0.00	1.57	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	
24	0700-1930	12.00	7.00	0.00	3.00	1.00	3.50	0.00	1.50	0.50	10.75
	1000-2230	12.00	0.50	0.00	0.00	0.00	0.25	0.00	0.00	0.00	
	1900-0730	12.00	7.00	0.00	3.00	0.00	3.50	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	
25	0700-1930	12.00	7.00	0.00	4.00	1.00	3.36	0.00	1.92	0.48	11.28
	1000-2230	12.00	0.50	0.00	0.00	0.00	0.24	0.00	0.00	0.00	
	1900-0730	12.00	7.00	0.00	4.00	0.00	3.36	0.00	1.92	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
26	0700-1930	12.00	7.00	0.00	4.00	1.00	3.23	0.00	1.85	0.46	10.85
	1000-2230	12.00	0.50	0.00	0.00	0.00	0.23	0.00	0.00	0.00	
	1900-0730	12.00	7.00	0.00	4.00	0.00	3.23	0.00	1.85	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
27	0700-1930	12.00	8.00	0.00	4.00	1.00	3.56	0.00	1.78	0.44	11.33
	1000-2230	12.00	0.50	0.00	0.00	0.00	0.22	0.00	0.00	0.00	
	1900-0730	12.00	8.00	0.00	4.00	0.00	3.56	0.00	1.78	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
28	0700-1930	12.00	8.00	0.00	4.00	1.00	3.43	0.00	1.71	0.43	10.93

	1000-2230	12.00	0.50	0.00	0.00	0.00	0.21	0.00	0.00	0.00	
	1900-0730	12.00	8.00	0.00	4.00	0.00	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	
29	0700-1930	12.00	8.00	0.00	4.00	1.00	3.31	0.00	1.66	0.41	10.55
	1000-2230	12.00	0.50	0.00	0.00	0.00	0.21	0.00	0.00	0.00	
	1900-0730	12.00	8.00	0.00	4.00	0.00	3.31	0.00	1.66	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	0700-1930	12.00	8.00	0.00	4.00	1.00	3.20	0.00	1.60	0.40	10.20
	1000-2230	12.00	0.50	0.00	0.00	0.00	0.20	0.00	0.00	0.00	
	1900-0730	12.00	8.00	0.00	4.00	0.00	3.20	0.00	1.60	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Washington State Department of HEALTH

DOH 346-154

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

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Hospitalist Support				
Clinical Admin Resource				
STAT Nurse				
Clinical Nurse Specialist/Educator				
Physical/Occupational Therapy				
Care Management				
Chaplain				
Repiratory Therapy Support				
Nutrition Support				
Pharmacy Support				
Environmental Support				
Vascular Access Team as needed				

Unit Information

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

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

Level of experience and specialty certification or training of nursing personnel providing care

☑ 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

- Total number of RNs includes roles for Charge and/or Resource RN or Admit/Discharge/Transfer RN as needed pending unit type
- Additional resources are added as needed for sitter utilization and/or acuity of patients

Washington State Department of HEALTH

DOH 346-154

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

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:	**6050 General Medicine**		
Unit/ Clinic Type:	**Inpatient Nursing**		
Unit/ Clinic Address:			
Average Daily Census:	**34**	**Maximum # of Beds:**	**37**
Effective as of:	**7/1/2024**		
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)
28	0700-1930	12.00	8.00	0.00	3.00	1.00	3.43	0.00	1.29	0.43	9.86
	1900-0730	12.00	8.00	0.00	3.00	0.00	3.43	0.00	1.29	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
29	0700-1930	12.00	8.00	0.00	3.00	1.00	3.31	0.00	1.24	0.41	9.52

	1900-0730	12.00	8.00	0.00	3.00	0.00	3.31	0.00	1.24	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	0700-1930	12.00	8.00	0.00	3.00	1.00	3.20	0.00	1.20	0.40	9.20
	1900-0730	12.00	8.00	0.00	3.00	0.00	3.20	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	
31	0700-1930	12.00	9.00	0.00	4.00	1.00	3.48	0.00	1.55	0.39	10.45
	1900-0730	12.00	9.00	0.00	4.00	0.00	3.48	0.00	1.55	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
32	0700-1930	12.00	9.00	0.00	4.00	1.00	3.38	0.00	1.50	0.38	10.13
	1900-0730	12.00	9.00	0.00	4.00	0.00	3.38	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	
33	0700-1930	12.00	9.00	0.00	4.00	1.00	3.27	0.00	1.45	0.36	9.82
	1900-0730	12.00	9.00	0.00	4.00	0.00	3.27	0.00	1.45	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	
34	0700-1930	12.00	9.00	0.00	4.00	1.00	3.18	0.00	1.41	0.35	9.53
	1900-0730	12.00	9.00	0.00	4.00	0.00	3.18	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	
35	0700-1930	12.00	10.00	0.00	4.00	1.00	3.43	0.00	1.37	0.34	9.94
	1900-0730	12.00	10.00	0.00	4.00	0.00	3.43	0.00	1.37	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	0700-1930	12.00	10.00	0.00	4.00	1.00	3.33	0.00	1.33	0.33	9.67
	1900-0730	12.00	10.00	0.00	4.00	0.00	3.33	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	
37	0700-1930	12.00	10.00	0.00	4.00	1.00	3.24	0.00	1.30	0.32	9.41

	1900-0730	12.00	10.00	0.00	4.00	0.00	3.24	0.00	1.30	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
38	0700-1930	12.00	10.00	0.00	4.00	1.00	3.16	0.00	1.26	0.32	9.16
	1900-0730	12.00	10.00	0.00	4.00	0.00	3.16	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	
39	0700-1930	12.00	11.00	0.00	4.00	1.00	3.38	0.00	1.23	0.31	9.54
	1900-0730	12.00	11.00	0.00	4.00	0.00	3.38	0.00	1.23	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
40	0700-1930	12.00	11.00	0.00	4.00	1.00	3.30	0.00	1.20	0.30	9.30
	1900-0730	12.00	11.00	0.00	4.00	0.00	3.30	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	

Washington State Department of HEALTH

DOH 346-154

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

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Hospitalist Support				
Clinical Admin Resource				
STAT Nurse				
Clinical Nurse Specialist/Educator				
Physical/Occupational Therapy				
Care Management				
Chaplain				
Repiratory Therapy Support				
Nutrition Support				
Pharmacy Support				
Environmental Support				
Vascular Access Team as needed				

Unit Information

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

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

Level of experience and specialty certification or training of nursing personnel providing care

☑ 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

- Total number of RNs includes roles for Charge and/or Resource RN or Admit/Discharge/Transfer RN as needed pending unit type
- Additional resources are added as needed for sitter utilization and/or acuity of patients

Washington State Department of HEALTH

DOH 346-154

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

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:	**6051 3East Medicine**		
Unit/ Clinic Type:	**Inpatient Nursing**		
Unit/ Clinic Address:			
Average Daily Census:	**25**	**Maximum # of Beds:**	**27**
Effective as of:	**7/1/2024**		
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)
20	0700-1930	12.00	6.00	0.00	2.00	1.00	3.60	0.00	1.20	0.60	10.20
	1900-0730	12.00	6.00	0.00	2.00	0.00	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	
21	0700-1930	12.00	6.00	0.00	3.00	1.00	3.43	0.00	1.71	0.57	10.86

