COVER PAGE

The following is the comprehensive hospital staffing plan for Multicare Yakima Memorial Hospital 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: 1/1/25

I, the undersigned with responsibility for Multicare Yakima Memorial Hospit attest that the attached hospital staffing plan and matrix are in accordance with RCW 70.41.420 for 2025 , and includes all units covered under our hospital license under RCW 70.41.

As approved by: CEO Tammy Buyok

Hospital Information

Name of Hospital: Multicare Yakima Memorial Hospital		
Hospital License #: HAC.FS.00000058		
Hospital Street Address: 2811 Tieton Drive		
City/Town: Yakima	State: WA	Zip code: 98902
Is this hospital license affiliated with more than one location?	☑ Yes	☐ No
If "Yes" was selected, please provide the location name and address	a. Virginia Mason Memorial Apple Valley Medicine- 1008 S 38th Ave Yakima, WA 98902-3953, Varied MA scheduling due to number of providers b. Virginia Mason Memorial Children's Village- 3801 Kern Way Yakima, WA 98902-6340, Completed c. Virginia Mason Memorial Family Medicine of Yakima- 504 N 40th Ave Yakima, WA 98908-4311,Completed d. Virginia Mason Memorial 16th Avenue Station- 1470 N 16th Ave Yakima, WA 98902-1381, This is now called Lakeview No nursing staff e. Virginia Mason Memorial Memorial Cornerstone Medicine- 4003 Creekside Loop Yakima, WA 98908-3962, Complete f. Virginia Mason Memorial Yakima Ear Nose and Throat- 1601 Creekside Loop Yakima, WA 98902-4882, LPN staffing complete g. Virginia Mason Memorial West Pavilion II- 406 S 30th Ave Yakima, WA 98902-3703, Heart lung & Vascular (PULSE) , Cardiac Rehav, Pulmonary RN staffing complete	
Review Type:	☐ Annual	Review Date: 3/5/25
	☑ Update	Next Review Date: 6/27/25
Effective Date: 1/1/25		
Date Approved: 6/27/24		

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:
Worked hours per patient day are based on professional standards

☑ Terms of applicable collective bargaining agreement

Description:
SEIU contract followed as applicable

☑ 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:
Staffing Plans meet WHPPD budgeted

☑ Other

Description:
n a quarterly basis, the HSC will review relevant HR data such as (but not limited to) staff turnover rates, new hire turnover during first year of employment, anonymized aggregate of exit interview data (annually), and hospital plans regarding workforce development/planning. The HSC will also review relevant data (quarterly) to assess the effectiveness of unit-based staffing plans and financial performance. Relevant data includes (but not limited to) the compliance with staffing plans, missed meals and rest breaks, and overtime/mandatory on-call reports. Hospital-wide and department-specific quality indicators such as, but not limited to, patient complaints about staffing and patient satisfaction responses should be reviewed quarterly.

Signature

CEO & Co-chairs Name:	Signature:	Date:
Tammy Buyok		3/7/25
Kim Bersing		3/7/25
Jaime Wagner		3/7/25

Total Votes	
# of Approvals	# of Denials
23	0

Access unit staffing matrices here:

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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:	**2 E/W Onc/Tele**		
Unit/ Clinic Type:	**Inpatient Services**		
Unit/ Clinic Address:	**2811 Tieton Dr Yakima, WA 98902**		
Average Daily	**28.36**	**Maximum # of Beds: 34**	
Effective as of:	**1-Jan-25**		
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	07-1500	8	2	0	0	0	16.00	0.00	0.00	0.00	
	15-1900	4	2	0	0	0	8.00	0.00	0.00	0.00	
	19-2300	4	2	0	0	0	8.00	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	16.00	0.00	0.00	0.00	48.00
2	07-1500	8	2	0	0	0	8.00	0.00	0.00	0.00	
	15-1900	4	2	0	0	0	4.00	0.00	0.00	0.00	
	19-2300	4	2	0	0	0	4.00	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	8.00	0.00	0.00	0.00	24.00
3	07-1500	8	2	0	0	0	5.33	0.00	0.00	0.00	
	15-1900	4	2	0	0	0	2.67	0.00	0.00	0.00	
	19-2300	4	2	0	0	0	2.67	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	5.33	0.00	0.00	0.00	16.00
4	07-1500	8	2	0	0	0	4.00	0.00	0.00	0.00	
	15-1900	4	2	0	0	0	2.00	0.00	0.00	0.00	
	19-2300	4	2	0	0	0	2.00	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	4.00	0.00	0.00	0.00	12.00
5	07-1500	8	2	0	0	0	3.20	0.00	0.00	0.00	
	15-1900	4	2	0	0	0	1.60	0.00	0.00	0.00	
	19-2300	4	2	0	0	0	1.60	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	3.20	0.00	0.00	0.00	9.60
6	07-1500	8	2	0	1	0	2.67	0.00	1.33	0.00	
	15-1900	4	2	0	1	0	1.33	0.00	0.67	0.00	
	19-2300	4	2	0	0	0	1.33	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	2.67	0.00	0.00	0.00	10.00
7	07-1500	8	2	0	1	0	2.29	0.00	1.14	0.00	
	15-1900	4	2	0	1	0	1.14	0.00	0.57	0.00	
	19-2300	4	2	0	0	0	1.14	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	2.29	0.00	0.00	0.00	8.57
8	07-1500	8	3	0	1	0	3.00	0.00	1.00	0.00	
	15-1900	4	3	0	1	0	1.50	0.00	0.50	0.00	
	19-2300	4	2	0	0	0	1.00	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	2.00	0.00	0.00	0.00	9.00
9	07-1500	8	4	0	1	0	3.56	0.00	0.89	0.00	
	15-1900	4	4	0	1	0	1.78	0.00	0.44	0.00	
	19-2300	4	2	0	1	0	0.89	0.00	0.44	0.00	
	23-0700	8	2	0	1	0	1.78	0.00	0.89	0.00	10.67
10	07-1500	8	4	0	1	0	3.20	0.00	0.80	0.00	
	15-1900	4	4	0	1	0	1.60	0.00	0.40	0.00	
	19-2300	4	3	0	1	0	1.20	0.00	0.40	0.00	
	23-0700	8	3	0	1	0	2.40	0.00	0.80	0.00	10.80
11	07-1500	8	4	0	1	0	2.91	0.00	0.73	0.00	
	15-1900	4	4	0	1	0	1.45	0.00	0.36	0.00	
	19-2300	4	4	0	2	0	1.45	0.00	0.73	0.00	
	23-0700	8	4	0	2	0	2.91	0.00	1.45	0.00	12.00
12	07-1500	8	4	0	2	0	2.67	0.00	1.33	0.00	
	15-1900	4	4	0	2	0	1.33	0.00	0.67	0.00	
	19-2300	4	4	0	2	0	1.33	0.00	0.67	0.00	
	23-0700	8	4	0	2	0	2.67	0.00	1.33	0.00	12.00
13	07-1500	8	5	0	2	0	3.08	0.00	1.23	0.00	
	15-1900	4	5	0	2	0	1.54	0.00	0.62	0.00	
	19-2300	4	4	0	2	0	1.23	0.00	0.62	0.00	
	23-0700	8	4	0	2	0	2.46	0.00	1.23	0.00	12.00
14	07-1500	8	5	0	2	0	2.86	0.00	1.14	0.00	
	15-1900	4	5	0	2	0	1.43	0.00	0.57	0.00	
	19-2300	4	4	0	2	0	1.14	0.00	0.57	0.00	
	23-0700	8	4	0	2	0	2.29	0.00	1.14	0.00	11.14
15	07-1500	8	5	0	3	0	2.67	0.00	1.60	0.00	
	15-1900	4	5	0	3	0	1.33	0.00	0.80	0.00	
	19-2300	4	4	0	2	0	1.07	0.00	0.53	0.00	
	23-0700	8	4	0	2	0	2.13	0.00	1.07	0.00	11.20
16	07-1500	8	5	0	3	0	2.50	0.00	1.50	0.00	
	15-1900	4	5	0	3	0	1.25	0.00	0.75	0.00	
	19-2300	4	5	0	2	0	1.25	0.00	0.50	0.00	
	23-0700	8	5	0	2	0	2.50	0.00	1.00	0.00	11.25
17	07-1500	8	6	0	3	0	2.82	0.00	1.41	0.00	
	15-1900	4	6	0	3	0	1.41	0.00	0.71	0.00	
	19-2300	4	5	0	3	0	1.18	0.00	0.71	0.00	
	23-0700	8	5	0	3	0	2.35	0.00	1.41	0.00	12.00
	07-1500	8	6	0	3	0	2.67	0.00	1.33	0.00	

18	15-1900	4	6	0	3	0	1.33	0.00	0.67	0.00	
	19-2300	4	5	0	3	0	1.11	0.00	0.67	0.00	
	23-0700	8	5	0	3	0	2.22	0.00	1.33	0.00	11.33
19	07-1500	8	6	0	3	0	2.53	0.00	1.26	0.00	
	15-1900	4	6	0	3	0	1.26	0.00	0.63	0.00	
	19-2300	4	5	0	3	0	1.05	0.00	0.63	0.00	
	23-0700	8	5	0	3	0	2.11	0.00	1.26	0.00	10.74
20	07-1500	8	6	0	3	0	2.40	0.00	1.20	0.00	
	15-1900	4	6	0	3	0	1.20	0.00	0.60	0.00	
	19-2300	4	5	0	3	0	1.00	0.00	0.60	0.00	
	23-0700	8	5	0	3	0	2.00	0.00	1.20	0.00	10.20
21	07-1500	8	7	0	3	0	2.67	0.00	1.14	0.00	
	15-1900	4	7	0	3	0	1.33	0.00	0.57	0.00	
	19-2300	4	6	0	3	0	1.14	0.00	0.57	0.00	
	23-0700	8	6	0	3	0	2.29	0.00	1.14	0.00	10.86
22	07-1500	8	7	0	4	0	2.55	0.00	1.45	0.00	
	15-1900	4	7	0	4	0	1.27	0.00	0.73	0.00	
	19-2300	4	6	0	4	0	1.09	0.00	0.73	0.00	
	23-0700	8	6	0	4	0	2.18	0.00	1.45	0.00	11.45
23	07-1500	8	7	0	4	0	2.43	0.00	1.39	0.00	
	15-1900	4	7	0	4	0	1.22	0.00	0.70	0.00	
	19-2300	4	6	0	4	0	1.04	0.00	0.70	0.00	
	23-0700	8	6	0	4	0	2.09	0.00	1.39	0.00	10.96
24	07-1500	8	7	0	4	0	2.33	0.00	1.33	0.00	
	15-1900	4	7	0	4	0	1.17	0.00	0.67	0.00	
	19-2300	4	6	0	3	0	1.00	0.00	0.50	0.00	
	23-0700	8	6	0	3	0	2.00	0.00	1.00	0.00	10.00
25	07-1500	8	8	0	4	0	2.56	0.00	1.28	0.00	
	15-1900	4	8	0	4	0	1.28	0.00	0.64	0.00	
	19-2300	4	6	0	4	0	0.96	0.00	0.64	0.00	
	23-0700	8	6	0	4	0	1.92	0.00	1.28	0.00	10.56
26	07-1500	8	8	0	4	0	2.46	0.00	1.23	0.00	
	15-1900	4	8	0	4	0	1.23	0.00	0.62	0.00	
	19-2300	4	7	0	4	0	1.08	0.00	0.62	0.00	
	23-0700	8	7	0	4	0	2.15	0.00	1.23	0.00	10.62
27	07-1500	8	8	0	4	0	2.37	0.00	1.19	0.00	
	15-1900	4	8	0	4	0	1.19	0.00	0.59	0.00	
	19-2300	4	7	0	4	0	1.04	0.00	0.59	0.00	
	23-0700	8	7	0	4	0	2.07	0.00	1.19	0.00	10.22
28	07-1500	8	8	0	4	0	2.29	0.00	1.14	0.00	
	15-1900	4	8	0	4	0	1.14	0.00	0.57	0.00	
	19-2300	4	7	0	4	0	1.00	0.00	0.57	0.00	
	23-0700	8	7	0	4	0	2.00	0.00	1.14	0.00	9.86
29	07-1500	8	9	0	5	0	2.48	0.00	1.38	0.00	
	15-1900	4	9	0	5	0	1.24	0.00	0.69	0.00	
	19-2300	4	7	0	4	0	0.97	0.00	0.55	0.00	
	23-0700	8	7	0	4	0	1.93	0.00	1.10	0.00	10.34
30	07-1500	8	9	0	5	0	2.40	0.00	1.33	0.00	
	15-1900	4	9	0	5	0	1.20	0.00	0.67	0.00	
	19-2300	4	7	0	4	0	0.93	0.00	0.53	0.00	
	23-0700	8	7	0	4	0	1.87	0.00	1.07	0.00	10.00
31	07-1500	8	9	0	5	0	2.32	0.00	1.29	0.00	
	15-1900	4	9	0	5	0	1.16	0.00	0.65	0.00	
	19-2300	4	8	0	4	0	1.03	0.00	0.52	0.00	
	23-0700	8	8	0	4	0	2.06	0.00	1.03	0.00	10.06
32	07-1500	8	9	0	5	0	2.25	0.00	1.25	0.00	
	15-1900	4	9	0	5	0	1.13	0.00	0.63	0.00	
	19-2300	4	8	0	4	0	1.00	0.00	0.50	0.00	
	23-0700	8	8	0	4	0	2.00	0.00	1.00	0.00	9.75
33	07-1500	8	10	0	5	0	2.42	0.00	1.21	0.00	
	15-1900	4	10	0	5	0	1.21	0.00	0.61	0.00	
	19-2300	4	8	0	4	0	0.97	0.00	0.48	0.00	
	23-0700	8	8	0	4	0	1.94	0.00	0.97	0.00	9.82
34	07-1500	8	10	0	5	0	2.35	0.00	1.18	0.00	
	15-1900	4	10	0	5	0	1.18	0.00	0.59	0.00	
	19-2300	4	8	0	4	0	0.94	0.00	0.47	0.00	
	23-0700	8	8	0	4	0	1.88	0.00	0.94	0.00	9.53

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day 0700-15	Evening 15-19	Night 19-07	Weekend
Unit Secretary	1	1	0	1
Monitor Tech	1	1	1	1 (x24 hrs/day)

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

☑ Activity such as patient admissions, discharges, and transfers

Description: WHPPD 12.06, average daily census 28.36

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

Description: Unit provides cardiac monitoring and chemotherapy administration

☑ Skill mix

Description:
RN's, NAC's, Monitor tech, Unit secertary.

☐ 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:

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:	**3EW Med Surg**										
Unit/ Clinic Type:	**Inpatient Services**										
Unit/ Clinic Address:	**2811 Tieton Dr Yakima, Wa 98902**										
Average Daily	**33.44**				**Maximum # of Beds: 46**						
Effective as of:	**1-Jan-25**										
Census											
Census	**Shift Type**	**Shift Length in Hours**	**Min # of RN's**	**Min # of LPN's**	**Min # of CNA's**	**Min # of UAP's**	**Min # of RN HPUS**	**Min # of LPN HPUS**	**Min # of CNA HPUS**	**Min # of UAP HPUS**	**Total Minimum Direct Pt. Care HPUS** (hours per unit of service)
12	07-1500	8	4	0	2	0	2.67	0.00	1.33	0.00	
	15-1900	4	4	0	2	0	1.33	0.00	0.67	0.00	
	19-2300	4	3	0	2	0	1.00	0.00	0.67	0.00	
	23-0700	8	2	0	2	0	1.33	0.00	1.33	0.00	10.33
13	07-1500	8	4	0	2	0	2.46	0.00	1.23	0.00	
	15-1900	4	4	0	2	0	1.23	0.00	0.62	0.00	
	19-2300	4	4	0	2	0	1.23	0.00	0.62	0.00	
	23-0700	8	2	0	2	0	1.23	0.00	1.23	0.00	9.85
14	07-1500	8	4	0	2	0	2.29	0.00	1.14	0.00	
	15-1900	4	4	0	2	0	1.14	0.00	0.57	0.00	
	19-2300	4	4	0	2	0	1.14	0.00	0.57	0.00	
	23-0700	8	3	0	2	0	1.71	0.00	1.14	0.00	9.71
15	07-1500	8	5	0	3	0	2.67	0.00	1.60	0.00	
	15-1900	4	5	0	3	0	1.33	0.00	0.80	0.00	
	19-2300	4	4	0	2	0	1.07	0.00	0.53	0.00	
	23-0700	8	3	0	2	0	1.60	0.00	1.07	0.00	10.67
16	07-1500	8	5	0	3	0	2.50	0.00	1.50	0.00	
	15-1900	4	5	0	3	0	1.25	0.00	0.75	0.00	
	19-2300	4	5	0	2	0	1.25	0.00	0.50	0.00	
	23-0700	8	3	0	2	0	1.50	0.00	1.00	0.00	10.25
17	07-1500	8	5	0	3	0	2.35	0.00	1.41	0.00	
	15-1900	4	5	0	3	0	1.18	0.00	0.71	0.00	
	19-2300	4	5	0	2	0	1.18	0.00	0.47	0.00	
	23-0700	8	3	0	2	0	1.41	0.00	0.94	0.00	9.65
18	07-1500	8	5	0	3	0	2.22	0.00	1.33	0.00	
	15-1900	4	5	0	3	0	1.11	0.00	0.67	0.00	
	19-2300	4	5	0	3	0	1.11	0.00	0.67	0.00	
	23-0700	8	4	0	3	0	1.78	0.00	1.33	0.00	10.22
19	07-1500	8	6	0	3	0	2.53	0.00	1.26	0.00	
	15-1900	4	6	0	3	0	1.26	0.00	0.63	0.00	
	19-2300	4	5	0	3	0	1.05	0.00	0.63	0.00	
	23-0700	8	5	0	3	0	2.11	0.00	1.26	0.00	10.74
20	07-1500	8	6	0	3	0	2.40	0.00	1.20	0.00	
	15-1900	4	6	0	3	0	1.20	0.00	0.60	0.00	
	19-2300	4	5	0	3	0	1.00	0.00	0.60	0.00	
	23-0700	8	5	0	3	0	2.00	0.00	1.20	0.00	10.20
21	07-1500	8	6	0	3	0	2.29	0.00	1.14	0.00	
	15-1900	4	6	0	3	0	1.14	0.00	0.57	0.00	
	19-2300	4	5	0	3	0	0.95	0.00	0.57	0.00	
	23-0700	8	5	0	3	0	1.90	0.00	1.14	0.00	9.71
22	07-1500	8	6	0	4	0	2.18	0.00	1.45	0.00	
	15-1900	4	6	0	4	0	1.09	0.00	0.73	0.00	
	19-2300	4	5	0	3	0	0.91	0.00	0.55	0.00	
	23-0700	8	5	0	3	0	1.82	0.00	1.09	0.00	9.82
23	07-1500	8	7	0	4	0	2.43	0.00	1.39	0.00	
	15-1900	4	7	0	4	0	1.22	0.00	0.70	0.00	
	19-2300	4	5	0	3	0	0.87	0.00	0.52	0.00	
	23-0700	8	5	0	3	0	1.74	0.00	1.04	0.00	9.91
24	07-1500	8	7	0	4	0	2.33	0.00	1.33	0.00	
	15-1900	4	7	0	4	0	1.17	0.00	0.67	0.00	
	19-2300	4	6	0	3	0	1.00	0.00	0.50	0.00	
	23-0700	8	5	0	3	0	1.67	0.00	1.00	0.00	9.67
25	07-1500	8	7	0	4	0	2.24	0.00	1.28	0.00	
	15-1900	4	7	0	4	0	1.12	0.00	0.64	0.00	
	19-2300	4	6	0	3	0	0.96	0.00	0.48	0.00	
	23-0700	8	6	0	3	0	1.92	0.00	0.96	0.00	9.60
26	07-1500	8	7	0	4	0	2.15	0.00	1.23	0.00	
	15-1900	4	7	0	4	0	1.08	0.00	0.62	0.00	
	19-2300	4	6	0	4	0	0.92	0.00	0.62	0.00	
	23-0700	8	6	0	4	0	1.85	0.00	1.23	0.00	9.69
27	07-1500	8	8	0	4	0	2.37	0.00	1.19	0.00	
	15-1900	4	8	0	4	0	1.19	0.00	0.59	0.00	
	19-2300	4	6	0	4	0	0.89	0.00	0.59	0.00	
	23-0700	8	6	0	4	0	1.78	0.00	1.19	0.00	9.78
28	07-1500	8	8	0	5	0	2.29	0.00	1.43	0.00	
	15-1900	4	8	0	5	0	1.14	0.00	0.71	0.00	
	19-2300	4	7	0	4	0	1.00	0.00	0.57	0.00	
	23-0700	8	6	0	4	0	1.71	0.00	1.14	0.00	10.00
29	07-1500	8	8	0	5	0	2.21	0.00	1.38	0.00	
	15-1900	4	8	0	5	0	1.10	0.00	0.69	0.00	
	19-2300	4	7	0	4	0	0.97	0.00	0.55	0.00	
	23-0700	8	6	0	4	0	1.66	0.00	1.10	0.00	9.66
30	07-1500	8	8	0	5	0	2.13	0.00	1.33	0.00	
	15-1900	4	8	0	5	0	1.07	0.00	0.67	0.00	

	19-2300	4	7	0	4	0	0.93	0.00	0.53	0.00	
	23-0700	8	6	0	4	0	1.60	0.00	1.07	0.00	9.33
31	07-1500	8	9	0	5	0	2.32	0.00	1.29	0.00	
	15-1900	4	9	0	5	0	1.16	0.00	0.65	0.00	
	19-2300	4	7	0	4	0	0.90	0.00	0.52	0.00	
	23-0700	8	7	0	4	0	1.81	0.00	1.03	0.00	9.68
32	07-1500	8	9	0	5	0	2.25	0.00	1.25	0.00	
	15-1900	4	9	0	5	0	1.13	0.00	0.63	0.00	
	19-2300	4	7	0	4	0	0.88	0.00	0.50	0.00	
	23-0700	8	7	0	4	0	1.75	0.00	1.00	0.00	9.38
33	07-1500	8	9	0	5	0	2.18	0.00	1.21	0.00	
	15-1900	4	9	0	5	0	1.09	0.00	0.61	0.00	
	19-2300	4	7	0	4	0	0.85	0.00	0.48	0.00	
	23-0700	8	7	0	4	0	1.70	0.00	0.97	0.00	9.09
34	07-1500	8	9	0	6	0	2.12	0.00	1.41	0.00	
	15-1900	4	9	0	6	0	1.06	0.00	0.71	0.00	
	19-2300	4	7	0	5	0	0.82	0.00	0.59	0.00	
	23-0700	8	7	0	5	0	1.65	0.00	1.18	0.00	9.53
35	07-1500	8	10	0	6	0	2.29	0.00	1.37	0.00	
	15-1900	4	10	0	6	0	1.14	0.00	0.69	0.00	
	19-2300	4	7	0	5	0	0.80	0.00	0.57	0.00	
	23-0700	8	7	0	5	0	1.60	0.00	1.14	0.00	9.60
36	07-1500	8	10	0	6	0	2.22	0.00	1.33	0.00	
	15-1900	4	10	0	6	0	1.11	0.00	0.67	0.00	
	19-2300	4	8	0	5	0	0.89	0.00	0.56	0.00	
	23-0700	8	7	0	5	0	1.56	0.00	1.11	0.00	9.44
37	07-1500	8	10	0	6	0	2.16	0.00	1.30	0.00	
	15-1900	4	10	0	6	0	1.08	0.00	0.65	0.00	
	19-2300	4	8	0	5	0	0.86	0.00	0.54	0.00	
	23-0700	8	8	0	5	0	1.73	0.00	1.08	0.00	9.41
38	07-1500	8	10	0	6	0	2.11	0.00	1.26	0.00	
	15-1900	4	10	0	6	0	1.05	0.00	0.63	0.00	
	19-2300	4	8	0	5	0	0.84	0.00	0.53	0.00	
	23-0700	8	8	0	5	0	1.68	0.00	1.05	0.00	9.16
39	07-1500	8	11	0	6	0	2.26	0.00	1.23	0.00	
	15-1900	4	11	0	6	0	1.13	0.00	0.62	0.00	
	19-2300	4	8	0	5	0	0.82	0.00	0.51	0.00	
	23-0700	8	8	0	5	0	1.64	0.00	1.03	0.00	9.23
40	07-1500	8	11	0	7	0	2.20	0.00	1.40	0.00	
	15-1900	4	11	0	6	0	1.10	0.00	0.60	0.00	
	19-2300	4	9	0	6	0	0.90	0.00	0.60	0.00	
	23-0700	8	8	0	5	0	1.60	0.00	1.00	0.00	9.40
41	07-1500	8	11	0	7	0	2.15	0.00	1.37	0.00	
	15-1900	4	11	0	6	0	1.07	0.00	0.59	0.00	
	19-2300	4	9	0	6	0	0.88	0.00	0.59	0.00	
	23-0700	8	8	0	5	0	1.56	0.00	0.98	0.00	9.17
42	07-1500	8	11	0	7	0	2.10	0.00	1.33	0.00	
	15-1900	4	11	0	6	0	1.05	0.00	0.57	0.00	
	19-2300	4	9	0	6	0	0.86	0.00	0.57	0.00	
	23-0700	8	8	0	6	0	1.52	0.00	1.14	0.00	9.14
43	07-1500	8	12	0	7	0	2.23	0.00	1.30	0.00	
	15-1900	4	12	0	6	0	1.12	0.00	0.56	0.00	
	19-2300	4	9	0	6	0	0.84	0.00	0.56	0.00	
	23-0700	8	9	0	6	0	1.67	0.00	1.12	0.00	9.40
44	07-1500	8	12	0	7	0	2.18	0.00	1.27	0.00	
	15-1900	4	12	0	6	0	1.09	0.00	0.55	0.00	
	19-2300	4	10	0	6	0	0.91	0.00	0.55	0.00	
	23-0700	8	9	0	6	0	1.64	0.00	1.09	0.00	9.27
45	07-1500	8	12	0	7	0	2.13	0.00	1.24	0.00	
	15-1900	4	12	0	7	0	1.07	0.00	0.62	0.00	
	19-2300	4	10	0	6	0	0.89	0.00	0.53	0.00	
	23-0700	8	9	0	6	0	1.60	0.00	1.07	0.00	9.16
46	07-1500	8	12	0	8	0	2.09	0.00	1.39	0.00	
	15-1900	4	12	0	7	0	1.04	0.00	0.61	0.00	
	19-2300	4	10	0	6	0	0.87	0.00	0.52	0.00	
	23-0700	8	9	0	6	0	1.57	0.00	1.04	0.00	9.13