	1900-0730	12.00	6.00	0.00	3.00	0.00	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	
22	0700-1930	12.00	6.00	0.00	3.00	1.00	3.27	0.00	1.64	0.55	10.36
	1900-0730	12.00	6.00	0.00	3.00	0.00	3.27	0.00	1.64	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
23	0700-1930	12.00	7.00	0.00	3.00	1.00	3.65	0.00	1.57	0.52	10.96
	1900-0730	12.00	7.00	0.00	3.00	0.00	3.65	0.00	1.57	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	
24	0700-1930	12.00	7.00	0.00	3.00	1.00	3.50	0.00	1.50	0.50	10.50
	1900-0730	12.00	7.00	0.00	3.00	0.00	3.50	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	
25	0700-1930	12.00	7.00	0.00	3.00	1.00	3.36	0.00	1.44	0.48	10.08
	1900-0730	12.00	7.00	0.00	3.00	0.00	3.36	0.00	1.44	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
26	0700-1930	12.00	7.00	0.00	3.00	1.00	3.23	0.00	1.38	0.46	9.69
	1900-0730	12.00	7.00	0.00	3.00	0.00	3.23	0.00	1.38	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	
27	0700-1930	12.00	8.00	0.00	3.00	1.00	3.56	0.00	1.33	0.44	10.22
	1900-0730	12.00	8.00	0.00	3.00	0.00	3.56	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	

Washington State Department of HEALTH

DOH 346-154

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

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Hospitalist Support				
Clinical Admin Resource				
STAT Nurse				
Clinical Nurse Specialist/Educator				
Physical/Occupational Therapy				
Care Management				
Chaplain				
Repiratory Therapy Support				
Nutrition Support				
Pharmacy Support				
Environmental Support				
Vascular Access Team as needed				

Unit Information

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

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

Level of experience and specialty certification or training of nursing personnel providing care

☑ 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

- Total number of RNs includes roles for Charge and/or Resource RN or Admit/Discharge/Transfer RN as needed pending unit type
- Additional resources are added as needed for sitter utilization and/or acuity of patients

Washington State Department of HEALTH

DOH 346-154

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

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:	**6073 1B Medicine**		
Unit/ Clinic Type:	**Inpatient Nursing**		
Unit/ Clinic Address:			
Average Daily Census:	**10**	**Maximum # of Beds:**	**12**
Effective as of:	**7/1/2024**		
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)
8	0700-1930	12.00	3.00	0.00	1.00	0.00	4.50	0.00	1.50	0.00	12.00
	1900-0730	12.00	3.00	0.00	1.00	0.00	4.50	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	
9	0700-1930	12.00	3.00	0.00	1.00	0.00	4.00	0.00	1.33	0.00	10.67

	1900-0730	12.00	3.00	0.00	1.00	0.00	4.00	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	
10	0700-1930	12.00	4.00	0.00	1.00	0.00	4.80	0.00	1.20	0.00	12.00
	1900-0730	12.00	4.00	0.00	1.00	0.00	4.80	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	
11	0700-1930	12.00	4.00	0.00	2.00	0.00	4.36	0.00	2.18	0.00	13.09
	1900-0730	12.00	4.00	0.00	2.00	0.00	4.36	0.00	2.18	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	0700-1930	12.00	4.00	0.00	2.00	0.00	4.00	0.00	2.00	0.00	12.00
	1900-0730	12.00	4.00	0.00	2.00	0.00	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	

Washington State Department of HEALTH

DOH 346-154

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

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Hospitalist Support				
Clinical Admin Resource				
STAT Nurse				
Clinical Nurse Specialist/Educator				
Physical/Occupational Therapy				
Care Management				
Chaplain				
Repiratory Therapy Support				
Nutrition Support				
Pharmacy Support				
Environmental Support				
Vascular Access Team as needed				

Unit Information

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

☑ Activity such as patient admissions, discharges, and transfers

Unit operates as medical overflow as needed and has the possibility of limited closure during hospital wide low census periods

☑ 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

Level of experience and specialty certification or training of nursing personnel providing care

☑ 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

- Total number of RNs includes roles for Charge and/or Resource RN or Admit/Discharge/Transfer RN as needed pending unit type
- Additional resources are added as needed for sitter utilization and/or acuity of patients

Washington State Department of HEALTH

DOH 346-154

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

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:	**6215 3N Respiratory Renal**		
Unit/ Clinic Type:	**Inpatient Nursing**		
Unit/ Clinic Address:			
Average Daily Census:	**39**	**Maximum # of Beds:**	**43**
Effective as of:	**7/1/2024**		
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)
36	0700-1930	12.00	10.00	0.00	4.00	1.00	3.33	0.00	1.33	0.33	9.67
	1900-0730	12.00	10.00	0.00	4.00	0.00	3.33	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	
37	0700-1930	12.00	10.00	0.00	4.00	1.00	3.24	0.00	1.30	0.32	9.41

	1900-0730	12.00	10.00	0.00	4.00	0.00	3.24	0.00	1.30	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
38	0700-1930	12.00	11.00	0.00	4.00	1.00	3.47	0.00	1.26	0.32	9.79
	1900-0730	12.00	11.00	0.00	4.00	0.00	3.47	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	
39	0700-1930	12.00	12.00	0.00	4.00	1.00	3.69	0.00	1.23	0.31	10.15
	1900-0730	12.00	12.00	0.00	4.00	0.00	3.69	0.00	1.23	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
40	0700-1930	12.00	12.00	0.00	4.00	1.00	3.60	0.00	1.20	0.30	9.90
	1900-0730	12.00	12.00	0.00	4.00	0.00	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	
41	0700-1930	12.00	12.00	0.00	5.00	1.00	3.51	0.00	1.46	0.29	10.24
	1900-0730	12.00	12.00	0.00	5.00	0.00	3.51	0.00	1.46	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
42	0700-1930	12.00	12.00	0.00	5.00	1.00	3.43	0.00	1.43	0.29	10.00
	1900-0730	12.00	12.00	0.00	5.00	0.00	3.43	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	
43	0700-1930	12.00	13.00	0.00	5.00	1.00	3.63	0.00	1.40	0.28	10.33
	1900-0730	12.00	13.00	0.00	5.00	0.00	3.63	0.00	1.40	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	
44	0700-1930	12.00	13.00	0.00	5.00	1.00	3.55	0.00	1.36	0.27	10.09
	1900-0730	12.00	13.00	0.00	5.00	0.00	3.55	0.00	1.36	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	

Washington State Department of HEALTH

DOH 346-154

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

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Hospitalist Support				
Clinical Admin Resource				
STAT Nurse				
Clinical Nurse Specialist/Educator				
Physical/Occupational Therapy				
Care Management				
Chaplain				
Repiratory Therapy Support				
Nutrition Support				
Pharmacy Support				
Environmental Support				
Vascular Access Team as needed				

Unit Information

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

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

Level of experience and specialty certification or training of nursing personnel providing care

☑ 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

- Total number of RNs includes roles for Charge and/or Resource RN or Admit/Discharge/Transfer RN as needed pending unit type
- Additional resources are added as needed for sitter utilization and/or acuity of patients

Washington State Department of HEALTH

DOH 346-154

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

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:	**6052 NWP Medicine**		
Unit/ Clinic Type:	**Inpatient Nursing**		
Unit/ Clinic Address:			
Average Daily Census:	**12**	**Maximum # of Beds:**	**19**
Effective as of:	**7/1/2024**		
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)
10	0700-1930	12.00	3.00	0.00	2.00	0.00	3.60	0.00	2.40	0.00	12.00
	1900-0730	12.00	3.00	0.00	2.00	0.00	3.60	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	
11	0700-1930	12.00	3.00	0.00	2.00	0.00	3.27	0.00	2.18	0.00	10.91