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day 07-15	Evening 15-19	Night 19-07	Weekend 07-19
Unit Secretary	1	1		1

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

☑ Activity such as patient admissions, discharges, and transfers

Description: WHPPD 9.7. Staffing grid begins @ 12 patients due to the high volume of this unit (Never below census listed census). Average daily census 33.44.

Description: WHPD 9.7. Staffing grid begins @ 12 patients due to the high volume of this unit (never below census listed census). Average daily census 35.44.

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

Description: General Med Surg unit

☑ Skill mix

Description:
RN's, Nac's, Unit Secretary

☐ 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:

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:	**5EW Med Surg / Ortho**										
Unit/ Clinic Type:	**Inpatient Services**										
Unit/ Clinic Address:	**2811 Tieton Dr Yakima, Wa 98902**										
Average Daily	**36.13**				**Maximum # of Beds: 42**						
Effective as of:	**1-Jan-25**										
Census											
Census	**Shift Type**	**Shift Length in Hours**	**Min # of RN's**	**Min # of LPN's**	**Min # of CNA's**	**Min # of UAP's**	**Min # of RN HPUS**	**Min # of LPN HPUS**	**Min # of CNA HPUS**	**Min # of UAP HPUS**	**Total Minimum Direct Pt. Care HPUS** (hours per unit of service)
12	07-1500	8	4	0	2	0	2.67	0.00	1.33	0.00	
	15-1900	4	4	0	2	0	1.33	0.00	0.67	0.00	
	19-2300	4	3	0	1	0	1.00	0.00	0.33	0.00	
	23-0700	8	2	0	1	0	1.33	0.00	0.67	0.00	9.33
13	07-1500	8	4	0	2	0	2.46	0.00	1.23	0.00	
	15-1900	4	4	0	2	0	1.23	0.00	0.62	0.00	
	19-2300	4	3	0	2	0	0.92	0.00	0.62	0.00	
	23-0700	8	2	0	2	0	1.23	0.00	1.23	0.00	9.54
14	07-1500	8	4	0	2	0	2.29	0.00	1.14	0.00	
	15-1900	4	4	0	2	0	1.14	0.00	0.57	0.00	
	19-2300	4	3	0	2	0	0.86	0.00	0.57	0.00	
	23-0700	8	2	0	2	0	1.14	0.00	1.14	0.00	8.86
15	07-1500	8	4	0	2	0	2.13	0.00	1.07	0.00	
	15-1900	4	4	0	2	0	1.07	0.00	0.53	0.00	
	19-2300	4	3	0	2	0	0.80	0.00	0.53	0.00	
	23-0700	8	2	0	2	0	1.07	0.00	1.07	0.00	8.27
16	07-1500	8	5	0	2	0	2.50	0.00	1.00	0.00	
	15-1900	4	5	0	2	0	1.25	0.00	0.50	0.00	
	19-2300	4	4	0	2	0	1.00	0.00	0.50	0.00	
	23-0700	8	3	0	2	0	1.50	0.00	1.00	0.00	9.25
17	07-1500	8	5	0	3	0	2.35	0.00	1.41	0.00	
	15-1900	4	5	0	3	0	1.18	0.00	0.71	0.00	
	19-2300	4	4	0	2	0	0.94	0.00	0.47	0.00	
	23-0700	8	3	0	2	0	1.41	0.00	0.94	0.00	9.41
18	07-1500	8	5	0	3	0	2.22	0.00	1.33	0.00	
	15-1900	4	5	0	3	0	1.11	0.00	0.67	0.00	
	19-2300	4	4	0	2	0	0.89	0.00	0.44	0.00	
	23-0700	8	4	0	2	0	1.78	0.00	0.89	0.00	9.33
19	07-1500	8	5	0	3	0	2.11	0.00	1.26	0.00	
	15-1900	4	5	0	3	0	1.05	0.00	0.63	0.00	
	19-2300	4	4	0	3	0	0.84	0.00	0.63	0.00	
	23-0700	8	4	0	2	0	1.68	0.00	0.84	0.00	9.05
20	07-1500	8	6	0	3	0	2.40	0.00	1.20	0.00	
	15-1900	4	6	0	3	0	1.20	0.00	0.60	0.00	
	19-2300	4	5	0	3	0	1.00	0.00	0.60	0.00	
	23-0700	8	5	0	2	0	2.00	0.00	0.80	0.00	9.80
21	07-1500	8	6	0	3	0	2.29	0.00	1.14	0.00	
	15-1900	4	6	0	3	0	1.14	0.00	0.57	0.00	
	19-2300	4	5	0	3	0	0.95	0.00	0.57	0.00	
	23-0700	8	5	0	3	0	1.90	0.00	1.14	0.00	9.71
22	07-1500	8	6	0	4	0	2.18	0.00	1.45	0.00	
	15-1900	4	6	0	4	0	1.09	0.00	0.73	0.00	
	19-2300	4	5	0	3	0	0.91	0.00	0.55	0.00	
	23-0700	8	5	0	3	0	1.82	0.00	1.09	0.00	9.82
23	07-1500	8	6	0	4	0	2.09	0.00	1.39	0.00	
	15-1900	4	6	0	4	0	1.04	0.00	0.70	0.00	
	19-2300	4	5	0	3	0	0.87	0.00	0.52	0.00	
	23-0700	8	5	0	3	0	1.74	0.00	1.04	0.00	9.39
24	07-1500	8	7	0	4	0	2.33	0.00	1.33	0.00	
	15-1900	4	7	0	4	0	1.17	0.00	0.67	0.00	
	19-2300	4	5	0	3	0	0.83	0.00	0.50	0.00	
	23-0700	8	5	0	3	0	1.67	0.00	1.00	0.00	9.50
25	07-1500	8	7	0	4	0	2.24	0.00	1.28	0.00	
	15-1900	4	7	0	4	0	1.12	0.00	0.64	0.00	
	19-2300	4	6	0	4	0	0.96	0.00	0.64	0.00	
	23-0700	8	6	0	4	0	1.92	0.00	1.28	0.00	10.08
26	07-1500	8	7	0	4	0	2.15	0.00	1.23	0.00	
	15-1900	4	7	0	4	0	1.08	0.00	0.62	0.00	
	19-2300	4	6	0	4	0	0.92	0.00	0.62	0.00	
	23-0700	8	6	0	4	0	1.85	0.00	1.23	0.00	9.69
27	07-1500	8	7	0	5	0	2.07	0.00	1.48	0.00	
	15-1900	4	7	0	5	0	1.04	0.00	0.74	0.00	
	19-2300	4	7	0	4	0	1.04	0.00	0.59	0.00	
	23-0700	8	6	0	4	0	1.78	0.00	1.19	0.00	9.93
28	07-1500	8	8	0	5	0	2.29	0.00	1.43	0.00	
	15-1900	4	8	0	5	0	1.14	0.00	0.71	0.00	
	19-2300	4	6	0	4	0	0.86	0.00	0.57	0.00	
	23-0700	8	6	0	4	0	1.71	0.00	1.14	0.00	9.86
29	07-1500	8	8	0	5	0	2.21	0.00	1.38	0.00	
	15-1900	4	8	0	5	0	1.10	0.00	0.69	0.00	
	19-2300	4	6	0	4	0	0.83	0.00	0.55	0.00	
	23-0700	8	6	0	4	0	1.66	0.00	1.10	0.00	9.52
30	07-1500	8	8	0	5	0	2.13	0.00	1.33	0.00	
	15-1900	4	8	0	5	0	1.07	0.00	0.67	0.00	

	19-2300	4	7	0	4	0	0.93	0.00	0.53	0.00	
	23-0700	8	7	0	4	0	1.87	0.00	1.07	0.00	9.60
31	07-1500	8	8	0	5	0	2.06	0.00	1.29	0.00	
	15-1900	4	8	0	5	0	1.03	0.00	0.65	0.00	
	19-2300	4	7	0	4	0	0.90	0.00	0.52	0.00	
	23-0700	8	7	0	4	0	1.81	0.00	1.03	0.00	9.29
32	07-1500	8	9	0	5	0	2.25	0.00	1.25	0.00	
	15-1900	4	9	0	5	0	1.13	0.00	0.63	0.00	
	19-2300	4	7	0	4	0	0.88	0.00	0.50	0.00	
	23-0700	8	7	0	4	0	1.75	0.00	1.00	0.00	9.38
33	07-1500	8	9	0	5	0	2.18	0.00	1.21	0.00	
	15-1900	4	9	0	5	0	1.09	0.00	0.61	0.00	
	19-2300	4	7	0	5	0	0.85	0.00	0.61	0.00	
	23-0700	8	7	0	5	0	1.70	0.00	1.21	0.00	9.45
34	07-1500	8	9	0	6	0	2.12	0.00	1.41	0.00	
	15-1900	4	9	0	6	0	1.06	0.00	0.71	0.00	
	19-2300	4	7	0	5	0	0.82	0.00	0.59	0.00	
	23-0700	8	7	0	5	0	1.65	0.00	1.18	0.00	9.53
35	07-1500	8	10	0	6	0	2.29	0.00	1.37	0.00	
	15-1900	4	10	0	6	0	1.14	0.00	0.69	0.00	
	19-2300	4	7	0	5	0	0.80	0.00	0.57	0.00	
	23-0700	8	7	0	5	0	1.60	0.00	1.14	0.00	9.60
36	07-1500	8	10	0	6	0	2.22	0.00	1.33	0.00	
	15-1900	4	10	0	6	0	1.11	0.00	0.67	0.00	
	19-2300	4	8	0	5	0	0.89	0.00	0.56	0.00	
	23-0700	8	8	0	5	0	1.78	0.00	1.11	0.00	9.67
37	07-1500	8	10	0	7	0	2.16	0.00	1.51	0.00	
	15-1900	4	10	0	6	0	1.08	0.00	0.65	0.00	
	19-2300	4	8	0	5	0	0.86	0.00	0.54	0.00	
	23-0700	8	8	0	5	0	1.73	0.00	1.08	0.00	9.62
38	07-1500	8	10	0	7	0	2.11	0.00	1.47	0.00	
	15-1900	4	10	0	7	0	1.05	0.00	0.74	0.00	
	19-2300	4	8	0	5	0	0.84	0.00	0.53	0.00	
	23-0700	8	8	0	5	0	1.68	0.00	1.05	0.00	9.47
39	07-1500	8	10	0	7	0	2.05	0.00	1.44	0.00	
	15-1900	4	10	0	7	0	1.03	0.00	0.72	0.00	
	19-2300	4	8	0	5	0	0.82	0.00	0.51	0.00	
	23-0700	8	8	0	5	0	1.64	0.00	1.03	0.00	9.23
40	07-1500	8	10	0	7	0	2.00	0.00	1.40	0.00	
	15-1900	4	10	0	7	0	1.00	0.00	0.70	0.00	
	19-2300	4	8	0	6	0	0.80	0.00	0.60	0.00	
	23-0700	8	8	0	6	0	1.60	0.00	1.20	0.00	9.30
41	07-1500	8	10	0	7	0	1.95	0.00	1.37	0.00	
	15-1900	4	10	0	7	0	0.98	0.00	0.68	0.00	
	19-2300	4	9	0	6	0	0.88	0.00	0.59	0.00	
	23-0700	8	9	0	6	0	1.76	0.00	1.17	0.00	9.37
42	07-1500	8	10	0	7	0	1.90	0.00	1.33	0.00	
	15-1900	4	10	0	7	0	0.95	0.00	0.67	0.00	
	19-2300	4	9	0	6	0	0.86	0.00	0.57	0.00	
	23-0700	8	9	0	6	0	1.71	0.00	1.14	0.00	9.14

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day 07-15	Evening 15-19	Night 19-07	Weekend 0700-1900
Unit Secretary	1	1		1

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

☑ Activity such as patient admissions, discharges, and transfers

Description: WHPPD 9.71, census starts @ 12 patients due to high volume of this unit (Never below census listed census). Average daily census 36.13

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

Description: General med surg unit

☑ Skill mix

Description:
RN/NAC/Unit Secretary

☐ 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:

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:	**1N Behavorial Health**		
Unit/ Clinic Type:	**Inpatient Services**		
Unit/ Clinic Address:	**2811 Tieton Dr Yakima, Wa 98902**		
Average Daily Census	**13.7**	**Maximum # of Beds:**	**30**
Effective as of:	**1-Jan-25**		

Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPNS	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	07-1500	8	2	0	0	0	16.00	0.00	0.00	0.00	
	15-1900	4	2	0	0	0	8.00	0.00	0.00	0.00	
	19-2300	4	2	0	0	0	8.00	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	16.00	0.00	0.00	0.00	48.00
2	07-1500	8	2	0	0	0	8.00	0.00	0.00	0.00	
	15-1900	4	2	0	0	0	4.00	0.00	0.00	0.00	
	19-2300	4	2	0	0	0	4.00	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	8.00	0.00	0.00	0.00	24.00
3	07-1500	8	2	0	0	0	5.33	0.00	0.00	0.00	
	15-1900	4	2	0	0	0	2.67	0.00	0.00	0.00	
	19-2300	4	2	0	0	0	2.67	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	5.33	0.00	0.00	0.00	16.00
4	07-1500	8	2	0	0	0	4.00	0.00	0.00	0.00	
	15-1900	4	2	0	0	0	2.00	0.00	0.00	0.00	
	19-2300	4	2	0	0	0	2.00	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	4.00	0.00	0.00	0.00	12.00
5	07-1500	8	2	0	0	0	3.20	0.00	0.00	0.00	
	15-1900	4	2	0	0	0	1.60	0.00	0.00	0.00	
	19-2300	4	2	0	0	0	1.60	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	3.20	0.00	0.00	0.00	9.60
6	07-1500	8	2	0	0	0	2.67	0.00	0.00	0.00	
	15-1900	4	2	0	0	0	1.33	0.00	0.00	0.00	
	19-2300	4	2	0	0	0	1.33	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	2.67	0.00	0.00	0.00	8.00
7	07-1500	8	2	0	1	0	2.29	0.00	1.14	0.00	
	15-1900	4	2	0	1	0	1.14	0.00	0.57	0.00	
	19-2300	4	2	0	1	0	1.14	0.00	0.57	0.00	
	23-0700	8	2	0	1	0	2.29	0.00	1.14	0.00	10.29
8	07-1500	8	2	0	1	0	2.00	0.00	1.00	0.00	
	15-1900	4	2	0	1	0	1.00	0.00	0.50	0.00	
	19-2300	4	2	0	1	0	1.00	0.00	0.50	0.00	
	23-0700	8	2	0	1	0	2.00	0.00	1.00	0.00	9.00
9	07-1500	8	2	0	2	0	1.78	0.00	1.78	0.00	
	15-1900	4	2	0	2	0	0.89	0.00	0.89	0.00	
	19-2300	4	2	0	1	0	0.89	0.00	0.44	0.00	
	23-0700	8	2	0	1	0	1.78	0.00	0.89	0.00	9.33
10	07-1500	8	2	0	2	0	1.60	0.00	1.60	0.00	
	15-1900	4	2	0	2	0	0.80	0.00	0.80	0.00	
	19-2300	4	2	0	2	0	0.80	0.00	0.80	0.00	
	23-0700	8	2	0	1	0	1.60	0.00	0.80	0.00	8.80
11	07-1500	8	2	0	2	0	1.45	0.00	1.45	0.00	
	15-1900	4	2	0	2	0	0.73	0.00	0.73	0.00	
	19-2300	4	2	0	2	0	0.73	0.00	0.73	0.00	
	23-0700	8	2	0	1	0	1.45	0.00	0.73	0.00	8.00
12	07-1500	8	2	0	2	0	1.33	0.00	1.33	0.00	
	15-1900	4	2	0	2	0	0.67	0.00	0.67	0.00	
	19-2300	4	2	0	2	0	0.67	0.00	0.67	0.00	
	23-0700	8	2	0	1	0	1.33	0.00	0.67	0.00	7.33
13	07-1500	8	3	0	3	0	1.85	0.00	1.85	0.00	
	15-1900	4	3	0	3	0	0.92	0.00	0.92	0.00	
	19-2300	4	3	0	3	0	0.92	0.00	0.92	0.00	
	23-0700	8	3	0	2	0	1.85	0.00	1.23	0.00	10.46
14	07-1500	8	3	0	3	0	1.71	0.00	1.71	0.00	
	15-1900	4	3	0	3	0	0.86	0.00	0.86	0.00	
	19-2300	4	3	0	3	0	0.86	0.00	0.86	0.00	
	23-0700	8	3	0	2	0	1.71	0.00	1.14	0.00	9.71
15	07-1500	8	3	0	3	0	1.60	0.00	1.60	0.00	
	15-1900	4	3	0	3	0	0.80	0.00	0.80	0.00	
	19-2300	4	3	0	3	0	0.80	0.00	0.80	0.00	
	23-0700	8	3	0	2	0	1.60	0.00	1.07	0.00	9.07
16	07-1500	8	3	0	3	0	1.50	0.00	1.50	0.00	
	15-1900	4	3	0	3	0	0.75	0.00	0.75	0.00	
	19-2300	4	3	0	3	0	0.75	0.00	0.75	0.00	
	23-0700	8	3	0	2	0	1.50	0.00	1.00	0.00	8.50
17	07-1500	8	3	0	3	0	1.41	0.00	1.41	0.00	
	15-1900	4	3	0	3	0	0.71	0.00	0.71	0.00	
	19-2300	4	3	0	3	0	0.71	0.00	0.71	0.00	
	23-0700	8	3	0	2	0	1.41	0.00	0.94	0.00	8.00
18	07-1500	8	3	0	3	0	1.33	0.00	1.33	0.00	
	15-1900	4	3	0	3	0	0.67	0.00	0.67	0.00	
	19-2300	4	3	0	3	0	0.67	0.00	0.67	0.00	
	23-0700	8	3	0	2	0	1.33	0.00	0.89	0.00	7.56

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day 07-15	Evening 15-19	Night 19-07	Weekend 07-1900
Social Worker	2	None	None	None
Unit Secretary	1	1	None	1

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

☑ Activity such as patient admissions, discharges, and transfers

Description: Currently, Behavorial Health is staffed for 18 patients. The unit does hold the potential for 30 patients and if we increase census a new staffing plan will be submitted. WHPPD 9.52.

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

Description: General Medical Psych

☐ Skill mix

Description:
RN's, NAC's, Unit Secretary, Social Workers

☐ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

Description:

☐

Description:

Description:

☐ Other

Description:

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:	**2NW**		
Unit/ Clinic Type:	**Inpatient Services**		
Unit/ Clinic Address:	**2811 Tieton Dr Yakima, Wa 98902**		
Average Daily	**17.73**	**Maximum # of Beds: 20**	
Effective as of:	**1-Jan-25**		
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	07-1500	8	2	0	0	0	16.00	0.00	0.00	0.00	
	15-1900	4	2	0	0	0	8.00	0.00	0.00	0.00	
	19-2300	4	2	0	0	0	8.00	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	16.00	0.00	0.00	0.00	48.00
2	07-1500	8	2	0	0	0	8.00	0.00	0.00	0.00	
	15-1900	4	2	0	0	0	4.00	0.00	0.00	0.00	
	19-2300	4	2	0	0	0	4.00	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	8.00	0.00	0.00	0.00	24.00
3	07-1500	8	2	0	0	0	5.33	0.00	0.00	0.00	
	15-1900	4	2	0	0	0	2.67	0.00	0.00	0.00	
	19-2300	4	2	0	0	0	2.67	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	5.33	0.00	0.00	0.00	16.00
4	07-1500	8	2	0	0	0	4.00	0.00	0.00	0.00	
	15-1900	4	2	0	0	0	2.00	0.00	0.00	0.00	
	19-2300	4	2	0	0	0	2.00	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	4.00	0.00	0.00	0.00	12.00
5	07-1500	8	2	0	0	0	3.20	0.00	0.00	0.00	
	15-1900	4	2	0	0	0	1.60	0.00	0.00	0.00	
	19-2300	4	2	0	0	0	1.60	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	3.20	0.00	0.00	0.00	9.60
6	07-1500	8	2	0	1	0	2.67	0.00	1.33	0.00	
	15-1900	4	2	0	1	0	1.33	0.00	0.67	0.00	
	19-2300	4	2	0	1	0	1.33	0.00	0.67	0.00	
	23-0700	8	2	0	0	0	2.67	0.00	0.00	0.00	10.67
7	07-1500	8	2	0	1	0	2.29	0.00	1.14	0.00	
	15-1900	4	2	0	1	0	1.14	0.00	0.57	0.00	
	19-2300	4	2	0	1	0	1.14	0.00	0.57	0.00	
	23-0700	8	2	0	1	0	2.29	0.00	1.14	0.00	10.29
8	07-1500	8	3	0	1	0	3.00	0.00	1.00	0.00	
	15-1900	4	3	0	1	0	1.50	0.00	0.50	0.00	
	19-2300	4	3	0	1	0	1.50	0.00	0.50	0.00	
	23-0700	8	3	0	1	0	3.00	0.00	1.00	0.00	12.00
9	07-1500	8	3	0	1	0	2.67	0.00	0.89	0.00	
	15-1900	4	3	0	1	0	1.33	0.00	0.44	0.00	
	19-2300	4	3	0	1	0	1.33	0.00	0.44	0.00	
	23-0700	8	3	0	1	0	2.67	0.00	0.89	0.00	10.67
10	07-1500	8	3	0	1	0	2.40	0.00	0.80	0.00	
	15-1900	4	3	0	1	0	1.20	0.00	0.40	0.00	
	19-2300	4	3	0	1	0	1.20	0.00	0.40	0.00	
	23-0700	8	3	0	1	0	2.40	0.00	0.80	0.00	9.60
11	07-1500	8	3	0	2	0	2.18	0.00	1.45	0.00	
	15-1900	4	3	0	1	0	1.09	0.00	0.36	0.00	
	19-2300	4	3	0	1	0	1.09	0.00	0.36	0.00	
	23-0700	8	3	0	1	0	2.18	0.00	0.73	0.00	9.45
12	07-1500	8	3	0	2	0	2.00	0.00	1.33	0.00	
	15-1900	4	3	0	1	0	1.00	0.00	0.33	0.00	
	19-2300	4	3	0	1	0	1.00	0.00	0.33	0.00	
	23-0700	8	3	0	2	0	2.00	0.00	1.33	0.00	9.33
13	07-1500	8	4	0	2	0	2.46	0.00	1.23	0.00	
	15-1900	4	4	0	2	0	1.23	0.00	0.62	0.00	
	19-2300	4	3	0	2	0	0.92	0.00	0.62	0.00	
	23-0700	8	3	0	2	0	1.85	0.00	1.23	0.00	10.15
14	07-1500	8	4	0	2	0	2.29	0.00	1.14	0.00	
	15-1900	4	4	0	2	0	1.14	0.00	0.57	0.00	
	19-2300	4	3	0	2	0	0.86	0.00	0.57	0.00	
	23-0700	8	3	0	2	0	1.71	0.00	1.14	0.00	9.43
15	07-1500	8	4	0	2	0	2.13	0.00	1.07	0.00	
	15-1900	4	4	0	2	0	1.07	0.00	0.53	0.00	
	19-2300	4	3	0	2	0	0.80	0.00	0.53	0.00	
	23-0700	8	3	0	2	0	1.60	0.00	1.07	0.00	8.80
16	07-1500	8	4	0	2	0	2.00	0.00	1.00	0.00	
	15-1900	4	4	0	2	0	1.00	0.00	0.50	0.00	
	19-2300	4	4	0	2	0	1.00	0.00	0.50	0.00	
	23-0700	8	4	0	2	0	2.00	0.00	1.00	0.00	9.00
17	07-1500	8	5	0	3	0	2.35	0.00	1.41	0.00	
	15-1900	4	5	0	3	0	1.18	0.00	0.71	0.00	
	19-2300	4	4	0	3	0	0.94	0.00	0.71	0.00	
	23-0700	8	4	0	3	0	1.88	0.00	1.41	0.00	10.59
	07-1500	8	5	0	3	0	2.22	0.00	1.33	0.00	