	1900-0730	12.00	3.00	0.00	2.00	0.00	3.27	0.00	2.18	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	0700-1930	12.00	3.00	0.00	2.00	0.00	3.00	0.00	2.00	0.00	10.00
	1900-0730	12.00	3.00	0.00	2.00	0.00	3.00	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	
13	0700-1930	12.00	3.00	0.00	2.00	0.00	2.77	0.00	1.85	0.00	9.23
	1900-0730	12.00	3.00	0.00	2.00	0.00	2.77	0.00	1.85	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	0700-1930	12.00	4.00	0.00	2.00	0.00	3.43	0.00	1.71	0.00	10.29
	1900-0730	12.00	4.00	0.00	2.00	0.00	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	
15	0700-1930	12.00	4.00	0.00	3.00	0.00	3.20	0.00	2.40	0.00	11.20
	1900-0730	12.00	4.00	0.00	3.00	0.00	3.20	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	
16	0700-1930	12.00	4.00	0.00	3.00	0.00	3.00	0.00	2.25	0.00	10.50
	1900-0730	12.00	4.00	0.00	3.00	0.00	3.00	0.00	2.25	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	
17	0700-1930	12.00	4.00	0.00	3.00	0.00	2.82	0.00	2.12	0.00	9.88
	1900-0730	12.00	4.00	0.00	3.00	0.00	2.82	0.00	2.12	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	0700-1930	12.00	4.00	0.00	3.00	0.00	2.67	0.00	2.00	0.00	9.33
	1900-0730	12.00	4.00	0.00	3.00	0.00	2.67	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	

Washington State Department of HEALTH

DOH 346-154

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

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Hospitalist Support				
Clinical Admin Resource				
STAT Nurse				
Clinical Nurse Specialist/Educator				
Physical/Occupational Therapy				
Care Management				
Chaplain				
Repiratory Therapy Support				
Nutrition Support				
Pharmacy Support				
Environmental Support				
Vascular Access Team as needed				

Unit Information

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

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

Level of experience and specialty certification or training of nursing personnel providing care

☑ 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

- Total number of RNs includes roles for Charge and/or Resource RN or Admit/Discharge/Transfer RN as needed pending unit type
- Additional resources are added as needed for sitter utilization and/or acuity of patients

Washington State Department of HEALTH

DOH 346-154

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

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:	**6235 Neurology**		
Unit/ Clinic Type:	**Inpatient Nursing**		
Unit/ Clinic Address:			
Average Daily Census:	**27**	**Maximum # of Beds:**	**30**
Effective as of:	**7/1/2024**		
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)
23	0700-1930	12.00	7.00	0.00	3.00	2.00	3.65	0.00	1.57	1.04	12.00
	1900-0730	12.00	7.00	0.00	3.00	1.00	3.65	0.00	1.57	0.52	
		0.00	0.00	0.00	0.00	0.00	0.00	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	0700-1930	12.00	8.00	0.00	3.00	2.00	4.00	0.00	1.50	1.00	12.50

	1900-0730	12.00	8.00	0.00	3.00	1.00	4.00	0.00	1.50	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	
25	0700-1930	12.00	8.00	0.00	3.00	2.00	3.84	0.00	1.44	0.96	12.00
	1900-0730	12.00	8.00	0.00	3.00	1.00	3.84	0.00	1.44	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	
26	0700-1930	12.00	8.00	0.00	3.00	2.00	3.69	0.00	1.38	0.92	11.54
	1900-0730	12.00	8.00	0.00	3.00	1.00	3.69	0.00	1.38	0.46	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
27	0700-1930	12.00	8.00	0.00	4.00	2.00	3.56	0.00	1.78	0.89	11.56
	1900-0730	12.00	8.00	0.00	3.00	1.00	3.56	0.00	1.33	0.44	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
28	0700-1930	12.00	9.00	0.00	4.00	2.00	3.86	0.00	1.71	0.86	12.00
	1900-0730	12.00	9.00	0.00	3.00	1.00	3.86	0.00	1.29	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	
29	0700-1930	12.00	9.00	0.00	4.00	2.00	3.72	0.00	1.66	0.83	11.59
	1900-0730	12.00	9.00	0.00	3.00	1.00	3.72	0.00	1.24	0.41	
		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	
30	0700-1930	12.00	9.00	4.00	2.00	0.00	3.60	1.60	0.80	0.00	11.20
	1900-0730	12.00	9.00	3.00	1.00	0.00	3.60	1.20	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	

Washington State Department of HEALTH

DOH 346-154

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

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Hospitalist Support				
Clinical Admin Resource				
STAT Nurse				
Clinical Nurse Specialist/Educator				
Physical/Occupational Therapy				
Care Management				
Chaplain				
Repiratory Therapy Support				
Nutrition Support				
Pharmacy Support				
Environmental Support				
Vascular Access Team as needed				

Unit Information

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

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

Level of experience and specialty certification or training of nursing personnel providing care

☑ 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

- Total number of RNs includes roles for Charge and/or Resource RN or Admit/Discharge/Transfer RN as needed pending unit type
- Additional resources are added as needed for sitter utilization and/or acuity of patients

Washington State Department of HEALTH

DOH 346-154

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

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:	**6087 Pediatrics**		
Unit/ Clinic Type:	**Inpatient Nursing**		
Unit/ Clinic Address:			
Average Daily Census:	**6**	**Maximum # of Beds:**	**14**
Effective as of:	**7/1/2024**		
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)
4	0700-1930	12.00	2.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	12.00
	1900-0730	12.00	2.00	0.00	0.00	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	
5	0700-1930	12.00	2.00	0.00	0.00	0.00	4.80	0.00	0.00	0.00	9.60

	1900-0730	12.00	2.00	0.00	0.00	0.00	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	
6	0700-1930	12.00	2.50	0.00	0.00	0.00	5.00	0.00	0.00	0.00	10.00
	1900-0730	12.00	2.50	0.00	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	
7	0700-1930	12.00	3.00	0.00	0.00	0.00	5.14	0.00	0.00	0.00	10.29
	1900-0730	12.00	3.00	0.00	0.00	0.00	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	
8	0700-1930	12.00	4.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	12.00
	1900-0730	12.00	4.00	0.00	0.00	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	
9	0700-1930	12.00	4.00	0.00	0.00	0.00	5.33	0.00	0.00	0.00	10.67
	1900-0730	12.00	4.00	0.00	0.00	0.00	5.33	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	
10	0700-1930	12.00	4.00	0.00	0.00	0.00	4.80	0.00	0.00	0.00	9.60
	1900-0730	12.00	4.00	0.00	0.00	0.00	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	
11	0700-1930	12.00	5.00	0.00	0.00	0.00	5.45	0.00	0.00	0.00	10.91
	1900-0730	12.00	5.00	0.00	0.00	0.00	5.45	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	
12	0700-1930	12.00	5.00	0.00	0.00	0.00	5.00	0.00	0.00	0.00	10.00
	1900-0730	12.00	5.00	0.00	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	

Washington State Department of HEALTH

DOH 346-154

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

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Hospitalist Support				
Clinical Admin Resource				
STAT Nurse				
Clinical Nurse Specialist/Educator				
Physical/Occupational Therapy				
Care Management				
Chaplain				
Repiratory Therapy Support				
Nutrition Support				
Pharmacy Support				
Environmental Support				
Vascular Access Team as needed				

Unit Information

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

☑ Activity such as patient admissions, discharges, and transfers

- Unit can also function as Mother/Baby couplet overflow unit as needed

☑ 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

Level of experience and specialty certification or training of nursing personnel providing care

☑ 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

- Total number of RNs includes roles for Charge and/or Resource RN or Admit/Discharge/Transfer RN as needed pending unit type
- Additional resources are added as needed for sitter utilization and/or acuity of patients