18	15-1900	4	5	0	3	0	1.11	0.00	0.67	0.00	
	19-2300	4	4	0	3	0	0.89	0.00	0.67	0.00	
	23-0700	8	4	0	3	0	1.78	0.00	1.33	0.00	10.00
19	07-1500	8	5	0	3	0	2.11	0.00	1.26	0.00	
	15-1900	4	5	0	3	0	1.05	0.00	0.63	0.00	
	19-2300	4	4	0	3	0	0.84	0.00	0.63	0.00	
	23-0700	8	4	0	3	0	1.68	0.00	1.26	0.00	9.47
20	07-1500	8	5	0	3	0	2.00	0.00	1.20	0.00	
	15-1900	4	5	0	3	0	1.00	0.00	0.60	0.00	
	19-2300	4	4	0	3	0	0.80	0.00	0.60	0.00	
	23-0700	8	4	0	3	0	1.60	0.00	1.20	0.00	9.00

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day 07-15	Evening 15-19	Night 19-0700	Weekend 07-19
Unit Secretary	1	1	1	1
Monitor Tech	1	1	1	1 (x24 hrs/day)

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

☑ Activity such as patient admissions, discharges, and transfers

Description: WHPPD 12.06, average daily census 17.73

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

Description: Provides cardiac monitoring and advanced care

☐ 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:

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:	**CCU Critical Care**		
Unit/ Clinic Type:	**Inpatient Services**		
Unit/ Clinic Address:	**2811 Tieton Dr Yakima, Wa 98902**		
Average Daily	**5.9**	**Maximum # of Beds: 11**	
Effective as of:	**1-Jan-25**		
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	07-1500	8	3	0	0	0	24.00	0.00	0.00	0.00	
	15-1900	4	3	0	0	0	12.00	0.00	0.00	0.00	
	19-2300	4	3	0	0	0	12.00	0.00	0.00	0.00	
	23-0700	8	3	0	0	0	24.00	0.00	0.00	0.00	72.00
2	07-1500	8	3	0	0	0	12.00	0.00	0.00	0.00	
	15-1900	4	3	0	0	0	6.00	0.00	0.00	0.00	
	19-2300	4	3	0	0	0	6.00	0.00	0.00	0.00	
	23-0700	8	3	0	0	0	12.00	0.00	0.00	0.00	36.00
3	07-1500	8	3	0	0	0	8.00	0.00	0.00	0.00	
	15-1900	4	3	0	0	0	4.00	0.00	0.00	0.00	
	19-2300	4	3	0	0	0	4.00	0.00	0.00	0.00	
	23-0700	8	3	0	0	0	8.00	0.00	0.00	0.00	24.00
4	07-1500	8	3	0	0	0	6.00	0.00	0.00	0.00	
	15-1900	4	3	0	0	0	3.00	0.00	0.00	0.00	
	19-2300	4	3	0	0	0	3.00	0.00	0.00	0.00	
	23-0700	8	3	0	0	0	6.00	0.00	0.00	0.00	18.00
5	07-1500	8	4	0	0	0	6.40	0.00	0.00	0.00	
	15-1900	4	4	0	0	0	3.20	0.00	0.00	0.00	
	19-2300	4	4	0	0	0	3.20	0.00	0.00	0.00	
	23-0700	8	4	0	0	0	6.40	0.00	0.00	0.00	19.20
6	07-1500	8	4	0	0	0	5.33	0.00	0.00	0.00	
	15-1900	4	4	0	0	0	2.67	0.00	0.00	0.00	
	19-2300	4	4	0	0	0	2.67	0.00	0.00	0.00	
	23-0700	8	4	0	0	0	5.33	0.00	0.00	0.00	16.00
7	07-1500	8	5	0	0	0	5.71	0.00	0.00	0.00	
	15-1900	4	5	0	0	0	2.86	0.00	0.00	0.00	
	19-2300	4	5	0	0	0	2.86	0.00	0.00	0.00	
	23-0700	8	5	0	0	0	5.71	0.00	0.00	0.00	17.14
8	07-1500	8	5	0	0	0	5.00	0.00	0.00	0.00	
	15-1900	4	5	0	0	0	2.50	0.00	0.00	0.00	
	19-2300	4	5	0	0	0	2.50	0.00	0.00	0.00	
	23-0700	8	5	0	0	0	5.00	0.00	0.00	0.00	15.00
9	07-1500	8	6	0	0	0	5.33	0.00	0.00	0.00	
	15-1900	4	6	0	0	0	2.67	0.00	0.00	0.00	
	19-2300	4	6	0	0	0	2.67	0.00	0.00	0.00	
	23-0700	8	6	0	0	0	5.33	0.00	0.00	0.00	16.00
10	07-1500	8	6	0	0	0	4.80	0.00	0.00	0.00	
	15-1900	4	6	0	0	0	2.40	0.00	0.00	0.00	
	19-2300	4	6	0	0	0	2.40	0.00	0.00	0.00	
	23-0700	8	6	0	0	0	4.80	0.00	0.00	0.00	14.40
11	07-1500	8	7	0	0	0	5.09	0.00	0.00	0.00	
	15-1900	4	7	0	0	0	2.55	0.00	0.00	0.00	
	19-2300	4	7	0	0	0	2.55	0.00	0.00	0.00	
	23-0700	8	7	0	0	0	5.09	0.00	0.00	0.00	15.27

Unit Information

Additional Care Team Members

Occupation	Shift Coverage: Day	Evening	Night	Weekend
Unit Secretary	1	1		1

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

☑ Activity such as patient admissions, discharges, and transfers

Description: WHPPD 19.05

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

Description: Adult Critical care unit

☑ Skill mix

Description:
RN's, Unit Secretary

☐ 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:

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:	**Mother Baby**		
Unit/ Clinic Type:	**Inpatient Services**		
Unit/ Clinic Address:	**2811 Tieton Dr Yakima, Wa 98902**		
Average Daily Census	**25**	**Maximum # of Beds: 55**	
Effective as of:	**1-Jan-25**		

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)
6	Day	8	2	0	1	1	2.67	0.00	1.33	1.33	
	Evening	8	2	0	1	1	2.67	0.00	1.33	1.33	
	Night	8	2	0	1	1	2.67	0.00	1.33	1.33	16.00
7	Day	8	2	0	1	1	2.29	0.00	1.14	1.14	
	Evening	8	2	0	1	1	2.29	0.00	1.14	1.14	
	Night	8	2	0	1	1	2.29	0.00	1.14	1.14	13.71
8	Day	8	3	0	1	1	3.00	0.00	1.00	1.00	
	Evening	8	3	0	1	1	3.00	0.00	1.00	1.00	
	Night	8	3	0	1	1	3.00	0.00	1.00	1.00	15.00
9	Day	8	4	0	1	1	3.56	0.00	0.89	0.89	
	Evening	8	4	0	1	1	3.56	0.00	0.89	0.89	
	Night	8	4	0	1	1	3.56	0.00	0.89	0.89	16.00
10	Day	8	4	0	1	1	3.20	0.00	0.80	0.80	
	Evening	8	4	0	1	1	3.20	0.00	0.80	0.80	
	Night	8	4	0	1	1	3.20	0.00	0.80	0.80	14.40
11	Day	8	4	0	1	1	2.91	0.00	0.73	0.73	
	Evening	8	4	0	1	1	2.91	0.00	0.73	0.73	
	Night	8	4	0	1	1	2.91	0.00	0.73	0.73	13.09
12	Day	8	4	0	1	1	2.67	0.00	0.67	0.67	
	Evening	8	4	0	1	1	2.67	0.00	0.67	0.67	
	Night	8	4	0	1	1	2.67	0.00	0.67	0.67	12.00
13	Day	8	4	0	1	1	2.46	0.00	0.62	0.62	
	Evening	8	4	0	1	1	2.46	0.00	0.62	0.62	
	Night	8	4	0	1	1	2.46	0.00	0.62	0.62	11.08
14	Day	8	5	0	1	1	2.86	0.00	0.57	0.57	
	Evening	8	5	0	1	1	2.86	0.00	0.57	0.57	
	Night	8	5	0	1	1	2.86	0.00	0.57	0.57	12.00
15	Day	8	5	0	1	1	2.67	0.00	0.53	0.53	
	Evening	8	5	0	1	1	2.67	0.00	0.53	0.53	
	Night	8	5	0	1	1	2.67	0.00	0.53	0.53	11.20
16	Day	8	5	0	1	1	2.50	0.00	0.50	0.50	
	Evening	8	5	0	1	1	2.50	0.00	0.50	0.50	
	Night	8	5	0	1	1	2.50	0.00	0.50	0.50	10.50
17	Day	8	5	0	1	2	2.35	0.00	0.47	0.94	
	Evening	8	5	0	1	2	2.35	0.00	0.47	0.94	
	Night	8	5	0	1	1	2.35	0.00	0.47	0.47	10.82
18	Day	8	6	0	1	2	2.67	0.00	0.44	0.89	
	Evening	8	6	0	1	2	2.67	0.00	0.44	0.89	
	Night	8	6	0	1	1	2.67	0.00	0.44	0.44	11.56
19	Day	8	6	0	1	2	2.53	0.00	0.42	0.84	
	Evening	8	6	0	1	2	2.53	0.00	0.42	0.84	
	Night	8	6	0	1	1	2.53	0.00	0.42	0.42	10.95
20	Day	8	6	0	1	2	2.40	0.00	0.40	0.80	
	Evening	8	6	0	1	2	2.40	0.00	0.40	0.40	
	Night	8	6	0	1	1	2.40	0.00	0.40	0.16	9.76
21	Day	8	7	0	1	2	2.67	0.00	0.38	0.76	
	Evening	8	7	0	1	2	2.67	0.00	0.38	0.76	
	Night	8	7	0	1	1	2.67	0.00	0.38	0.38	11.05
22	Day	8	7	0	1	2	2.55	0.00	0.36	0.73	
	Evening	8	7	0	1	2	2.55	0.00	0.36	0.73	
	Night	8	7	0	1	1	2.55	0.00	0.36	0.36	10.55
23	Day	8	8	0	1	2	2.78	0.00	0.35	0.70	
	Evening	8	8	0	1	2	2.78	0.00	0.35	0.70	
	Night	8	8	0	1	1	2.78	0.00	0.35	0.35	11.13
24	Day	8	8	0	1	2	2.67	0.00	0.33	0.67	
	Evening	8	8	0	1	2	2.67	0.00	0.33	0.67	
	Night	8	8	0	1	1	2.67	0.00	0.33	0.33	10.67
25	Day	8	8	0	1	2	2.56	0.00	0.32	0.64	
	Evening	8	8	0	1	2	2.56	0.00	0.32	0.64	
	Night	8	8	0	1	1	2.56	0.00	0.32	0.32	10.24
26	Day	8	8	0	1	2	2.46	0.00	0.31	0.62	
	Evening	8	8	0	1	2	2.46	0.00	0.31	0.62	
	Night	8	8	0	1	1	2.46	0.00	0.31	0.31	9.85
27	Day	8	8	0	1	2	2.37	0.00	0.30	0.59	
	Evening	8	8	0	1	2	2.37	0.00	0.30	0.59	
	Night	8	8	0	1	1	2.37	0.00	0.30	0.30	9.48
28	Day	8	8	0	1	2	2.29	0.00	0.29	0.57	
	Evening	8	8	0	1	2	2.29	0.00	0.29	0.57	
	Night	8	8	0	1	1	2.29	0.00	0.29	0.29	9.14
29	Day	8	9	0	1	2	2.48	0.00	0.28	0.55	
	Evening	8	9	0	1	2	2.48	0.00	0.28	0.55	
	Night	8	9	0	1	1	2.48	0.00	0.28	0.28	9.66
30	Day	8	9	0	1	2	2.40	0.00	0.27	0.53	
	Evening	8	9	0	1	2	2.40	0.00	0.27	0.53	

	Night	8	9	0	1	1	2.40	0.00	0.27	0.27	9.33
31	Day	8	9	0	1	2	2.32	0.00	0.26	0.52	
	Evening	8	9	0	1	2	2.32	0.00	0.26	0.52	
	Night	8	9	0	1	1	2.32	0.00	0.26	0.26	9.03
32	Day	8	9	0	1	2	2.25	0.00	0.25	0.50	
	Evening	8	9	0	1	2	2.25	0.00	0.25	0.50	
	Night	8	9	0	1	1	2.25	0.00	0.25	0.25	8.75
33	Day	8	9	0	1	2	2.18	0.00	0.24	0.48	
	Evening	8	9	0	1	2	2.18	0.00	0.24	0.48	
	Night	8	9	0	1	1	2.18	0.00	0.24	0.24	8.48
34	Day	8	9	0	1	2	2.12	0.00	0.24	0.47	
	Evening	8	9	0	1	2	2.12	0.00	0.24	0.47	
	Night	8	9	0	1	1	2.12	0.00	0.24	0.24	8.24
35	Day	8	9	0	1	2	2.06	0.00	0.23	0.46	
	Evening	8	9	0	1	2	2.06	0.00	0.23	0.46	
	Night	8	9	0	1	1	2.06	0.00	0.23	0.23	8.00
36	Day	8	9	0	1	2	2.00	0.00	0.22	0.44	
	Evening	8	9	0	1	2	2.00	0.00	0.22	0.44	
	Night	8	9	0	1	1	2.00	0.00	0.22	0.22	7.78
37	Day	8	9	0	2	2	1.95	0.00	0.43	0.43	
	Evening	8	9	0	2	2	1.95	0.00	0.43	0.43	
	Night	8	9	0	2	1	1.95	0.00	0.43	0.22	8.22
38	Day	8	9	0	2	2	1.89	0.00	0.42	0.42	
	Evening	8	9	0	2	2	1.89	0.00	0.42	0.42	
	Night	8	9	0	2	1	1.89	0.00	0.42	0.21	8.00
39	Day	8	9	0	2	2	1.85	0.00	0.41	0.41	
	Evening	8	9	0	2	2	1.85	0.00	0.41	0.41	
	Night	8	9	0	2	1	1.85	0.00	0.41	0.21	7.79
40	Day	8	10	0	2	2	2.00	0.00	0.40	0.40	
	Evening	8	10	0	2	2	2.00	0.00	0.40	0.40	
	Night	8	10	0	2	1	2.00	0.00	0.40	0.20	8.20
41	Day	8	10	0	2	2	1.95	0.00	0.39	0.39	
	Evening	8	10	0	2	2	1.95	0.00	0.39	0.39	
	Night	8	10	0	2	1	1.95	0.00	0.39	0.20	8.00
42	Day	8	10	0	2	2	1.90	0.00	0.38	0.38	
	Evening	8	10	0	2	2	1.90	0.00	0.38	0.38	
	Night	8	10	0	2	1	1.90	0.00	0.38	0.19	7.81
43	Day	8	10	0	2	2	1.86	0.00	0.37	0.37	
	Evening	8	10	0	2	2	1.86	0.00	0.37	0.37	
	Night	8	10	0	2	1	1.86	0.00	0.37	0.19	7.63
44	Day	8	11	0	2	2	2.00	0.00	0.36	0.36	
	Evening	8	11	0	2	2	2.00	0.00	0.36	0.36	
	Noc	8	11	0	2	1	2.00	0.00	0.36	0.18	8.00
45	Day	8	12	0	2	2	2.13	0.00	0.36	0.36	
	Evening	8	12	0	2	2	2.13	0.00	0.36	0.36	
	NOc	8	12	0	2	1	2.13	0.00	0.36	0.18	8.36
46	Day	8	12	0	2	2	2.09	0.00	0.35	0.35	
	Evening	8	12	0	2	2	2.09	0.00	0.35	0.35	
	Noc	8	12	0	2	1	2.09	0.00	0.35	0.17	8.17
47	Day	8	12	0	2	2	2.04	0.00	0.34	0.34	
	Evening	8	12	0	2	2	2.13	0.00	0.36	0.36	
	Noc	8	12	0	2	1	2.13	0.00	0.36	0.18	8.23
48	Day	8	12	0	2	2	2.00	0.00	0.33	0.33	
	Evening	8	12	0	2	2	2.00	0.00	0.33	0.33	
	Noc	8	2	0	2	1	0.33	0.00	0.33	0.17	6.17
49	Day	8	13	0	2	2	2.12	0.00	0.33	0.33	
	Evening	8	13	0	2	2	2.12	0.00	0.33	0.33	
	Noc	8	13	0	2	1	2.12	0.00	0.33	0.16	8.16
50	Day	8	13	0	2	2	2.08	0.00	0.32	0.32	
	Evening	8	13	0	2	2	2.08	0.00	0.32	0.32	
	Noc	8	13	0	2	1	2.08	0.00	0.32	0.16	8.00
51	Day	8	13	0	2	2	2.04	0.00	0.31	0.31	
	Evening	8	13	0	2	2	2.04	0.00	0.31	0.31	
	Noc	8	13	0	2	1	2.04	0.00	0.31	0.16	7.84
52	Day	8	14	0	2	2	2.49	0.00	0.36	0.36	
	Evening	8	14	0	2	2	2.49	0.00	0.36	0.36	
	Noc	8	14	0	2	1	2.49	0.00	0.36	0.18	9.42
53	Day	8	14	0	2	2	2.11	0.00	0.30	0.30	
	Evening	8	14	0	2	2	2.11	0.00	0.30	0.30	
	Noc	8	14	0	2	1	2.11	0.00	0.30	0.15	8.00
54	Day	8	14	0	2	2	2.07	0.00	0.30	0.30	
	Evening	8	14	0	2	2	2.07	0.00	0.30	0.30	
	Noc	8	14	0	2	1	2.07	0.00	0.30	0.15	7.85
55	Day	8	14	0	2	2	2.04	0.00	0.29	0.29	
	Evening	8	14	0	2	2	2.04	0.00	0.29	0.29	
	Noc	8	14	0	2	2	2.04	0.00	0.29	0.29	7.85
56	Day	8	14	0	2	2	2.49	0.00	0.36	0.36	
	Evening	8	14	0	2	2	2.49	0.00	0.36	0.36	
	Noc	8	14	0	2	1	2.49	0.00	0.36	0.18	9.42
57	Day	8	15	0	2	2	2.11	0.00	0.28	0.28	
	Evening	8	15	0	2	2	2.11	0.00	0.28	0.28	
	Noc	8	15	0	2	2	2.11	0.00	0.28	0.28	8.00
58	Day	8	15	0	2	2	2.07	0.00	0.28	0.28	
	Evening	8	15	0	2	2	2.07	0.00	0.28	0.28	
	Noc	8	15	0	2	2	2.07	0.00	0.28	0.28	7.86
59	Day	8	15	0	2	2	2.03	0.00	0.27	0.27	
	Evening	8	15	0	2	2	2.03	0.00	0.27	0.27	
	Noc	8	15	0	2	2	2.03	0.00	0.27	0.27	7.73
60	Day	8	15	0	2	2	2.00	0.00	0.27	0.27	
	Evening	8	15	0	2	2	2.00	0.00	0.27	0.27	
	Noc	8	15	0	2	2	2.00	0.00	0.27	0.27	7.60

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Staffing Assistant	1	1	0	1
Staffing Assistant	1	1	0	1

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

☑ Activity such as patient admissions, discharges, and transfers

Description: WHPPD 9.6. Matrix starts @ 6 patients due to consistent high volumes

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

Description: General Post Partum, non laboring patients

☐ 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:

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:	**Labor and Delivery**
Unit/ Clinic Type:	**Birth Center - 55 bed**
Unit/ Clinic Address:	**2811 Tieton Drive Yakima, WA 98902**
Effective as of:	**1-Jan-25**
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-Friday	Day (0300-1500)	12	1	0	0	1
	Day (0500-1500)	10	1	0	0	1
	Day (0700-1930)	12	8	0	0	2
	Evening (1500-0300)	12	1	0	0	2
	Noc (1900-0700)	10	7	0	0	1
Saturday	Day (0300-1500)	12	1	0	0	1
	Day (0500-1500)	10	1	0	0	1
	Day (0700-1930)	12	6	0	0	2
	Evening (1500-0300)	12	1	0	0	2
	Noc (1900-0700)	12	7	0	0	1
Sunday	Day (0300-1500)	12	1	0	0	1
	Day (0500-1500)	10	1	0	0	1
	Day (0700-1930)	12	6	0	0	2
	Evening (1500-0300)	12	1	0	0	2
	Noc (1900-0700)	12	7	0	0	1

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
OB Surgical Tech's	7a-7p	none	7p-7a	7a-7p, 7p-7a

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

☑ Activity such as patient admissions, discharges, and transfers

Description: Laboring patients, high discharge turnover

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

Description: Obstetrical Emergency Department, Birthing patients, postpartum care, antepartum care, c/sections

☑ Skill mix

Description: RN's and Surgical Tech's

☐ 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: 4 Pods that require staffing as census warrants

☐ Other

Description:

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:	**Pediatrics**		
Unit/ Clinic Type:	**Inpatient Services**		
Unit/ Clinic Address:	**2811 Tieton Dr Yakima, Wa 98902**		
Average Daily	**4**	**Maximum # of Beds: 16**	
Effective as of:	**1-Jan-25**		
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	07-1500	8	2	0	0	0	16.00	0.00	0.00	0.00	
	15-1900	4	2	0	0	0	8.00	0.00	0.00	0.00	
	19-2300	4	2	0	0	0	8.00	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	16.00	0.00	0.00	0.00	48.00
2	07-1500	8	2	0	0	0	8.00	0.00	0.00	0.00	
	15-1900	4	2	0	0	0	4.00	0.00	0.00	0.00	
	19-2300	4	2	0	0	0	4.00	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	8.00	0.00	0.00	0.00	24.00
3	07-1500	8	2	0	0	0	5.33	0.00	0.00	0.00	
	15-1900	4	2	0	0	0	2.67	0.00	0.00	0.00	
	19-2300	4	2	0	0	0	2.67	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	5.33	0.00	0.00	0.00	16.00
4	07-1500	8	2	0	0	0	4.00	0.00	0.00	0.00	
	15-1900	4	2	0	0	0	2.00	0.00	0.00	0.00	
	19-2300	4	2	0	0	0	2.00	0.00	0.00	0.00	
	23-0700	8	2	0	0	0	4.00	0.00	0.00	0.00	12.00
5	07-1500	8	2	0	1	0	3.20	0.00	1.60	0.00	
	15-1900	4	2	0	1	0	1.60	0.00	0.80	0.00	
	19-2300	4	2	0	1	0	1.60	0.00	0.80	0.00	
	23-0700	8	2	0	1	0	3.20	0.00	1.60	0.00	14.40
6	07-1500	8	2	0	1	0	2.67	0.00	1.33	0.00	
	15-1900	4	2	0	1	0	1.33	0.00	0.67	0.00	
	19-2300	4	2	0	1	0	1.33	0.00	0.67	0.00	
	23-0700	8	2	0	1	0	2.67	0.00	1.33	0.00	12.00
7	07-1500	8	2	0	1	0	2.29	0.00	1.14	0.00	
	15-1900	4	2	0	1	0	1.14	0.00	0.57	0.00	
	19-2300	4	2	0	1	0	1.14	0.00	0.57	0.00	
	23-0700	8	2	0	1	0	2.29	0.00	1.14	0.00	10.29
8	07-1500	8	2	0	1	0	2.00	0.00	1.00	0.00	
	15-1900	4	2	0	1	0	1.00	0.00	0.50	0.00	
	19-2300	4	2	0	1	0	1.00	0.00	0.50	0.00	
	23-0700	8	2	0	1	0	2.00	0.00	1.00	0.00	9.00
9	07-1500	8	3	0	1	0	2.67	0.00	0.89	0.00	
	15-1900	4	3	0	1	0	1.33	0.00	0.44	0.00	
	19-2300	4	3	0	1	0	1.33	0.00	0.44	0.00	
	23-0700	8	3	0	1	0	2.67	0.00	0.89	0.00	10.67
	07-1500	8	3	0	1	0	2.40	0.00	0.80	0.00	