Washington State Department of HEALTH

DOH 346-154

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

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:	**6172 NICU**		
Unit/ Clinic Type:	**Inpatient Nursing**		
Unit/ Clinic Address:			
Average Daily Census:	**14**	**Maximum # of Beds:**	**20**
Effective as of:	**7/1/2024**		
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)
10	0700-1930	12.00	5.00	0.00	0.00	1.00	6.00	0.00	0.00	1.20	13.20
	1900-0730	12.00	5.00	0.00	0.00	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	
11	0700-1930	12.00	6.00	0.00	0.00	1.00	6.55	0.00	0.00	1.09	14.18

	1900-0730	12.00	6.00	0.00	0.00	0.00	6.55	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	0700-1930	12.00	6.00	0.00	0.00	1.00	6.00	0.00	0.00	1.00	13.00
	1900-0730	12.00	6.00	0.00	0.00	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	
13	0700-1930	12.00	7.00	0.00	0.00	1.00	6.46	0.00	0.00	0.92	13.85
	1900-0730	12.00	7.00	0.00	0.00	0.00	6.46	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	0700-1930	12.00	8.00	0.00	0.00	1.00	6.86	0.00	0.00	0.86	14.57
	1900-0730	12.00	8.00	0.00	0.00	0.00	6.86	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	
15	0700-1930	12.00	8.00	0.00	0.00	1.00	6.40	0.00	0.00	0.80	13.60
	1900-0730	12.00	8.00	0.00	0.00	0.00	6.40	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	
16	0700-1930	12.00	9.00	0.00	0.00	1.00	6.75	0.00	0.00	0.75	14.25
	1900-0730	12.00	9.00	0.00	0.00	0.00	6.75	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
17	0700-1930	12.00	9.00	0.00	0.00	1.00	6.35	0.00	0.00	0.71	13.41
	1900-0730	12.00	9.00	0.00	0.00	0.00	6.35	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	
18	0700-1930	12.00	10.00	0.00	0.00	1.00	6.67	0.00	0.00	0.67	14.00
	1900-0730	12.00	10.00	0.00	0.00	0.00	6.67	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	

19	0700-1930	12.00	10.00	0.00	0.00	1.00	6.32	0.00	0.00	0.63	13.26
	1900-0730	12.00	10.00	0.00	0.00	0.00	6.32	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	

Washington State Department of HEALTH

DOH 346-154

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

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Hospitalist Support				
NICU Specialist				
Clinical Admin Resource				
STAT Nurse				
Clinical Nurse Specialist/Educator				
Physical/Occupational Therapy				
Care Management				
Chaplain				
Repiratory Therapy Support				
Nutrition Support				
Pharmacy Support				
Environmental Support				
Vascular Access Team as needed				

Unit Information

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

☑ Activity such as patient admissions, discharges, and transfers

-

☑ 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

Level of experience and specialty certification or training of nursing personnel providing care

☑ 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

- Total number of RNs includes roles for Charge and/or Resource RN or Admit/Discharge/Transfer RN as needed pending unit type
- Additional resources are added as needed for sitter utilization and/or acuity of patients

Washington State Department of HEALTH

DOH 346-154

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

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:	**6086**		
Unit/ Clinic Type:	**Mother Baby**		
Unit/ Clinic Address:			
Average Daily Census:	**15**	**Maximum # of Beds:**	**25**
Effective as of:	**7/1/2024**		
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)
10	0700-1930	12.00	4.00	1.00	0.00	0.00	4.80	1.20	0.00	0.00	12.00
	1900-0730	12.00	4.00	1.00	0.00	0.00	4.80	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	
11	0700-1930	12.00	5.00	1.00	0.00	0.00	5.45	1.09	0.00	0.00	13.09

	1900-0730	12.00	5.00	1.00	0.00	0.00	5.45	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	
12	0700-1930	12.00	5.00	2.00	0.00	0.00	5.00	2.00	0.00	0.00	14.00
	1900-0730	12.00	5.00	2.00	0.00	0.00	5.00	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	
13	0700-1930	12.00	5.00	2.00	0.00	0.00	4.62	1.85	0.00	0.00	12.92
	1900-0730	12.00	5.00	2.00	0.00	0.00	4.62	1.85	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	0700-1930	12.00	6.00	2.00	0.00	0.00	5.14	1.71	0.00	0.00	13.71
	1900-0730	12.00	6.00	2.00	0.00	0.00	5.14	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	
15	0700-1930	12.00	6.00	2.00	0.00	0.00	4.80	1.60	0.00	0.00	12.80
	1900-0730	12.00	6.00	2.00	0.00	0.00	4.80	1.60	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	0700-1930	12.00	6.00	2.00	0.00	0.00	4.50	1.50	0.00	0.00	12.00
	1900-0730	12.00	6.00	2.00	0.00	0.00	4.50	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	
17	0700-1930	12.00	7.00	2.00	0.00	0.00	4.94	1.41	0.00	0.00	12.71
	1900-0730	12.00	7.00	2.00	0.00	0.00	4.94	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	
18	0700-1930	12.00	7.00	2.00	0.00	0.00	4.67	1.33	0.00	0.00	12.00
	1900-0730	12.00	7.00	2.00	0.00	0.00	4.67	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	
19	0700-1930	12.00	7.00	2.00	0.00	0.00	4.42	1.26	0.00	0.00	11.37

	1900-0730	12.00	7.00	2.00	0.00	0.00	4.42	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	
20	0700-1930	12.00	8.00	2.00	0.00	0.00	4.80	1.20	0.00	0.00	12.00
	1900-0730	12.00	8.00	2.00	0.00	0.00	4.80	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	

Washington State Department of HEALTH

DOH 346-154

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

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
OB Hospitalist Support				
NICU Specialist				
Lactation Support Services				
Clinical Admin Resource				
STAT Nurse				
Clinical Nurse Specialist/Educator				
Physical/Occupational Therapy				
Care Management				
Chaplain				
Repiratory Therapy Support				
Nutrition Support				
Pharmacy Support				
Environmental Support				
Vascular Access Team as needed				

Unit Information

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

☑ Activity such as patient admissions, discharges, and transfers

Volume is mother/baby couplets

☑ 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

Level of experience and specialty certification or training of nursing personnel providing care

☑ 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

- Total number of RNs includes roles for Charge and/or Resource RN or Admit/Discharge/Transfer RN as needed pending unit type
- Additional resources are added as needed for sitter utilization and/or acuity of patients

Washington State Department of HEALTH

DOH 346-154

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

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:	**7000**		
Unit/ Clinic Type:	**Birth Center**		
Unit/ Clinic Address:			
Average Daily Census:	**8**	**Maximum # of Beds:**	**11**
Effective as of:	**7/1/2024**		
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)
6	0700-1930	12.00	9.00	0.00	2.00	1.00	18.00	0.00	4.00	2.00	48.00
	1900-0730	12.00	9.00	0.00	2.00	1.00	18.00	0.00	4.00	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	
7	0700-1930	12.00	10.00	0.00	2.00	1.00	17.14	0.00	3.43	1.71	44.57

	1900-0730	12.00	10.00	0.00	2.00	1.00	17.14	0.00	3.43	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	
8	0700-1930	12.00	11.00	0.00	2.00	1.00	16.50	0.00	3.00	1.50	42.00
	1900-0730	12.00	11.00	0.00	2.00	1.00	16.50	0.00	3.00	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	
9	0700-1930	12.00	12.00	0.00	2.00	1.00	16.00	0.00	2.67	1.33	40.00
	1900-0730	12.00	12.00	0.00	2.00	1.00	16.00	0.00	2.67	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	
10	0700-1930	12.00	12.00	0.00	2.00	1.00	14.40	0.00	2.40	1.20	36.00
	1900-0730	12.00	12.00	0.00	2.00	1.00	14.40	0.00	2.40	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	
11	0700-1930	12.00	13.00	0.00	2.00	1.00	14.18	0.00	2.18	1.09	34.91
	1900-0730	12.00	13.00	0.00	2.00	1.00	14.18	0.00	2.18	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	
12	0700-1930	12.00	14.00	0.00	2.00	1.00	14.00	0.00	2.00	1.00	34.00
	1900-0730	12.00	14.00	0.00	2.00	1.00	14.00	0.00	2.00	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	
13	0700-1930	12.00	14.00	0.00	2.00	1.00	12.92	0.00	1.85	0.92	31.38
	1900-0730	12.00	14.00	0.00	2.00	1.00	12.92	0.00	1.85	0.92	
		0.00	0.00	0.00	0.00	0.00	0.00	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	0700-1930	12.00	15.00	0.00	2.00	1.00	12.86	0.00	1.71	0.86	30.86
	1900-0730	12.00	15.00	0.00	2.00	1.00	12.86	0.00	1.71	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	

15	0700-1930	12.00	16.00	0.00	2.00	1.00	12.80	0.00	1.60	0.80	30.40
	1900-0730	12.00	16.00	0.00	2.00	1.00	12.80	0.00	1.60	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	

Washington State Department of HEALTH

DOH 346-154

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

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
OB Hospitalist Support				
NICU Specialist - high risk deliveries				
Clinical Admin Resource				
STAT Nurse				
Clinical Nurse Specialist/Educator				
Physical/Occupational Therapy				
Care Management				
Chaplain				
Repiratory Therapy Support				
Nutrition Support				
Pharmacy Support				
Environmental Support				
Vascular Access Team as needed				

Unit Information

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

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

Level of experience and specialty certification or training of nursing personnel providing care

☑ 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
	- Total number of RNs includes roles for Charge and/or Resource RN or Admit/Discharge/Transfer RN as needed pending unit type; OB Triage support is also included in total number of nurses - Additional resources are added as needed for sitter utilization and/or acuity of patients

Washington State Department of HEALTH

DOH 346-154

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

Fixed Staffing Matrix

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

Unit/ Clinic Name:	**7020 Surgery**
Unit/ Clinic Type:	
Unit/ Clinic Address:	
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
Sunday	Days 0700		2.00	0.00	0.00	2.00
	Days 0900		2.00	0.00	0.00	2.00
	Days 1100		2.00	0.00	0.00	2.00
	Eves 1500		2.00	0.00	0.00	2.00
	Eves 1700		1.00	0.00	0.00	1.00

	Night 1900		1.00	0.00	0.00	1.00
	Night 2100		0.00	0.00	0.00	0.00
Monday	Days 0700		21.00	0.00	0.00	18.00
	Days 0900		21.00	0.00	0.00	21.00
	Days 1100		25.00	0.00	0.00	21.00
	Eves 1500		20.00	0.00	0.00	18.00
	Eves 1700		12.00	0.00	0.00	11.00
	Night 1900		4.00	0.00	0.00	4.00
	Night 2100		0.00	0.00	0.00	0.00
Tuesday	Days 0700		23.00	0.00	0.00	19.00
	Days 0900		23.00	0.00	0.00	22.00
	Days 1100		27.00	0.00	0.00	23.00
	Eves 1500		21.00	0.00	0.00	17.00
	Eves 1700		12.00	0.00	0.00	11.00
	Night 1900		4.00	0.00	0.00	4.00
	Night 2100		0.00	0.00	0.00	0.00
Wedneday	Days 0700		22.00	0.00	0.00	19.00
	Days 0900		22.00	0.00	0.00	22.00
	Days 1100		26.00	0.00	0.00	22.00
	Eves 1500		20.00	0.00	0.00	18.00
	Eves 1700		12.00	0.00	0.00	11.00
	Night 1900		4.00	0.00	0.00	4.00
	Night 2100		0.00	0.00	0.00	0.00

Thursday	Days 0700		21.00	0.00	0.00	17.00
	Days 0900		21.00	0.00	0.00	19.00
	Days 1100		26.00	0.00	0.00	19.00
	Eves 1500		19.00	0.00	0.00	15.00
	Eves 1700		12.00	0.00	0.00	11.00
	Night 1900		4.00	0.00	0.00	4.00
	Night 2100		0.00	0.00	0.00	0.00
Friday	Days 0700		21.00	0.00	0.00	17.00
	Days 0900		21.00	0.00	0.00	19.00
	Days 1100		24.00	0.00	0.00	19.00
	Eves 1500		13.00	0.00	0.00	12.00
	Eves 1700		9.00	0.00	0.00	8.00
	Night 1900		4.00	0.00	0.00	4.00
	Night 2100		0.00	0.00	0.00	0.00
Saturday	Days 0700		2.00	0.00	0.00	2.00
	Days 0900		2.00	0.00	0.00	2.00
	Days 1100		2.00	0.00	0.00	2.00
	Eves 1500		2.00	0.00	0.00	2.00
	Eves 1700		1.00	0.00	0.00	1.00
	Night 1900		1.00	0.00	0.00	1.00
	Night 2100		0.00	0.00	0.00	0.00

Washington State Department of HEALTH

DOH 346-154

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

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:	**7025 Endoscopy**
Unit/ Clinic Type:	
Unit/ Clinic Address:	
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 - Week 1	Days 0630		6.00	0.00	0.00	0.00
	Days 0700		11.00	0.00	0.00	7.00

Tuesday - Week 1	Days 0630		6.00	0.00	0.00	0.00
	Days 0700		10.00	0.00	0.00	7.00
Wednesday - Week 1	Days 0630		8.00	0.00	0.00	0.00
	Days 0700		10.00	0.00	0.00	9.00
Thursday - Week 1	Days 0630		9.00	0.00	0.00	0.00
	Days 0700		7.00	0.00	0.00	7.00

Friday - Week 1	Days 0630		7.00	0.00	0.00	0.00
	Days 0700		12.00	0.00	0.00	9.00
Monday - Week 2	Days 0630		5.00	0.00	0.00	0.00
	Days 0700		12.00	0.00	0.00	7.00
Tuesday - Week 2	Days 0630		5.00	0.00	0.00	0.00
	Days 0700		10.00	0.00	0.00	7.00

Wednesday - Week 2	Days 0630		9.00	0.00	0.00	0.00
	Days 0700		10.00	0.00	0.00	9.00
Thursday - Week 2	Days 0630		10.00	0.00	0.00	0.00
	Days 0700		6.00	0.00	0.00	7.00
Friday - Week 2	Days 0630		6.00	0.00	0.00	0.00
	Days 0700		13.00	0.00	0.00	9.00

Washington State Department of HEALTH

DOH 346-154

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

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:	**7030 PACU**
Unit/ Clinic Type:	
Unit/ Clinic Address:	
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
Sunday	630-5p	10	0.00	0.00	0.00	0.00
	7-530p	10	0.00	0.00	0.00	0.00
	7-530p	10	0.00	0.00	0.00	0.00
	7-530p	10	0.00	0.00	0.00	0.00
	7-530p	10	0.00	0.00	0.00	0.00

	730-6p	10	0.00	0.00	0.00	0.00
	730-6p	10	0.00	0.00	0.00	0.00
	730-6p	10	1	0.00	0.00	0.00
	8-1830	10	0.00	0.00	0.00	0.00
	8-1830	10	0.00	0.00	0.00	0.00
	8-1830	10	0.00	0.00	0.00	0.00
	8-1830	10	0.00	0.00	0.00	0.00
	8-1830	10	0.00	0.00	0.00	0.00
	830-7p	10	1	0.00	0.00	0.00
	830-7p	10	1	0.00	0.00	0.00
	830-7p	10	0.00	0.00	0.00	0.00
	9-730p	10	0.00	0.00	0.00	0.00
	9-730p	10	0.00	0.00	0.00	0.00
	930-8p	10	0.00	0.00	0.00	0.00
	10-830p	10	0.00	0.00	0.00	0.00
	11-930p	10	0.00	0.00	0.00	0.00
	11-930p	10	0.00	0.00	0.00	0.00
	13-1130p	10	0.00	0.00	0.00	0.00
	15-1130p	8	0.00	0.00	0.00	0.00
	15-1130p	8	0.00	0.00	0.00	0.00
	15-1130p	8	0.00	0.00	0.00	0.00
Monday	630-5p	10	1	0.00	0.00	0.00
	7-530p	10	1	0.00	0.00	0.00
	7-530p	10	0.00	0.00	0.00	0.00
	7-530p	10	1	0.00	0.00	0.00
	7-530p	10	0.00	0.00	0.00	0.00
	730-6p	10	0.00	0.00	0.00	0.00
	730-6p	10	1	0.00	0.00	0.00

	730-6p	10	1	0.00	0.00	0.00
	8-1830	10	1	0.00	0.00	0.00
	8-1830	10	1	0.00	0.00	0.00
	8-1830	10	0.00	0.00	0.00	0.00
	8-1830	10	1	0.00	0.00	0.00
	8-1830	10	0.00	0.00	0.00	0.00
	830-7p	10	0.00	0.00	0.00	0.00
	830-7p	10	1	0.00	0.00	0.00
	830-7p	10	1	0.00	0.00	0.00
	9-730p	10	1	0.00	0.00	0.00
	9-730p	10	0.00	0.00	0.00	0.00
	930-8p	10	0.00	0.00	0.00	0.00
	10-830p	10	1	0.00	0.00	0.00
	11-930p	10	1	0.00	0.00	0.00
	11-930p	10	0.00	0.00	0.00	0.00
	13-1130p	10	0.00	0.00	0.00	0.00
	15-1130p	8	1	0.00	0.00	0.00
	15-1130p	8	1	0.00	0.00	0.00
	15-1130p	8	1	0.00	0.00	0.00
Tuesday	630-5p	10	1	0.00	0.00	0.00
	7-530p	10	1	0.00	0.00	0.00
	7-530p	10	1	0.00	0.00	0.00
	7-530p	10	1	0.00	0.00	0.00
	7-530p	10	0.00	0.00	0.00	0.00
	730-6p	10	0.00	0.00	0.00	0.00
	730-6p	10	1	0.00	0.00	0.00
	730-6p	10	1	0.00	0.00	0.00
	8-1830	10	0.00	0.00	0.00	0.00
	8-1830	10	1	0.00	0.00	0.00
	8-1830	10	0.00	0.00	0.00	0.00
	8-1830	10	1	0.00	0.00	0.00

	8-1830	10	0.00	0.00	0.00	0.00
	830-7p	10	0.00	0.00	0.00	0.00
	830-7p	10	1	0.00	0.00	0.00
	830-7p	10	1	0.00	0.00	0.00
	9-730p	10	1	0.00	0.00	0.00
	9-730p	10	0.00	0.00	0.00	0.00
	930-8p	10	0.00	0.00	0.00	0.00
	10-830p	10	1	0.00	0.00	0.00
	11-930p	10	1	0.00	0.00	0.00
	11-930p	10	0.00	0.00	0.00	0.00
	13-1130p	10	1	0.00	0.00	0.00
	15-1130p	8	1	0.00	0.00	0.00
	15-1130p	8	0.00	0.00	0.00	0.00
	15-1130p	8	1	0.00	0.00	0.00
Wednesday	630-5p	10	0.00	0.00	0.00	0.00
	7-530p	10	1	0.00	0.00	0.00
	7-530p	10	1	0.00	0.00	0.00
	7-530p	10	0.00	0.00	0.00	0.00
	7-530p	10	1	0.00	0.00	0.00
	730-6p	10	1	0.00	0.00	0.00
	730-6p	10	1	0.00	0.00	0.00
	730-6p	10	1	0.00	0.00	0.00
	8-1830	10	1	0.00	0.00	0.00
	8-1830	10	0.00	0.00	0.00	0.00
	8-1830	10	1	0.00	0.00	0.00
	8-1830	10	0.00	0.00	0.00	0.00
	8-1830	10	0.00	0.00	0.00	0.00
	830-7p	10	0.00	0.00	0.00	0.00
	830-7p	10	0.00	0.00	0.00	0.00
	830-7p	10	1	0.00	0.00	0.00
	9-730p	10	1	0.00	0.00	0.00

	9-730p	10	1	0.00	0.00	0.00
	930-8p	10	0.00	0.00	0.00	0.00
	10-830p	10	1	0.00	0.00	0.00
	11-930p	10	1	0.00	0.00	0.00
	11-930p	10	1	0.00	0.00	0.00
	13-1130p	10	1	0.00	0.00	0.00
	15-1130p	8	0.00	0.00	0.00	0.00
	15-1130p	8	1	0.00	0.00	0.00
	15-1130p	8	1	0.00	0.00	0.00
Thursday	630-5p	10	1	0.00	0.00	0.00
	7-530p	10	1	0.00	0.00	0.00
	7-530p	10	1	0.00	0.00	0.00
	7-530p	10	0.00	0.00	0.00	0.00
	7-530p	10	1	0.00	0.00	0.00
	730-6p	10	1	0.00	0.00	0.00
	730-6p	10	0.00	0.00	0.00	0.00
	730-6p	10	0.00	0.00	0.00	0.00
	8-1830	10	1	0.00	0.00	0.00
	8-1830	10	0.00	0.00	0.00	0.00
	8-1830	10	1	0.00	0.00	0.00
	8-1830	10	1	0.00	0.00	0.00
	8-1830	10	0.00	0.00	0.00	0.00
	830-7p	10	0.00	0.00	0.00	0.00
	830-7p	10	0.00	0.00	0.00	0.00
	830-7p	10	1	0.00	0.00	0.00
	9-730p	10	0.00	0.00	0.00	0.00
	9-730p	10	1	0.00	0.00	0.00
	930-8p	10	1	0.00	0.00	0.00
	10-830p	10	1	0.00	0.00	0.00
	11-930p	10	0.00	0.00	0.00	0.00
	11-930p	10	1	0.00	0.00	0.00

	13-1130p	10	1	0.00	0.00	0.00
	15-1130p	8	1	0.00	0.00	0.00
	15-1130p	8	1	0.00	0.00	0.00
	15-1130p	8		0.00	0.00	0.00
Friday	630-5p	10	1	0.00	0.00	0.00
	7-530p	10	0.00	0.00	0.00	0.00
	7-530p	10	1	0.00	0.00	0.00
	7-530p	10	0.00	0.00	0.00	0.00
	7-530p	10	1	0.00	0.00	0.00
	730-6p	10	1	0.00	0.00	0.00
	730-6p	10	0.00	0.00	0.00	0.00
	730-6p	10	0.00	0.00	0.00	0.00
	8-1830	10	1	0.00	0.00	0.00
	8-1830	10	0.00	0.00	0.00	0.00
	8-1830	10	1	0.00	0.00	0.00
	8-1830	10	1	0.00	0.00	0.00
	8-1830	10	1	0.00	0.00	0.00
	830-7p	10	1	0.00	0.00	0.00
	830-7p	10	0.00	0.00	0.00	0.00
	830-7p	10	0.00	0.00	0.00	0.00
	9-730p	10	1	0.00	0.00	0.00
	9-730p	10	1	0.00	0.00	0.00
	930-8p	10	1	0.00	0.00	0.00
	10-830p	10	0.00	0.00	0.00	0.00
	11-930p	10	0.00	0.00	0.00	0.00

	11-930p	10	1	0.00	0.00	0.00
	13-1130p	10	1	0.00	0.00	0.00
	15-1130p	8	1	0.00	0.00	0.00
	15-1130p	8	1	0.00	0.00	0.00
	15-1130p	8	0.00	0.00	0.00	0.00
Saturday	630-5p	10	0.00	0.00	0.00	0.00
	7-530p	10	0.00	0.00	0.00	0.00
	7-530p	10	0.00	0.00	0.00	0.00
	7-530p	10	0.00	0.00	0.00	0.00
	7-530p	10	0.00	0.00	0.00	0.00
	730-6p	10	0.00	0.00	0.00	0.00
	730-6p	10	0.00	0.00	0.00	0.00
	730-6p	10	0.00	0.00	0.00	0.00
	8-1830	10	0.00	0.00	0.00	0.00
	8-1830	10	0.00	0.00	0.00	0.00
	8-1830	10	0.00	0.00	0.00	0.00
	8-1830	10	0.00	0.00	0.00	0.00
	8-1830	10	1	0.00	0.00	0.00
	830-7p	10	1	0.00	0.00	0.00
	830-7p	10	0.00	0.00	0.00	0.00
	830-7p	10	0.00	0.00	0.00	0.00
	9-730p	10	0.00	0.00	0.00	0.00
	9-730p	10	0.00	0.00	0.00	0.00
	930-8p	10	1	0.00	0.00	0.00
	10-830p	10	0.00	0.00	0.00	0.00
	11-930p	10	0.00	0.00	0.00	0.00
	11-930p	10	0.00	0.00	0.00	0.00

	13-1130p	10	0.00	0.00	0.00	0.00
	15-1130p	8	0.00	0.00	0.00	0.00
	15-1130p	8	0.00	0.00	0.00	0.00
	15-1130p	8	0.00	0.00	0.00	0.00

Washington State Department of HEALTH

DOH 346-154

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

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:	**7032 Admit Discharge**
Unit/ Clinic Type:	
Unit/ Clinic Address:	
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	530-2p	8.00	1.00	0.00	0.00	0.00
	545-215p	8.00	1.00	0.00	0.00	0.00
	6a-230p	8.00	1.00	0.00	0.00	0.00
	6a-230p	8.00	1.00	0.00	0.00	0.00
	6a-230p	8.00	1.00	0.00	0.00	0.00

	6a-230p/7a-330	8.00	1.00	0.00	0.00	0.00
	630-3p/7a-330	8.00	1.00	0.00	0.00	0.00
	630, 7:45 to pacu	8.00	1.00	0.00	0.00	0.00
	6a, 0800 to pacu	8.00	1.00	0.00	0.00	0.00
Tuesday	530-2p	8.00	1.00	0.00	0.00	0.00
	545-215p	8.00	1.00	0.00	0.00	0.00
	6a-230p	8.00	1.00	0.00	0.00	0.00
	6a-230p	8.00	1.00	0.00	0.00	0.00
	6a-230p	8.00	1.00	0.00	0.00	0.00
	6a-230p/7a-330	8.00	1.00	0.00	0.00	0.00
	630-3p/7a-330	8.00	1.00	0.00	0.00	0.00
	630, 7:45 to pacu	8.00	1.00	0.00	0.00	0.00
	6a, 0800 to pacu	8.00	1.00	0.00	0.00	0.00
Wednesday	530-2p	8.00	1.00	0.00	0.00	0.00
	545-215p	8.00	1.00	0.00	0.00	0.00
	6a-230p	8.00	1.00	0.00	0.00	0.00
	6a-230p	8.00	1.00	0.00	0.00	0.00
	6a-230p	8.00	1.00	0.00	0.00	0.00
	6a-230p/7a-330	8.00	1.00	0.00	0.00	0.00
	630-3p/7a-330	8.00	1.00	0.00	0.00	0.00
	630, 7:45 to pacu	8.00	1.00	0.00	0.00	0.00
	6a, 0800 to pacu	8.00	1.00	0.00	0.00	0.00
Thursday	530-2p	8.00	1.00	0.00	0.00	0.00
	545-215p	8.00	1.00	0.00	0.00	0.00
	6a-230p	8.00	1.00	0.00	0.00	0.00
	6a-230p	8.00	1.00	0.00	0.00	0.00
	6a-230p	8.00	1.00	0.00	0.00	0.00
	6a-230p/7a-330	8.00	1.00	0.00	0.00	0.00
	630-3p/7a-330	8.00	1.00	0.00	0.00	0.00

	630, 7:45 to pacu	8.00	1.00	0.00	0.00	0.00
	6a, 0800 to pacu	8.00	1.00	0.00	0.00	0.00
Friday	530-2p	8.00	1.00	0.00	0.00	0.00
	545-215p	8.00	1.00	0.00	0.00	0.00
	6a-230p	8.00	1.00	0.00	0.00	0.00
	6a-230p	8.00	1.00	0.00	0.00	0.00
	6a-230p	8.00	1.00	0.00	0.00	0.00
	6a-230p/7a-330	8.00	1.00	0.00	0.00	0.00
	630-3p/7a-330	8.00	1.00	0.00	0.00	0.00
	630, 7:45 to pacu	8.00	1.00	0.00	0.00	0.00
	6a, 0800 to pacu	8.00	1.00	0.00	0.00	0.00

Washington State Department of HEALTH

DOH 346-154

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

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:	**Emergency Department**
Unit/ Clinic Type:	
Unit/ Clinic Address:	
Effective as of:	**7/1/2024**
Day of the week	

Please select metric type	Please select	Please select	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Sunday	0500-1730	12	1.00	0.00	0.00	0.00
	0700-1530	8	1.00	0.00	1.00	1.00
	0700-1730	10	0.00	0.00	1.00	0.00
	0700-1930	12	8.00	1.00	6.00	0.00
	0900-1730	8	1.00	0.00	2.00	0.00

	0900-1930	10	2.00	0.00	1.00	0.00
	0900-2130	12	1.00	0.00	0.00	0.00
	1100-2330	12	5.00	1.00	0.00	0.00
	1300-2130	8	0.00	0.00	0.00	1.00
	1300-0130	12	1.00	1.00	0.00	0.00
	1500-0130	10	0.00	0.00	1.00	0.00
	1500-0330	12	2.00	0.00	1.00	0.00
	1600-0030	8	0.00	0.00	0.00	1.00
	1700-0530	12	3.00	0.00	2.00	0.00
	1900-0330	8	0.00	0.00	1.00	0.00
	1900-0730	12	10.00	0.00	6.00	0.00
	2300-0730	8	0.00	0.00	0.00	1.00
Monday	0500-1730	12	2.00	0.00	0.00	0.00
	0700-1530	8	1.00	0.00	1.00	1.00
	0700-1730	10	0.00	0.00	1.00	0.00
	0700-1930	12	8.00	1.00	6.00	0.00
	0900-1730	8	1.00	0.00	2.00	0.00
	0900-1930	10	2.00	0.00	1.00	0.00
	0900-2130	12	1.00	0.00	0.00	0.00
	1100-2330	12	5.00	1.00	0.00	0.00
	1300-2130	8	0.00	0.00	0.00	1.00
	1300-0130	12	1.00	1.00	0.00	0.00
	1500-0130	10	0.00	0.00	1.00	0.00
	1500-0330	12	3.00	0.00	2.00	0.00
	1600-0030	8	0.00	0.00	0.00	1.00
	1700-0530	12	3.00	0.00	2.00	0.00
	1900-0330	8	0.00	0.00	1.00	0.00

	1900-0730	12	10.00	0.00	6.00	0.00
	2300-0730	8	0.00	0.00	0.00	1.00
Tuesday	0500-1730	12	2.00	0.00	0.00	0.00
	0700-1530	8	1.00	0.00	1.00	1.00
	0700-1730	10	0.00	0.00	1.00	0.00
	0700-1930	12	8.00	1.00	6.00	0.00
	0900-1730	8	1.00	0.00	2.00	0.00
	0900-1930	10	2.00	0.00	1.00	0.00
	0900-2130	12	1.00	0.00	0.00	0.00
	1100-2330	12	5.00	1.00	0.00	0.00
	1300-2130	8	0.00	0.00	0.00	1.00
	1300-0130	12	1.00	1.00	0.00	0.00
	1500-0130	10	0.00	0.00	1.00	0.00
	1500-0330	12	3.00	0.00	1.00	0.00
	1600-0030	8	0.00	0.00	0.00	1.00
	1700-0530	12	3.00	0.00	2.00	0.00
	1900-0330	8	0.00	0.00	1.00	0.00
	1900-0730	12	10.00	0.00	6.00	0.00
	2300-0730	8	0.00	0.00	0.00	1.00
Wednesday	0500-1730	12	1.00	0.00	0.00	0.00
	0700-1530	8	1.00	0.00	1.00	1.00
	0700-1730	10	0.00	0.00	1.00	0.00
	0700-1930	12	8.00	1.00	6.00	0.00
	0900-1730	8	1.00	0.00	2.00	0.00
	0900-1930	10	2.00	0.00	1.00	0.00
	0900-2130	12	1.00	0.00	0.00	0.00
	1100-2330	12	5.00	1.00	0.00	0.00
	1300-2130	8	0.00	0.00	0.00	1.00
	1300-0130	12	1.00	1.00	0.00	0.00
	1500-0130	10	0.00	0.00	1.00	0.00

	1500-0330	12	2.00	0.00	1.00	0.00
	1600-0030	8	0.00	0.00	0.00	1.00
	1700-0530	12	3.00	0.00	2.00	0.00
	1900-0330	8	0.00	0.00	1.00	0.00
	1900-0730	12	10.00	0.00	0.00	0.00
	2300-0730	8	0.00	0.00	6.00	1.00
Thursday	0500-1730	12	1.00	0.00	0.00	0.00
	0700-1530	8	1.00	0.00	1.00	1.00
	0700-1730	10	0.00	0.00	1.00	0.00
	0700-1930	12	8.00	1.00	6.00	0.00
	0900-1730	8	1.00	0.00	2.00	0.00
	0900-1930	10	2.00	0.00	1.00	0.00
	0900-2130	12	1.00	0.00	0.00	0.00
	1100-2330	12	5.00	1.00	0.00	0.00
	1300-2130	8	0.00	0.00	0.00	1.00
	1300-0130	12	1.00	1.00	0.00	0.00
	1500-0130	10	0.00	0.00	1.00	0.00
	1500-0330	12	2.00	0.00	1.00	0.00
	1600-0030	8	0.00	0.00	0.00	1.00
	1700-0530	12	3.00	0.00	2.00	0.00
	1900-0330	8	0.00	0.00	1.00	0.00
	1900-0730	12	10.00	0.00	6.00	0.00
	2300-0730	8	0.00	0.00	0.00	1.00
Friday	0500-1730	12	1.00	0.00	0.00	0.00
	0700-1530	8	1.00	0.00	1.00	1.00
	0700-1730	10	0.00	0.00	1.00	0.00
	0700-1930	12	8.00	1.00	6.00	0.00
	0900-1730	8	1.00	0.00	2.00	0.00
	0900-1930	10	2.00	0.00	1.00	0.00
	0900-2130	12	1.00	0.00	0.00	0.00

	1100-2330	12	5.00	1.00	0.00	0.00
	1300-0130	12	1.00	1.00	0.00	1.00
	1500-0130	10	0.00	0.00	1.00	0.00
	1500-0330	12	2.00	0.00	1.00	0.00
	1600-0030	8	0.00	0.00	0.00	1.00
	1700-0530	12	3.00	0.00	2.00	0.00
	1900-0330	8	0.00	0.00	1.00	0.00
	1900-0730	12	10.00	0.00	6.00	0.00
	2300-0730	8	0.00	0.00	0.00	1.00
Saturday	0500-1730	12	2.00	0.00	0.00	0.00
	0700-1530	8	1.00	0.00	1.00	1.00
	0700-1730	10	0.00	0.00	1.00	0.00
	0700-1930	12	8.00	1.00	6.00	0.00
	0900-1730	8	1.00	0.00	2.00	0.00
	0900-1930	10	2.00	0.00	1.00	0.00
	0900-2130	12	1.00	0.00	0.00	0.00
	1100-2330	12	5.00	1.00	0.00	0.00
	1300-2130	8	0.00	0.00	0.00	1.00
	1300-0130	12	1.00	1.00	0.00	0.00
	1500-0130	10	0.00	0.00	1.00	0.00
	1500-0330	12	2.00	0.00	1.00	0.00
	1600-0030	8	0.00	0.00	0.00	1.00
	1700-0530	12	3.00	0.00	2.00	0.00
	1900-0330	8	0.00	0.00	1.00	0.00
	1900-0730	12	10.00	0.00	6.00	0.00
	2300-0730	8	0.00	0.00	0.00	1.00

Washington State Department of HEALTH

DOH 346-154

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

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:	**7241 Infusion Services**
Unit/ Clinic Type:	
Unit/ Clinic Address:	
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
Sunday	0700-1930	12.00	0.00	0.00	0.00	0.00
	0700-1730	10.00	4.00	0.00	2.00	0.00

Monday	0700-1930	12.00	12.00	0.00	0.00	0.00
	0700-1730	10.00	4.00	0.00	3.00	0.00
Tuesday	0700-1930	12.00	11.00	0.00	0.00	0.00
	0700-1730	10.00	5.00	0.00	3.00	0.00
Wednesday	0700-1930	12.00	0.00	0.00	0.00	0.00
	0700-1730	10.00	16.00	0.00	3.00	0.00

Thursday	0700-1930	12.00	0.00	0.00	0.00	0.00
	0700-1730	10.00	16.00	0.00	3.00	0.00
Friday	0700-1930	12.00	10.00	0.00	0.00	0.00
	0700-1730	10.00	6.00	0.00	3.00	0.00
Sunday	0700-1930	12.00	0.00	0.00	0.00	0.00
	0700-1730	10.00	6.00	0.00	2.00	0.00

Washington State Department of HEALTH

DOH 346-154

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

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:	**7242 Special Procedures Unit**
Unit/ Clinic Type:	
Unit/ Clinic Address:	
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	0630-1900	12.00	15.00	0.00	0.00	0.00
	1000-2230	12.00	3.00	0.00	0.00	0.00

Tuesday	0630-1900	12.00	13.00	0.00	0.00	0.00
	1000-2230	12.00	3.00	0.00	0.00	1.00
Wednesday	0630-1900	12.00	13.00	0.00	0.00	0.00
	1000-2230	12.00	3.00	0.00	0.00	1.00
Thursday	0630-1900	12.00	13.00	0.00	0.00	0.00
	1000-2230	12.00	3.00	0.00	0.00	1.00

Friday	0630-1900	12.00	13.00	0.00	0.00	0.00
	1000-2230	12.00	3.00	0.00	0.00	1.00