10	15-1900	4	3	0	1	0	1.20	0.00	0.40	0.00	
	19-2300	4	3	0	1	0	1.20	0.00	0.40	0.00	
	23-0700	8	3	0	1	0	2.40	0.00	0.80	0.00	9.60
11	07-1500	8	3	0	1	0	2.18	0.00	0.73	0.00	
	15-1900	4	3	0	1	0	1.09	0.00	0.36	0.00	
	19-2300	4	3	0	1	0	1.09	0.00	0.36	0.00	
	23-0700	8	3	0	1	0	2.18	0.00	0.73	0.00	8.73
12	07-1500	8	3	0	1	0	2.00	0.00	0.67	0.00	
	15-1900	4	3	0	1	0	1.00	0.00	0.33	0.00	
	19-2300	4	3	0	1	0	1.00	0.00	0.33	0.00	
	23-0700	8	3	0	1	0	2.00	0.00	0.67	0.00	8.00
13	07-1500	8	4	0	1	0	2.46	0.00	0.62	0.00	
	15-1900	4	4	0	1	0	1.23	0.00	0.31	0.00	
	19-2300	4	4	0	1	0	1.23	0.00	0.31	0.00	
	23-0700	8	4	0	1	0	2.46	0.00	0.62	0.00	9.23
14	07-1500	8	4	0	1	0	2.29	0.00	0.57	0.00	
	15-1900	4	4	0	1	0	1.14	0.00	0.29	0.00	
	19-2300	4	4	0	1	0	1.14	0.00	0.29	0.00	
	23-0700	8	4	0	1	0	2.29	0.00	0.57	0.00	8.57
15	07-1500	8	4	0	1	0	2.13	0.00	0.53	0.00	
	15-1900	4	4	0	1	0	1.07	0.00	0.27	0.00	
	19-2300	4	4	0	1	0	1.07	0.00	0.27	0.00	
	23-0700	8	4	0	1	0	2.13	0.00	0.53	0.00	8.00
16	07-1500	8	4	0	1	0	2.00	0.00	0.50	0.00	
	15-1900	4	4	0	1	0	1.00	0.00	0.25	0.00	
	19-2300	4	4	0	1	0	1.00	0.00	0.25	0.00	
	23-0700	8	4	0	1	0	2.00	0.00	0.50	0.00	7.50

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
NONE				

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

☑ Activity such as patient admissions, discharges, and transfers

Description: Overall low average daily census and daily admissions. WHPPD 12

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

Description: General pediatric unit, does not provide PICU level of care

☐ Skill mix

Description:
RN's

☐ 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:

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:	**NICU**		
Unit/ Clinic Type:	**Inpatient Services**		
Unit/ Clinic Address:	**2811 Tieton Dr Yakima, Wa 98902**		
Average Daily	**7.64**	**Maximum # of Beds: 15**	
Effective as of:	**1-Jan-25**		
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	07-1500	8	3	0	0	0	24.00	0.00	0.00	0.00	
	15-1900	4	3	0	0	0	12.00	0.00	0.00	0.00	
	19-2300	4	3	0	0	0	12.00	0.00	0.00	0.00	
	23-0700	8	3	0	0	0	24.00	0.00	0.00	0.00	72.00
2	07-1500	8	3	0	0	0	12.00	0.00	0.00	0.00	
	15-1900	4	3	0	0	0	6.00	0.00	0.00	0.00	
	19-2300	4	3	0	0	0	6.00	0.00	0.00	0.00	
	23-0700	8	3	0	0	0	12.00	0.00	0.00	0.00	36.00
3	07-1500	8	4	0	0	0	10.67	0.00	0.00	0.00	
	15-1900	4	4	0	0	0	5.33	0.00	0.00	0.00	
	19-2300	4	4	0	0	0	5.33	0.00	0.00	0.00	
	23-0700	8	4	0	0	0	10.67	0.00	0.00	0.00	32.00
4	07-1500	8	4	0	0	0	8.00	0.00	0.00	0.00	
	15-1900	4	4	0	0	0	4.00	0.00	0.00	0.00	
	19-2300	4	4	0	0	0	4.00	0.00	0.00	0.00	
	23-0700	8	4	0	0	0	8.00	0.00	0.00	0.00	24.00
5	07-1500	8	4	0	0	0	6.40	0.00	0.00	0.00	
	15-1900	4	4	0	0	0	3.20	0.00	0.00	0.00	
	19-2300	4	4	0	0	0	3.20	0.00	0.00	0.00	
	23-0700	8	4	0	0	0	6.40	0.00	0.00	0.00	19.20
6	07-1500	8	4	0	0	0	5.33	0.00	0.00	0.00	
	15-1900	4	4	0	0	0	2.67	0.00	0.00	0.00	
	19-2300	4	4	0	0	0	2.67	0.00	0.00	0.00	
	23-0700	8	4	0	0	0	5.33	0.00	0.00	0.00	16.00
7	07-1500	8	4	0	0	0	4.57	0.00	0.00	0.00	
	15-1900	4	4	0	0	0	2.29	0.00	0.00	0.00	
	19-2300	4	4	0	0	0	2.29	0.00	0.00	0.00	
	23-0700	8	4	0	0	0	4.57	0.00	0.00	0.00	13.71
8	07-1500	8	5	0	0	0	5.00	0.00	0.00	0.00	
	15-1900	4	5	0	0	0	2.50	0.00	0.00	0.00	
	19-2300	4	5	0	0	0	2.50	0.00	0.00	0.00	
	23-0700	8	5	0	0	0	5.00	0.00	0.00	0.00	15.00
9	07-1500	8	5	0	0	0	4.44	0.00	0.00	0.00	
	15-1900	4	5	0	0	0	2.22	0.00	0.00	0.00	
	19-2300	4	5	0	0	0	2.22	0.00	0.00	0.00	
	23-0700	8	5	0	0	0	4.44	0.00	0.00	0.00	13.33
10	07-1500	8	5	0	0	0	4.00	0.00	0.00	0.00	
	15-1900	4	5	0	0	0	2.00	0.00	0.00	0.00	
	19-2300	4	5	0	0	0	2.00	0.00	0.00	0.00	
	23-0700	8	5	0	0	0	4.00	0.00	0.00	0.00	12.00
11	07-1500	8	5	0	0	0	3.64	0.00	0.00	0.00	
	15-1900	4	5	0	0	0	1.82	0.00	0.00	0.00	
	19-2300	4	5	0	0	0	1.82	0.00	0.00	0.00	
	23-0700	8	5	0	0	0	3.64	0.00	0.00	0.00	10.91
12	07-1500	8	6	0	0	0	4.00	0.00	0.00	0.00	
	15-1900	4	6	0	0	0	2.00	0.00	0.00	0.00	
	19-2300	4	6	0	0	0	2.00	0.00	0.00	0.00	
	23-0700	8	6	0	0	0	4.00	0.00	0.00	0.00	12.00
13	07-1500	8	6	0	0	0	3.69	0.00	0.00	0.00	
	15-1900	4	6	0	0	0	1.85	0.00	0.00	0.00	
	19-2300	4	6	0	0	0	1.85	0.00	0.00	0.00	
	23-0700	8	6	0	0	0	3.69	0.00	0.00	0.00	11.08
14	07-1500	8	7	0	0	0	4.00	0.00	0.00	0.00	
	15-1900	4	7	0	0	0	2.00	0.00	0.00	0.00	
	19-2300	4	7	0	0	0	2.00	0.00	0.00	0.00	
	23-0700	8	7	0	0	0	4.00	0.00	0.00	0.00	12.00
15	07-1500	8	7	0	0	0	3.73	0.00	0.00	0.00	
	15-1900	4	7	0	0	0	1.87	0.00	0.00	0.00	
	19-2300	4	7	0	0	0	1.87	0.00	0.00	0.00	
	23-0700	8	7	0	0	0	3.73	0.00	0.00	0.00	11.20

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day 07-1730	Evening	Night	Weekend
Unit Secretary	1	0	0	0

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

☑ Activity such as patient admissions, discharges, and transfers

Description:WHPPD. Licensed for 15 beds, WHPPD 18

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

Description: Level 3 Neonatal Intensive Care Unit

☑ Skill mix

Description:
RN's

☐ 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:

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:	**Emergency Services**					
Unit/ Clinic Address:	**2811 Tieton Drive Yakima, WA 98902**					
Effective as of:	**1-Jan-25**					
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-Sunday	Day 07-1930	12	10	0	0	0
	Mid 09-2130	12	2	0	0	0
	Mid 10-2230	12	2	0	0	0
	Mid 11-2330	12	1	0	0	0
	Mid 12-0030	12	3	0	0	0
	Mid 13-0130	12	1	0	0	0
	Mid 14-0230	12	1	0	0	0
	Mid 15-0330	12	1	0	0	0
	Night 19-0730	12	10	0	0	0
	Day 06-16	10	0	0	3	0
	Eve 16-02	10	0	0	3	0
	Night 20-06	10	0	0	2	0

Unit Information

Additional Care Team Members

Occupation	Shift Coverage					
	Day	Evening	Night	Weekend		
Unit Secretary	0600-16	16-0200	20-0600	0600-16, 16-0200, 20-0600		

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

☑ Activity such as patient admissions, discharges, and transfers

Description:

This unit provides a full range of emergency services, including resuscitation, stabilization, treatment, and disposition, to patients of all ages, regardless of financial status. A medical screening exam is completed on each patient by a credentialed Physician or Allied Health Provider.

Average daily census and admission/transfer rates monitored and staffed accordingly.

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

Description:
Pt assignment based on intensity of care needs

☑ Skill mix

Description:

EDTECH s are utilized to assist with procedures, phlebotomy, apply casts and splints, and other duties within their scope of practice, as well as non-direct patient care activities such as care coordination and communication.

Each patient presenting to the Emergency Department seeking medical care will be provided an appropriate medical screening examination to determine the nature and urgency of the health care problem, and the location where treatment can best be rendered. The department offers complete medical treatment and stabilization, evaluation, and disposition to anyone requesting it.

☐ 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:

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:	**Childrens Village**
Unit/ Clinic Type:	**Outpatient**
Unit/ Clinic Address:	**3801 Kern Way Yakima, WA 98902**
Effective as of:	**1-Jan-25**
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-Friday	Days	8	8	0	0	0
Saturday	Closed	0	0	0	0	0
Sunday	Closed	0	0	0	0	0

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
None				

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

☑ Activity such as patient admissions, discharges, and transfers

Description: Average daily census is considered to monitor for additonal staff needed. Average daily census at this outpatient clinic is 23.

☐ 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:

☐

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:	**North Star Lodge**
Unit/ Clinic Type:	**Oncology and Infusion Services**
Unit/ Clinic Address:	**808 N. 39th Ave, Yakima, WA 98902**
Effective as of:	**1-Jan-25**
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-Friday	Days	10	5	0	0	0
Weekends / Holidays	Days	10	5	0	0	0

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
MA	4	4	4	4

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: Provide general oncology outpatient services and infusions. Fixed staffing

☑ Skill mix

Description:
RN's, MA's

☐ 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:

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:	**Day Surgery (9 beds) & Holding Room (5 bays)**
Unit/ Clinic Type:	**Surgical Services**
Unit/ Clinic Address:	**2811 Tieton Drive Yakima, WA 98902**
Effective as of:	**1-Jan-25**
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-Friday	Day (0500-1330)	8	1	0	0	1
	Day (0530-1400)	8	4	0	2	0
	Day (0600-1630)	10	1	0	0	0
	Day (0700-1530)	8	1	0	0	0
	Day (0700-1730)	10	1	0	0	0
	Day (0630-1900)	12	1	0	0	0

Unit Information

Additional Care Team Members

	Shift Coverage			
	Day	Evening	Night	Weekend
None				

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:

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:	**Surgi Center Admitting & PACU (10 admitting/phase II bays, 4 PACU Phase I bays)**
Unit/ Clinic Type:	**Surgical Services**
Unit/ Clinic Address:	**3003 Tieton Drive Yakima, WA 98902**
Effective as of:	**1-Jan-25**
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-Friday	Day (0500-1530)	10	1	0	0	1
	Day (0530-1400)	8	2	0	0	0
	Day (0600-1630)	10	1	0	0	0
	Day (0700-1730)	10	1	0	0	0
	Day (0700-1930)	12	1	0	0	0
	Day (0800-1830)	10	2	0	0	0
	Day (0800-1630)	8	0	0	1	1

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day-0700-1530	1500-2330	Night	Weekend
Unit secretary	1	1		

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:

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:	**Main Hospital Post Anesthesia Care Unit (PACU), 12 Beds**
Unit/ Clinic Type:	**Surgical Services**
Unit/ Clinic Address:	**2811 Tieton Drive Yakima, WA 98902**
Effective as of:	**1-Jan-25**
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-Friday	Day (0630-1700)	10	1	0	0	0
	Day (0730-1800)	10	1	0	0	0
	Day (0800-1830)	10	2	0	0	0
	Day (0830-1700)	8	0	0	2	0
	Day (0800-1830)	10	2	0	0	0
	Day (0800-2030)	12	1	0	0	0
	Day (830-2100)	12	2	0	0	0
	Eve (1130-MN)	12	2	0	0	0
	NOC (1900-0700)	12	1	0	0	0
Saturday	Day (0600-1830)	12	1	0	0	0
	Day (0700-1930)	12	1	0	0	0
	Day (0730-1800)	10	1	0	0	0
	Day (830-2100)	12	1	0	0	0
	Day (0600-1630)	10	0	0	1	0
Sunday	Day (0600-1830)	12	1	0	0	0
	Day (0700-1930)	12	1	0	0	0
	Day (0730-1800)	10	1	0	0	0
	Day (830-2100)	12	1	0	0	0
	Day (0600-1630)	10	0	0	1	0
	NOC (2100-0700)	10	1	0	0	0

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
NONE				

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:
Patients assigned based on intensity of care needs

☐ 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:

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:	**Home Health**
Unit/ Clinic Type:	**Outpatient Home Health**
Unit/ Clinic Address:	**1208 S. 48th Ave Yakima, WA 98908**
Effective as of:	**1-Jan-25**
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-Friday	Day (0700-1530)	8	7	0	0	0
Saturday	Day (0700-1530)	8	2	0	0	0
Sunday	Day (0700-1530)	8	1	0	0	0

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
NONE				

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

☑ Activity such as patient admissions, discharges, and transfers

Description: Fixed staffing to support a census of 100

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

Description: Adult home health-not under the Hospital license

☐ 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:

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:	**Operating Room, (Main and SC total 11 Rooms)**
Unit/ Clinic Type:	**Surgical Services**
Unit/ Clinic Address:	**2811 Tieton Drive Yakima, WA 98902**
Effective as of:	**1-Jan-25**
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-Friday	Day (0645-1515)	8	3	0	0	0
	Day (0645-1715)	10	11	0	0	0
	Day (0645-1915)	12	4	0	0	0
	Eve (1100-2330)	12	1	0	2	0
	Noc (1900-0730)	12	1	0	0	0
Saturday	Day (0645-1715)	10	1	0	0	0
	Day (0645-1915)	12	1	0	0	0
Sunday	Day (0645-1715)	10	1	0	0	0
	Day (0645-1915)	12	1	0	0	0
	Noc (1900-0730)	10	1	0	0	0

Unit Information

Additional Care Team Members

Occupation	Shift Coverage: Day	Evening	Night	Weekend
Surgical Tech	8 hour days- 3 techs, M-F			
Surgical Tech	10 hour days - 11 techs, M-F			
Surgical Tech	12 hours days - 4 techs, M-F			
Surgical Tech	12 hours days - 1 techs, M-F			
Surgical Tech			12 hour night, 1 count, Sun-Fri	
Anesthesia Tech	10 hour days - 2 techs Mon-Fri			
Transport Team	8 hour days - 1 count, M-F			
Transport Team	10 hour days - 2 count, M-F			
Transport Team		8 hour - 1 count, M-F		
Surgery Scheduler	8 hour Days - 3 count, M-F			

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:

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:	**GI/Special Procedures**
Unit/ Clinic Type:	**Surgical Services**
Unit/ Clinic Address:	**2811 Tieton Drive Yakima, WA 98902**
Effective as of:	**1-Jan-25**
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-Friday	Day (0645-1500)	8	1	0	0	0
	Day (0700-1530)	8	1	0	0	0
	Day (0700-1730)	10	3	0	0	0
	Day (0730-1600)	8	3	0	0	0
	Day (0800-1630)	8	2	0	0	0

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
GI Surg Tech	3 techs per day (8 hour shift)			

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:

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:	**Cardiac Cath Lab**
Unit/ Clinic Type:	**Cath Lab**
Unit/ Clinic Address:	**2811 Tieton Drive Yakima, WA 98902**
Effective as of:	**1-Jan-25**
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-Friday	Day (0600-1430)	8	0	0	1	0
	Day (0630-1800)	12	1	0	0	0
	Day (0700-1730)	10	4	0	0	0
	Day (0700-1930)	12	1	0	0	0

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day 8 hour shift	Evening	Night	Weekend
CVTECH	7 Techs per Day (M-F)			

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:

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:	**Ridgeview Surgery Center**
Unit/ Clinic Type:	**Outpatient Services**
Unit/ Clinic Address:	**2500 Racquet Lane, Yakima WA 98902**
Effective as of:	**1-Jan-25**
Day of the week	

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Tuesday - Thursday	Day (0700-1730)	10	4	0	0	0
	Day (0730-1600)	8	2	0	0	0

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Surgical Tech	8 hour day, 1 count, T-Th			
Surgical Tech	10 hour day, 1 count, T-Th			
Surgery Scheduler	10 hour day, 1 count, M,F			
Surgery Scheduler	10 hour day, 2 count, T-Th			

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:

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:	**Apple Valley Family Medicine**
Unit/ Clinic Type:	**Primary Care**
Unit/ Clinic Address:	**1008 S. 38th Ave, Yakima, WA 98902**
Effective as of:	**1-Jan-25**
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-Friday	Day (08-17)	9	1	0	0	0

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day 08-17	Evening	Night	Weekend
MA	Varies- 1 w/ each provider working	none	none	none

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

☑ Activity such as patient admissions, discharges, and transfers

Description: Staffing is related to provider availability and scheduling

☐ 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:

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:	**Family Medicine Yakima**
Unit/ Clinic Type:	**Primary Care**
Unit/ Clinic Address:	**3810 Kern Way, Yakima, WA 98902**
Effective as of:	**1-Jan-25**
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-Friday	Day (08-17)	9	1	0	0	0

Unit Information

Additional Care Team Members

	Shift Coverage			
	Day (08-17)	Evening	Night	Weekend
MA	1 w/ each provider working (Varies daily)	None	None	None

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

☑ Activity such as patient admissions, discharges, and transfers

Description: Staffing is related to provider availability and scheduling

☐ 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:

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:	**Cornerstone Medicine**
Unit/ Clinic Type:	**Internal Medicine**
Unit/ Clinic Address:	**4003 Creekside Loop, Yakima, WA 98908**
Effective as of:	**1-Jan-25**
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-Friday	Day (08-17)	9	4	0	0	0

Unit Information

Additional Care Team Members

	Shift Coverage			
	Day (08-17)	Evening	Night	Weekend
MA	1 w/ each provider working (varies daily)	None	None	None

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

☑ Activity such as patient admissions, discharges, and transfers

Description: Staffing is related to provider availability and scheduling

☐ 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:

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:	**Yakima Ear, Nose & Throat**
Unit/ Clinic Type:	**Specialty Clinic**
Unit/ Clinic Address:	**1601 Creekside Loop, Yakima, WA 98902**
Effective as of:	**1-Jan-25**
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-Friday	Day (08-17)	9	0	1	0	0

Unit Information

Additional Care Team Members

	Shift Coverage			
	Day (08-17)	Evening	Night	Weekend
MA	1 w/ each provider working (varies daily)	None	None	None

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

☑ Activity such as patient admissions, discharges, and transfers

Description: Staffing is related to provider availability and scheduling

☐ 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:

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:	**Pulse Yakima**
Unit/ Clinic Type:	**Specialty Clinic**
Unit/ Clinic Address:	**406 S. 30th Ave Yakima, WA 98902**
Effective as of:	**1-Jan-25**
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-Friday	Day (08-17)	9	5	0	0	0

Unit Information

Additional Care Team Members

	Shift Coverage			
	Day (08-17)	Evening	Night	Weekend
MA	1 w/ each provider working	None	None	None

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

☑ Activity such as patient admissions, discharges, and transfers

Description: Staffing is related to provider availability and scheduling

☐ 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:

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:	**Yakima Pulmonary Clinic**
Unit/ Clinic Type:	**Specialty Clinic**
Unit/ Clinic Address:	**406 S. 30th Ave Yakima, WA 98902**
Effective as of:	**1-Jan-25**
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-Friday	Day (08-17)	9	2	0	0	0

Unit Information

Additional Care Team Members

	Shift Coverage			
	Day (08-17)	Evening	Night	Weekend
MA	1 w/ each provider working	None	None	None

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

☑ Activity such as patient admissions, discharges, and transfers

Description: Staffing is related to provider availability and scheduling

☐ 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:

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:	**Cardiac Rehab**					
Unit/ Clinic Type:	**Specialty Clinic**					
Unit/ Clinic Address:	**406 S. 30th Ave Yakima, WA 98902**					
Effective as of:	**1-Jan-25**					
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-Friday	Day (08-17)	9	1	0	0	0

Unit Information

Additional Care Team Members

	Shift Coverage			
	Day (08-17)	Evening	Night	Weekend
None	None	None	None	None

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:

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:	**Pacific Crest Family Medicine**					
Unit/ Clinic Type:	**Primary Care**					
Unit/ Clinic Address:	**311 S 72nd. Ave, Yakima WA 98908**					
Effective as of:	**1-Jan-25**					
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-Friday	Day (08-17)	9	1	0	0	0

Unit Information

Additional Care Team Members

	Shift Coverage			
	Day (08-17)	Evening	Night	Weekend
MA	Varies- 1 w/ each provider working	None	None	None

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

☑ Activity such as patient admissions, discharges, and transfers

Description: Staffing is related to provider availability and scheduling

☐ 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:

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:	**Waters Edge**
Unit/ Clinic Type:	**Specialty Care**
Unit/ Clinic Address:	**1460 N 16th Ave Ste D, Yakima WA 98902**
Effective as of:	**1-Jan-25**
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-Friday	Day (08-17)	9	10	2	0	0

Unit Information

Additional Care Team Members

	Shift Coverage			
	Day (08-17)	Evening	Night	Weekend
MA	1 w/ each provider working	None	None	None

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

☑ Activity such as patient admissions, discharges, and transfers

Description: Staffing is related to provider availability and scheduling

☐ 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:

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:	**Cascade Surgical Partners**
Unit/ Clinic Type:	**Specialty Care**
Unit/ Clinic Address:	**3003 Tieton Drive, Suite 300, Yakima WA 98902**
Effective as of:	**1-Jan-25**
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-Friday	Day (08-17)	9	0	1	0	0

Unit Information

Additional Care Team Members

	Shift Coverage			
	Day (08-17)	Evening	Night	Weekend
MA	3	None	None	None

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:

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:	**Generations OBGYN**
Unit/ Clinic Type:	**Specialty Care**
Unit/ Clinic Address:	**3003 Tieton Drive, Suite 300, Yakima WA 98902**
Effective as of:	**1-Jan-25**
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-Friday	Day (08-17)	9	3	0	0	0

Unit Information

Additional Care Team Members

	Shift Coverage			
	Day (08-17)	Evening	Night	Weekend
MA	7	None	None	None

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:

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:	**PAT Clinic**					
Unit/ Clinic Type:	**Pre-Anesthesia / Surgery**					
Unit/ Clinic Address:	**3003 Tieton Drive, Suite 300, Yakima WA 98902**					
Effective as of:	**1-Jan-25**					
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-Friday	Day (08-17)	9	8	0	0	0

Unit Information

Additional Care Team Members

	Shift Coverage			
	Day (08-17)	Evening	Night	Weekend
MA	4	None	None	None

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

☑ Activity such as patient admissions, discharges, and transfers

Description:
Newly developed clinic that leadership will continue to monitor census and activity

☐ 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: