COVER PAGE

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

This area is intentionally left blank

DOH 346-151 April 2024

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

Page 1 of 5



Hospital Staffing Form

Attestation

Date: 12/27/24

I, the undersigned with responsibility for WhidbeyHealth Medical Center 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 Nathan Staggs

12/23/24 1315

Hospital Information

Name of Hospital: WHIDBEY	HEALTH N	CEN	TER		
Hospital License #: HAC.F	S.000	00156			
Hospital Street Address: 101	NOR	ΤΗ ΜΑ	١N	STREET	
City/Town: COUPEVIL	LE	State: W	A	Zip coc	_{le:} 98239
Is this hospital license affiliated w	ith more that	an one locat	ion?	Yes [✔ No
If "Yes" was selected, please prov location name and address	ide the				
Review Type:	Anı	nual	Revie	ew Date: 1/1/20 25	
	Upc	date		Review Date: 1/1/27 Z	6
Effective Date: 1/1/28 25					
Date Approved: 12/18/24					

Hospital Information Continued (Optional)

	all that apply):
\checkmark	Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations
Descri	ption:
	, TNCC and ACEP standards are references used in the formulation and review of policies, procedures, and standards of In the emergency department.
\checkmark	Terms of applicable collective bargaining agreement
Descri	
NSINA	Collective Bargaining Agreement (April 1, 2022 - March 31, 2025)
	Relevant state and federal laws and rules including those regarding meal and rest breaks and use of overtime and on-call shifts
Descri	ption:
Whidb	
	eyHealth ensures staff are able to take meal and rest breaks as required by RCW
49.12.	
49.12.	
49.12.	480. Hospital finances and resources
49.12.	480. Hospital finances and resources ption: Other
49.12. Descri	480. Hospital finances and resources ption: Other
49.12. Descri	480. Hospital finances and resources ption: Other

Signature

CEO & Co-chairs Name:	Signature:	Date:
Nathan Staggs Chief Executive Officer		12/23/24
Paul Rogers - Chief Financial Officer	FRANCES I	12/23/24
Curtis Shumate - Executive Director of Nursing	Juito Shumote	12/18/24

Total	Votes
# of Approvals	# of Denials
le.	Ø

Access unit staffing matrices here.

This area is intentionally left blank



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

Fixed Staffing Matrix

Unit/ Clinic Name:	WhidbeyHealth Medical Center											
Unit/ Clinic Type:	Nursing Administration											
Unit/ Clinic Address:	101 North Main Street Coupeville, WA 98239 1/1/2025											
Effective as of:												
Hours of the day												
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 thru Sunday												
House Supervisor	Night - 1900-0730	12.00	1.00	0.00	0.00	0.00						
STAT RN - 3 nights/week variable cover vacancies	Night - 1900-0730	12.00	1.00	0.00	0.00	0.00						
		·										

Washington State Department of HEALTH OH 346-154	Nursing Administration		To request this document in another format, call 1-800-525-0127. Deaf or hard hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.						
	Unit Info	rmation							
	Additional Care Tea	am Members							
		Shift Coverage							
Occupation	Day	Evening	Night	Weekend					
Administrator on-call (24/7)	Х	Х	Х	X					
Pharmacy afthrs (1900-0700) M	-F		Х	X (1700-0700) S-Su					
Respiratory Therapy onsite (24/	7) X	Х	Х	X					
Physical Therapy onsite	Х	×X		X					
OR Team onsite/on-call (24/7)	X	Х	Х	X					
Anesthesia onsite/on-call (24/7	7) X	Х	X	X					
Hospitalist In-house (0700-190	0) X	Х		X					
Tele Hospitalist afthrs (1900-070	00)	Х	Х	X					
Lab onsite (24/7)	Х	Х	Х	Х					

7	Skill mi	x												-	
perr RCW	mits. In V 49.12.4	additi 180. H	ion provid louse Sup	de the c ervisor	pervisors and STAT Nu opportunity and covera rs and STAT Nurse colla f support as needed.	ge to ensur	e all	nursir	ng and s	suppor	t staff	receiv	e mea	l and rest brea	aks per
								,				1			
	Level of	fexne	rience of r	ursing a	and patient care staff										
	Need fo	or spec	ialized or	intensiv	ve equipment										



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

DOH 346-154

Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic N	Name:	WhidbeyHeal	th Medic	al Center											
Unit/ Clinic 1	ype:	Medical Surgi	ical Unit												
Unit/ Clinic A	Address:	101 North Ma	ain Street	Coupe	ville, WA	98239									
Average Dail	y Census:	12		Maxim	um # of Bed	s:	25								
Effective as o	ffective as of:		1/1/2025												
Census															
Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)				
17	Day (0700-1530)	8.00	5.00	0.00	2.00	0.00	2.35	0.00	0.94	0.00	8.94				
	Eve (1500-2330	8.00	4.00	0.00	2.00	0.00	1.88	0.00	0.94	0.00					
	Nights (2300-0730		4.00	0.00	2.00	0.00	1.88	0.00	0.94	0.00					
16	Day (0700-1530)	8.00	5.00	0.00	2.00	0.00	2.50	0.00	1.00	0.00	9.50				
	Eve (1500-2330	8.00	4.00	0.00	2.00	0.00	2.00	0.00	1.00	0.00					

	Nights (2300-0730)	8.00	4.00	0.00	2.00	0.00	2.00	0.00	1.00	0.00	
15	Day (0700-1530)	8.00	5.00	0.00	2.00	0.00	2.67	0.00	1.07	0.00	10.13
	Eve (1500-2330	8.00	4.00	0.00	2.00	0.00	2.13	0.00	1.07	0.00	
	Nights (2300-0730)	8.00	4.00	0.00	2.00	0.00	2.13	0.00	1.07	0.00	
14	Day (0700-1530)	8.00	5.00	0.00	2.00	0.00	2.86	0.00	1.14	0.00	10.86
	Eve (1500-2330	8.00	4.00	0.00	2.00	0.00	2.29	0.00	1.14	0.00	
	Nights (2300-0730)	8.00	4.00	0.00	2.00	0.00	2.29	0.00	1.14	0.00	
13	Day (0700-1530)	8.00	5.00	0.00	2.00	0.00	3.08	0.00	1.23	0.00	11.69
	Eve (1500-2330	8.00	4.00	0.00	2.00	0.00	2.46	0.00	1.23	0.00	
	Nights (2300-0730)	8.00	4.00	0.00	2.00	0.00	2.46	0.00	1.23	0.00	
12	Day (0700-1530)	8.00	4.00	0.00	2.00	0.00	2.67	0.00	1.33	0.00	10.67
	Eve (1500-2330	8.00	3.00	0.00	2.00	0.00	2.00	0.00	1.33	0.00	
	Nights (2300-0730)	8.00	3.00	0.00	2.00	0.00	2.00	0.00	1.33	0.00	
11	Day (0700-1530)	8.00	4.00	0.00	2.00	0.00	2.91	0.00	1.45	0.00	11.64
	Eve (1500-2330	8.00	3.00	0.00	2.00	0.00	2.18	0.00	1.45	0.00	
	Nights (2300-0730)	8.00	3.00	0.00	2.00	0.00	2.18	0.00	1.45	0.00	
10 or Less	Day (0700-1530)	8.00	3.00	0.00	1.00	0.00	2.40	0.00	1.60	0.00	12.00
MINIMAL	Eve (1500-2330	8.00	3.00	0.00	1.00	0.00	2.40	0.00	1.60	0.00	
STAFFING LEVEL	Nights (2300-0730)	8.00	3.00	0.00	1.00	0.00	2.40	0.00	1.60	0.00	

HEALTH H 346-154	Medical Surgical Unit		To request this document in an format, call 1-800-525-0127. Deaf of hearing customers, please call (Washington Relay) or ema doh.information@doh.wa.go				
	Unit Info	rmation					
	Additional Care Tea	am Members					
		Shift Coverage					
Occupation	Day	Evening	Night	Weekend			
House Supervisor (1900-0730)		Х	Х	Х			
STAT Nurse (new position 3x's w	k)	Х	Х	Every other week			
Pharmacy onsite (0700-1900) M	-F X	Х		X (0700-1700) S-Su			
Pharmacy afthrs (1900-0700) M	-F	Х	Х	X (1700-0700) S-Su			
Administrator on-call (24/7)	Х	Х	Х	X			
HUC (24/7)	Х	Х	Х	Х			
Respiratory Therapy onsite (24/7	7) X	Х	Х	Х			
Dhysical Thoropy opsite	X			Х			
Physical Therapy onsite	Х	Х	Х	Х			
OR Team onsite/oncall (24/7)	Λ						
		Х	Х	X			
OR Team onsite/oncall (24/7)) X		Х	X X			
OR Team onsite/oncall (24/7) Anesthesia onsite/oncall (24/7)) X D) X	X	X				
OR Team onsite/oncall (24/7) Anesthesia onsite/oncall (24/7 Hospitalist In-house (0700-1900) X D) X	X X		Х			
OR Team onsite/oncall (24/7) Anesthesia onsite/oncall (24/7 Hospitalist In-house (0700-1900 Tele Hospitalist afthrs (1900-070) X D) X 0) X X	X X X X	X	X X X			

							U	nit Info	matio	on								
			Fa	ctors (Conside			evelopm all that			Unit	Staff	ng Pla	an				
~	Activ	ity suc	n as pati	ent adn	nissions,	discharge	es, and t	ransfers										
varia of pa occas - Nurs and t	ability with atients, w sional lo rsing car transfers	hin th e aver ong ter e requ	e same age dai m patie ired by	patient ly 3-5 d nt that individ	t popula ischarge is diffice ual patie	tions, th es and co ult to find ent needs	is mak onverso d place s, takin	r best ou es nursin ely the sa ment or ti g into aco	g care me for ransfe count t	needs admi r assig the tur	diffic ssions nmen nover	ult at t . As a t requi rate of	mes to criticia ring se patier	o deterr al acce ervices its, adr	nine. [ss hos that w nissio	Due to spital, e do no ns, dis	the tur we hav ot offer scharge	n over ve the es,
	ing mode	els fluc	tuate w	ith the	patient	census a	nd leve	umber of el of care	neede									
	ing mode	els fluc	tuate w	ith the	patient	census a	nd leve		neede									
⊳ball √	ing mode be cuffi Patient a	els fluc	tuate w	ensity o	patient of the pace of the pac	eds, and	the type	el of care	be de	d for e livered	ach pa on ea	atients ch shift	. The r	lumber	r of nui	rsing s	taff on	
⊡ The e activi	Patient a	els fluc acuity l on for c aily liv	tuate w evel, inte are nee ing, ne	ensity o eds mu ed for t	patient of f care ne st consid ranspor	census a eds, and der patie	nd leve the type ent varia	el of care	be de as: pa	d for e livered	on ea	atients ch shift exity, l	. The r ength o	of stay,	functi	rsing s onal s	taff on	duty
⊡ The e activi	Patient a rities of d	els fluc acuity l on for c aily liv	tuate w evel, inte are nee ing, ne	ensity o eds mu ed for t	patient of f care ne st consid ranspor	census a eds, and der patie	nd leve the type ent varia	el of care e of care to able such	be de as: pa	d for e livered	on ea	atients ch shift exity, l	. The r ength o	of stay,	functi	rsing s onal s	taff on	duty

	\checkmark	Skill mi	x									1				χ.		
						esignated as RN's with a 4												
						wever, the id	-	-					-			-		
						est and mea												
						of newly gra												
					-	ong the path					-							
	nurs	ing stat	ion m	aking the	e precej	otor with the	new gradu	uate impera	ative t	o sup	port the	esucce	essful o	onboa	rding	of new nurs	es.	
	Mair	ntaining	g the p	roper sta	ffing m	ix and levels	has serve	d our patie	nts w	ell as	we hav	e stror	ng outc	omes	with			
																		10000000000
		Level of	fexper	rience of r	nursing a	and patient ca	ire staff											
		Needfa		ializad av														
r		Need to	or spec	lalized or	Intensiv	e equipment												
1																		

1	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment	
 rega bac assi	to the demographics of the acute care nursing unit and no centralized nursing station, the minimum staffing needed, ardless of census to provide coverage is 3 registered nurses and 1 nursing assistant each shift; to adequately cover the floors, k up for emergencies, and allow for meals and break periods. As detailed in the Patient Volume-based Matrix - staffing is igned for a census of 17 and flexed down for low census. Patient nurse ratios are also kept at 4:1 days and 5:1 evenings and nts and we do not exceed this ratio to protect both patients and our staff and to protect and ensure quality outcomes.	
alre air s	Other organization is a destination employer, due to the requirement of either taking a ferry or a bridge to get to the island if not ady an island resident. Unfortunately the demand for housing is higher than supply in part due to the expansion of the naval station and commands. This in turn has driven the cost of homes high on the island with an average home price in excess of 0,000 making it difficult for first time home buyers. In addition childcare is very limited and also comes at a premium.	



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

DOH 346-154

Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Na	ame:	WhidbeyHeal	th Medic	al Center							
Unit/ Clinic Ty	vpe:	Intensive Care	e Unit								
Unit/ Clinic Ad	dress:	101 North Ma	in Street	Coupev	ville, WA	98239					
Average Daily	Census:	2				Maxim	um # of Bed	s: 4			
Effective as of	:	1/1/2025									
Census											
Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
4	0700-1930	12.00	2.00	0.00	1.00	0.00	6.00	0.00	3.00	0.00	18.00
	1900-0730	12.00	2.00	0.00	1.00	0.00	6.00	0.00	3.00	0.00	
3	0700-1930	12.00	2.00	0.00	1.00	0.00	8.00	0.00	4.00	0.00	24.00
	1900-0730	12.00	2.00	0.00	1.00	0.00	8.00	0.00	4.00	0.00	
2	0700-1930	12.00	2.00	0.00	1.00	0.00	12.00	0.00	6.00	0.00	36.00
	1900-0730	12.00	2.00	0.00	1.00	0.00	12.00	0.00	6.00	0.00	

1 or Less	0700-1930	12.00	1.00	0.00	1.00	0.00	12.00	0.00	12.00	0.00	48.00
	1900-0730	12.00	1.00	0.00	1.00	0.00	12.00	0.00	12.00	0.00	

HEALTH H 346-154	Intensive Care Unit		format, call 1 hearing (Wasl	st this document in another -800-525-0127. Deaf or hard of customers, please call 711 hington Relay) or email formation@doh.wa.gov.
	Unit Info	ormation		
	Additional Care Te	am Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
House Supervisor (1900-0730)		Х	Х	X
STAT Nurse (new 3x's wk) 1900-07	/30	Х	Х	Every other weekend
Pharmacy onsite (0700-1900) M	-F X	Х		X (0700-1700) S-Su
Pharmacy afthrs (1900-0700) M-	F	Х	Х	X (1700-0700) S-Su
Administrator on Call (24/7)	Х	Х	Х	Х
HUC (24/7)	Х	Х	Х	Х
Respiratory Therapy onsite (24/7	7) X	Х	Х	X
	Х			X
Physical Therapy onsite			Х	Х
Physical Therapy onsite OR Team onsite/oncall (24/7)	X	Х	~	
		X X	X	X
OR Team onsite/oncall (24/7)	X			
OR Team onsite/oncall (24/7) Anesthesia onsite/oncall (24/7)	x x X	Х		Х
OR Team onsite/oncall (24/7) Anesthesia onsite/oncall (24/7) Hospitalist In-house (0700-1900	x x X	X X	Х	X X X
OR Team onsite/oncall (24/7) Anesthesia onsite/oncall (24/7) Hospitalist In-house (0700-1900 Tele Hospitalist afthrs (1900-070	X X X X X	X X X X	X X	X X X X X

								Unit	Inform	natio	on								
			Fa	actors (Consid	dered			elopm that a			Unit	Staffi	ng Pla	an				
I	Act	ivity su	ich as pa	tient adn	nissions	s, discha	arges, ar	nd tran	sfers										
cens		lable to	o return	to the IC	U with	30 mir	iutes no	otice.	If there	aren	o pati	ents ir	i the IC	Umay	call o	Π 1RN	or CN	IA for	low
	~																		
				tensity o									ch shift						
				tensity o vith Resp									ch shift						
													ch shift						
													ch shift						

	Skill mi	х														
																_
																_
	Lougla	6	· · · · · · · · · · · · · · · · · · ·													
	Level o	rexpe	rience of r	nursing a	and patient o	care staff										
																-
																-
																-
																-
																-
																-
\checkmark	Need fo	or spec	ialized or	intensiv	ve equipmen	t										
														ICU, W	e will consid	er _
Cattin	ing off a			C 15 al a						ase 01 a	new a	unnsa	51011.			
	Inter base less 2 RN	 □ Level o □ Level o □ Need fo Intensive Ca based on th less should 2 RNs, or 1 F 	□ Level of expendence □ Level of expendence □ Need for spece □ Intensive Care is a based on their ori less should admiting 2 RNs, or 1 RN and	 □ Level of experience of r □ Level of experience of r ○ Need for specialized or □ Intensive Care is a closed u □ based on their orientation □ less should admit be forthor 2 RNs, or 1 RN and 1 CNA if 	 □ Level of experience of nursing □ Level of experience of nursing □ Need for specialized or intensive □ Intensive Care is a closed unit and based on their orientation and sk less should admit be forthcoming 2 RNs, or 1 RN and 1 CNA if censu 	 □ Level of experience of nursing and patient of the system of the system	 □ Level of experience of nursing and patient care staff □ Level of experience of nursing and patient care staff □ Need for specialized or intensive equipment □ Intensive Care is a closed unit and typically will not call based on their orientation and skillset in other locations less should admit be forthcoming. Dueto the physical lo 2 RNs, or 1 RN and 1 CNA if census becomes 2 or less. C 	 □ Level of experience of nursing and patient care staff □ Level of experience of nursing and patient care staff □ Need for specialized or intensive equipment □ Intensive Care is a closed unit and typically will not call off ICU RN f based on their orientation and skillset in other locations. ICU RN a less should admit be forthcoming. Dueto the physical location of o 2 RNs, or 1 RN and 1 CNA if census becomes 2 or less. On the rare of the set of the	 □ Level of experience of nursing and patient care staff □ Level of experience of nursing and patient care staff ○ Need for specialized or intensive equipment Intensive Care is a closed unit and typically will not call off ICU RN for low based on their orientation and skillset in other locations. ICU RN are to less should admit be forthcoming. Dueto the physical location of our ICU 2 RNs, or 1 RN and 1 CNA if census becomes 2 or less. On the rare occas 	 □ Level of experience of nursing and patient care staff □ Level of experience of nursing and patient care staff ○ Need for specialized or intensive equipment Intensive Care is a closed unit and typically will not call off ICU RN for low cens based on their orientation and skillset in other locations. ICU RN are to be avaless should admit be forthcoming. Dueto the physical location of our ICU, we 2 RNs, or 1 RN and 1 CNA if census becomes 2 or less. On the rare occasion the 	 Level of experience of nursing and patient care staff Level of experience of nursing and patient care staff Need for specialized or intensive equipment Intensive Care is a closed unit and typically will not call off ICU RN for low census. ICU based on their orientation and skillset in other locations. ICU RN are to be available to less should admit be forthcoming. Dueto the physical location of our ICU, we have def 2 RNs, or 1 RN and 1 CNA if census becomes 2 or less. On the rare occasion there are 	Level of experience of nursing and patient care staff Level of experience of nursing and patient care staff Need for specialized or intensive equipment Intensive Care is a closed unit and typically will not call off ICU RN for low census. ICU RN we based on their orientation and skillset in other locations. ICU RN are to be available to take less should admit be forthcoming. Dueto the physical location of our ICU, we have determin 2 RNs, or 1 RN and 1 CNA if census becomes 2 or less. On the rare occasion there are no patient.	 Level of experience of nursing and patient care staff Need for specialized or intensive equipment Intensive Care is a closed unit and typically will not call off ICU RN for low census. ICU RN will floa based on their orientation and skillset in other locations. ICU RN are to be available to take patier less should admit be forthcoming. Dueto the physical location of our ICU, we have determined we 2 RNs, or 1 RN and 1 CNA if census becomes 2 or less. On the rare occasion there are no patients in the set of the comparison of the set of the set of the comparison of the set of the set of the comparison of the set of the comparison of the set of th	Level of experience of nursing and patient care staff Level of experience of nursing and patient care staff Need for specialized or intensive equipment Intensive Care is a closed unit and typically will not call off ICU RN for low census. ICU RN will float to ot based on their orientation and skillset in other locations. ICU RN are to be available to take patients in t less should admit be forthcoming. Dueto the physical location of our ICU, we have determined we need	Level of experience of nursing and patient care staff Need for specialized or intensive equipment Intensive Care is a closed unit and typically will not call off ICU RN for low census. ICU RN will float to other de based on their orientation and skillset in other locations. ICU RN are to be available to take patients in the ICU less should admit be forthcoming. Due to the physical location of our ICU, we have determined we need a mini 2 RNs, or 1 RN and 1 CNA if census becomes 2 or less. On the rare occasion there are no patients in the ICU, we have a mini care of the intension of the ICU, we have determined we need a mini 2 RNs, or 1 RN and 1 CNA if census becomes 2 or less. On the rare occasion there are no patients in the ICU, we have determined we not a complex.	☐ Level of experience of nursing and patient care staff ✓ Need for specialized or intensive equipment Intensive Care is a closed unit and typically will not call off ICU RN for low census. ICU RN will float to other departments to based on their orientation and skillset in other locations. ICU RN are to be available to take patients in the ICU in 30 minut less should admit be forthcoming. Dueto the physical location of our ICU, we have determined we need a minimum of 2 cli 2 RNs, or 1 RN and 1 CNA if census becomes 2 or less. On the rare occasion there are no patients in the ICU, we will conside



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

Fixed Staffing Matrix

Unit/ Clinic Name: WhidbeyHealth Medical Center										
Unit/ Clinic Type:	Whidbey Family Birth Pla	ce								
Unit/ Clinic Address:	101 North Main Street C	oupeville, WA	98239							
Effective as of:	1/1/2025									
Hours of the day										
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's				
Sunday thru Monday	Day - 0700-1930	12.00	3.00	0.00	1.00	0.00				
	Night - 1930-0700	12.00	3.00	0.00	1.00	0.00				
		~								
	Night - 1930-0700	12.00	3.00	0.00	1.00					

Washington State Department of HEALTH 346-154	Whidbey Family Birth Place		format, call 1 hearing ((Wash	t this document in another -800-525-0127. Deaf or hard of customers, please call 711 hington Relay) or email formation@doh.wa.gov.
	Unit Inform	nation		
	Additional Care Team	n Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
House Supervisor		X	X	Х
STAT Nurse (new position 3x's wk)		Х	Х	Every other weekend
Pharmacy onsite (0700-1900) M-F	X	Х		X (0700-1700) S-Su
Pharmacy afthrs (1900-0700) M-F		Х	Х	X (1700-0700) S-Su
Administrator on-call (24/7)	X	Х	Х	Х
HUC (24/7)	X	Х	Х	Х
Respiratory Therapy onsite (24/7)	X	Х	Х	Х
OR Team onsite/oncall (24/7)	X	Х	Х	Х
Anesthesia onsite/oncall (24/7)	X	Х	Х	Х
OB GYN coverage (24/7)	X	Х	Х	Х
Pediatrician on call (24/7)	X	Х	Х	Х
Cert. Nurse Midwife/1st asst (24/7)) X	Х	Х	X

-

										Unit I	nforr	natio	on										
				Fact	ors C	onsi	dere			Devel k all t				Unit	Sta	iffin	g Pla	n					
 ✓ 		Activity	such as	patier	nt adm	ission	s, disc	harge	s, and	transf	fers												
_ _ _	porui	ig o iut	-time C	זטעל	IN 5, Z			5, all		COMM	numty	nom	eueli	very II	nuw	пегу	261 11						
	vices	provide	ty level, ed at ou	r Birth	h Cent	erinc	lude:	Medi	cal s	creeni	ing ex	ams f	or OB	labor	Ass	essr						-	
Serv mar tran new rech	ices nager spor born iecks	provide nent of t, Speci , New ,Extern		r Birth ensior Nurs aby te alic V	h Cent n, ges ery ne eachin /ersio	er inc tation wbor Ig anc n (EC)	clude: nal dia n care l care V) wit	Medi abetes e, Nev , Laca h epic	ical s s, etc, vborn ition a	creeni , Labo 1 deliv and fe	ing ex ring p ery an eeding	ams f atient d trar cons	or OB t care nsitio ultaio	labor , C/seo nal ca on, We	r Ass ctior ire, H ell ba	essr pati lyper aby fo	ient c biliru ollow	are, N Ibinei -up he	lewboi nia ph earing	rn s notc res	stabil othera screer	izatio apy o ns an	f the d Tc
Serv mar tran new rech	ices nager spor born iecks	provide nent of t, Speci , New ,Extern	d at ou hyperte al Care nom/b al Ceph	r Birth ensior Nurs aby te alic V	h Cent n, ges ery ne eachin /ersio	er inc tation wbor Ig anc n (EC)	clude: nal dia n care l care V) wit	Medi abetes e, Nev , Laca h epic	ical s s, etc, vborn ition a	creeni , Labo 1 deliv and fe	ing ex ring p ery an eeding	ams f atient d trar cons	or OB t care nsitio ultaio	labor , C/seo nal ca on, We	r Ass ctior ire, H ell ba	essr pati lyper aby fo	ient c biliru ollow	are, N Ibinei -up he	lewboi nia ph earing	rn s notc res	stabil othera screer	izatio apy o ns an	f the d Tc

\checkmark	Skill mi	x														
for s trair prep	staffing s ning of r paration ilable if	suppo iew nu of a r	ort to mai ursing sta new OB R	ntain p lff, how N is in e	t that has been challe roper staffing mix and rever, even with these excess of just over a ye ve have realized a redu	l support. T numbers the ear, prior to	he av e expo acqu	erage osure t iiring t	delive to acti he ski	ries ve la llset	per n bor i to wo	nonth s still ork in	are in limite deper	ncreas ed and ndentl	sing which su I the orientat y which supp	upports tion and port
	Level of	fexpe	rience of r	nursing a	and patient care staff											
				1							I					-
 					• • • •											
	Need fo	or spec	ialized or	Intensiv	ve equipment											



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

Fixed Staffing Matrix

Unit/ Clinic Name:	WhidbeyHealth Medical (Center									
Unit/ Clinic Type:	Transitions of Care										
Unit/ Clinic Address:	101 North Main Street C	oupeville WA	98239								
Effective as of: 1/1/2025											
Hours of the day											
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 thru Friday	Day 0700-1530	8.00	2.00	0.00	0.00	0.00					
			J								
Saturday and Sunday	Day 0700-1530	8.00	1.00	0.00	0.00	0.00					

Washington State Department of HEALTH DOH 346-154	Transition of Care			format, call 1- hearing c (Wash	t this document in another 800-525-0127. Deaf or hard of customers, please call 711 nington Relay) or email ormation@doh.wa.gov.	
	L	Jnit Informatio	n			
	Additional	Care Team Me	mbers			
			Shift Coverage			
Occupation	Day		Evening	Night	Weekend	
Social Worker MSW (0730-06			Х		Х	
Admin Asst (0730-1600) M-						
CM Supervisor (0730-1630)						
Pharmacy onsite (0700-1900)	M-F X		Х		X (0700-1711) S-Su	
Administrator on-call (24/7	7) X		Х	X	Х	
Respiratory Therapy onsite (24	4/7) X		Х	X	Х	
Physical Therapy onsite	X				Х	
HospitalistIn-house (0700-19	900) X		Х		Х	
ED MD (24/7)	X		Х	Х	Х	
-						



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

Fixed Staffing Matrix

Unit/ Clinic Name:	WhidbeyHealth Medical Center							
Unit/ Clinic Type:	Emergency Department							
Unit/ Clinic Address:	101 North Main Street Coupeville, WA 982391/1/2025							
Effective as of:								
Hours of the day								
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 thru Sunday	Day - 0700-1930	12.00	3.00	0.00	0.00	0.00		
	Day - 0600-1830	12.00	0.00	0.00	1.00	0.00		
	Mid - 1100-2330	12.00	1.00	0.00	0.00	0.00		
	Mid - 1200-0030	12.00	1.00	0.00	0.00	0.00		
	Mid -1100-2330	12.00	0.00	0.00	1.00	0.00		

and the second						×
	Nights - 1900-0730	12.00	3.00	0.00	0.00	0.00
	Nights - 1800-0630	12.00	0.00	0.00	1.00	0.00

DOH 346-154	Emergency Department		To request this document in another format, call 1-800-525-0127. Deaf or hard hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.		
	Unit Info	rmation			
	Additional Care Tea	am Members			
		Shift Coverage			
Occupation	Day	Evening	Night	Weekend	
House Supervisor (1900-0730)		Х	Х	Х	
STAT Nurse (new position 3x's w	k)	Х	Х	Every other weekend	
Pharmacy onsite (0700-1900) M	-F X	Х		X (0700-1700) S-Su	
Pharmacy afthrs (1900-0700) M	-F	Х	Х	X (1700-0700) S-Su	
Administrator on-call (24/7)	Х	Х	Х	Х	
HUC (24/7) ED ONLY	Х	Х	Х	Х	
Respiratory Therapy onsite (24/7	7) X	Х	Х	X	
Physical Therapy onsite	X			Х	
OR Team onsite/oncall (24/7)	X	Х	Х	Х	
Anesthesia onsite/oncall (24/7)) X	Х	Х	Х	
Hospitalist In-house (0700-1900)) X	Х			
ED MD In-house (24/7)	X	Х	Х	Х	
Tele Hospitalist afthrs (1900-070	0)	Х	Х	Х	
Medical Social Worker (0730-183	30) X	Х		Х	
Lab onsite (24/7)	X	Х	Х	Х	



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

Fixed Staffing Matrix

Unit/ Clinic Name:	WhidbeyHealth Medical Center							
Unit/ Clinic Type:	Surgery 101 North Main Street 1/1/2025							
Unit/ Clinic Address:								
Effective as of:								
Day of the week								
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's		
Monday	Day (06:45-15:15)	8.00	5.00	0.00	0.00	0.00		
	Call (15:15-06:45)		1.00	0.00	0.00	0.00		
Tuesday	Day (06:45-15:15)	8.00	5.00	0.00	0.00	0.00		
	Call (15:15-06:45)		1.00	0.00	0.00	0.00		

Wednesday	Day (06:45-15:15)	8.00	5.00	0.00	0.00	0.00
	Call (15:15-06:45)		1.00	0.00	0.00	0.00
Thursday	Day (06:45-15:15)	8.00	5.00	0.00	0.00	0.00
	Call (15:15-06:45)		1.00	0.00	0.00	0.00
Friday	Day (06:45-15:15)	8.00	5.00	0.00	0.00	0.00
	Call (15:15-06:45)		1.00	0.00	0.00	0.00
Saturday	Call (06:45-06:45)		1.00	0.00	0.00	0.00
Sunday	Call (06:45-06:45)		1.00	0.00	0.00	0.00
					*	



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

Fixed Staffing Matrix

Unit/ Clinic Name:	ame: WhidbeyHealth Medical Center								
Unit/ Clinic Type:	PACU								
Unit/ Clinic Address:	101 North Main Street								
Effective as of:	1/1/2025								
Day of the week									
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's			
Monday	06:00-14:30	10.00	4.00	0.00	0.00	0.00			
	07:00-17:30	10.00	2.00	0.00	0.00	0.00			
			1						
Tuesday	06:00-14:30	10.00	4.00	0.00	0.00	0.00			
	07:00-17:30	10.00	2.00	0.00	0.00	0.00			

Wednesday	06:00-14:30	10.00	4.00	0.00	0.00	0.00
Contraction of the second	07:00-17:30	10.00	2.00	0.00	0.00	0.00
Thursday	06:00-14:30	10.00	4.00	0.00	0.00	0.00
	07:00-17:30	10.00	2.00	0.00	0.00	0.00
Friday	06:00-14:30	10.00	4.00	0.00	0.00	0.00
	07:00-17:30	10.00	2.00	0.00	0.00	0.00
Saturday	Call 24 Hrs	24.00	1.00			
Sunday	Call 24 Hrs	24.00	1.00			

Washington State Department of HEALTH H 346-154	Image: Constraint of the constraint			800-525-0127. Deaf or hard of customers, please call 711 hington Relay) or email
	Unit I	nformation		
	Additional Care	Team Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
OR Assistant (M-F)	8 hours			
Surgical Scheduler (M-F)	8 hours			
SDS/PACU HUC (M-F)	8 hours			
Sterile Processor (M-F)	2@8hours, 1@ mid shift			
Administrator on-call (24/7)	Х Х	X	Х	Х
Anesthesia onsite/on-call (24/7		Х	Х	Х
Lab on-site (24/7)	Х	X	Х	Х
Pharmacy onsite (0700-1900) M		Х	ļ	X (0700-1700) S-Su
Pharmacy afthrs (1900-0700) M	-F	Х	Х	X (1700-0700) S-Su
House Supervisor		X	Х	Х
STAT NURSE 3x's week		X	Х	Every other weekend



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

Fixed Staffing Matrix

Unit/ Clinic Name:	WhidbeyHealth Medical Center						
Unit/ Clinic Type:	nit/ Clinic Address: 101 North Main Street Coupeville WA 98239						
Unit/ Clinic Address:							
Effective as of:							
Day of the week							
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	
Monday	Day	8.00	6.00	0.00	1.00	0.00	
Tuesday	Day	8.00	6.00	0.00	1.00	0.00	
Wednesday	Day	8.00	6.00	0.00	2.00	0.00	

	Friday	Inursday	-
	Day	Day	
	8.00	8.00	
	6.00	6.00	
	0.00	0.00	_
	2.00	2.00	_
	0.00	0.00	_

Washington State Department of HEALTH 346-154	Medical Ambulatory Clinic (MAC)		To request this document in anoth format, call 1-800-525-0127. Deaf or h hearing customers, please call 71 (Washington Relay) or email doh.information@doh.wa.gov.														
	Unit Informat	tion															
	Additional Care Team M	lembers															
		Shift Coverage															
Occupation	Day	Evening	Night	Weekend													
Pharmacy onsite (0700-1900) M		X		X													
Administrator on-call (24/7)	X	X	Х	X													
Lab onsite (24/7)	Х	X	X	Х													
Navigator/Survivorship Care Core	d. Variable 4 days/wk X		-														
Oncologist M-F	X																
Diabetes Education RN (M-F)	X																
Supervisor	Х																
·																	
·																	
							I Init I	nformati	on				AL STREET		and the second		
--------	----------	---------	-------------	----------	-------------	------------	---	------------	----------	--------	---------	---------	-----------	--------	----------------	---------	--------
							Unit	monnati									
			Fa	ctors C	Conside		he Devel heck all t			Unit	Staffiı	ng Pla	n				
	Acti	vity su	ich as pati	ient adm	nissions, c	lischarges	, and transf	ers									
							,										
		•			-					-							
							ne type of c										
RN sta	affing i	s adju	isted dai	lybased	d on volu	ime and a	ne type of c acuity (13- ned week i	16 acuitie	s for ea	ch RN)		ddition	al RN i	is add	ed for e	ach day	y of a
RN sta	affing i	s adju	isted dai	lybased	d on volu	ime and a	acuity (13-	16 acuitie	s for ea	ch RN)		ddition	al RN i	is add	ed for e	ach day	y of a
RN sta	affing i	s adju	isted dai	lybased	d on volu	ime and a	acuity (13-	16 acuitie	s for ea	ch RN)		ddition	al RN	is add	ed for e	ach day	y of a
RN sta	affing i	s adju	isted dai	lybased	d on volu	ime and a	acuity (13-	16 acuitie	s for ea	ch RN)		ddition	al RN	is add	ed for e	ach day	y of a
RN sta	affing i	s adju	isted dai	lybased	d on volu	ime and a	acuity (13-	16 acuitie	s for ea	ch RN)		ddition	al RN	is add	ed for e	ach day	y of a
RN sta	affing i	s adju	isted dai	lybased	d on volu	ime and a	acuity (13-	16 acuitie	s for ea	ch RN)		ddition	al RN	is add	ed for e	ach day	y of a
RN sta	affing i	s adju	isted dai	lybased	d on volu	ime and a	acuity (13-	16 acuitie	s for ea	ch RN)		ddition	al RN	is add	ed for e	ach day	y of a
RN sta	affing i	s adju	isted dai	lybased	d on volu	ime and a	acuity (13-	16 acuitie	s for ea	ch RN)		ddition	al RN	is add	ed for e	ach day	y o

	\checkmark	Skill mi	х														
																Fixed Staffir	
								atrix) In ac	ditio	n ther	eis a l	Vaviga	tor/Sur	vivors	hip an	d Care Coord	dination
	RN 1	that wor	ks Mo	nday thru	u Thurs	day each v	week.										
,																	
	\checkmark	Level of	fexpei	rience of r	nursing	and patient	care staff				11						
	Nur	sing sta	ffarei	required	to beco	me certifie	ed in admini	stration of	chem	o ther	apym	odaliti	es.				
		Need fo	or spec	ialized or	intensiv	e equipme	nt										
						-											



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

Fixed Staffing Matrix

Unit/ Clinic Name:	WhidbeyHealth Medical Center										
Unit/ Clinic Type:	Wound Care Clinic										
Unit/ Clinic Address:	101 North Main Street Coupeville, WA 98239										
Effective as of: 1/1/2025											
Day of the week											
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's					
Monday		8.00	2.00	0.00	1.00	0.00					
Tuesday		8.00	2.00	0.00	1.00	0.00					
Wednesday		8.00	2.00	0.00	1.00	0.00					

			Thursday
		0.00	° 00 8.00
		1. CC	2.00
			0.00
		L.OC	1.00
			0.00

Washington State Department of HEALTH 1346-154	Wound Care Clinic		format, call 1 hearing (Was	st this document in another 800-525-0127. Deaf or hard of customers, please call 711 hington Relay) or email formation@doh.wa.gov.	
	Unit	Information			
	Additional Car	e Team Members			
		Shift Coverage	1		
Occupation	Day	Evening	Night	Weekend	
Pharmacy onsite (0700-19		Х			
Administrator on-call (2		Х	Х	Х	
Lab onsite (24/7)	х	Х	Х	Х	
MD Wound Care	х				
ARNP Wound Care	X				
			+		

							Unit Infor	matio	on							
			Fa	ctors (Consider		Developm ck all that			Unit	Staff	ing Pla	an			
	Ac	tivity su	uch as pat	ient adn	nissions, di	scharges, a	nd transfers									
				-											1	
 Image: A start of the start of	Patien	t acuity	level, int	ensity o	f care need	ls, and the t	type of care to	o be de	livered	on ea	ch shift	:				
RN s	taffing	is eval	luated an	id adju:	sted daily	based on v	volume.		<u>.</u>	<u>.</u>						
				1						1				1		



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

Fixed Staffing Matrix

Unit/ Clinic Name:	WhidbeyHealth Medical Center										
Unit/ Clinic Type:	Pulmonary / Cardiac Rehab										
Unit/ Clinic Address:	101 North Maint Street Coupeville, WA 98239										
Effective as of:											
Day of the week											
Please select metric type	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's					
Monday - Cardiac	Days	8.00	2.00	0.00	0.00	0.00					
					_						
Tuesday Pulmonary Rehab	Days	8.00	1.00	0.00	0.00	0.00					
Wednesday - Cardiac	Days	8.00	2.00	0.00	0.00	0.00					

Friday - Cardiac	Thursday - Pulmonary	
Days	Days	
8.00	8.00	
2.00	1.00	
0.00 0.00	0.00 0.00	
0.00	0.00	
0.00	0.00	

Washington State Department of HEALTH DOH 346-154	Pulmonary / Cardiac Rehab		format, call 1- hearing c (Wash	t this document in another 800-525-0127. Deaf or hard of ustomers, please call 711 ington Relay) or email ormation@doh.wa.gov.	
	Unit Inform	ation			
	Additional Care Team	Members			
		Shift Coverage			
Occupation	Day	Evening	Night	Weekend	
Exercise Physiologist M-Fr Emergency Room onsite (24/7)	X X		X	v	
Administrator on-call (24/7)	X X	X X	X	X X	
Administrator on-catt (2477)	A		^	X	

and the second second			and the second se	and the state of the state of				and the second						and the second se		
							U	Init Infori	natio	n						
			-				41 D			£ 414 -	11	C+ - {(
			Fa	ctors (onside			evelopm all that a			Unit	Staff	ing Pi	an		
						1	CHECK	antilat	ahhi)	·)·						
~	Acti	vity su	ch as pati	ient adn	nissions,	discharge	es, and t	transfers								
staffin	g deve	elopm						ular and Pi an have up								
F F	Patient	acuity	level, int	ensity o	f care ne	eds, and	the type	e of care to	be de	livered	l on ead	ch shif	t			
F	Patient	acuity	level, int	ensity o	f care ne	eds, and	the type	e of care to	be de	livered	l on ead	ch shif	t			
F	Patient	acuity	level, int	ensity o	f care ne	eeds, and	the type	e of care to	be de	livered	l on ead	ch shif	t			
F	Patient	acuity	level, int	ensity o	f care ne	eds, and	the type	e of care to	be de	livered	l on ead	ch shif	t			
E F	Patient	acuity	level, int	ensity o	f care ne	eds, and	the type	e of care to	be de	livered	l on ead	ch shif	t			
- F	Patient	acuity	level, int	ensity o	f care ne	eds, and	the type	e of care to	be de	livered	l on ead	ch shif	t			
	Patient	acuity	level, int	ensity o	f care ne	eds, and	the type	e of care to	be de	livered	l on ead	ch shif	t			
F	Patient	acuity	level, int	ensity o	f care ne	eeds, and	the typ	e of care to	be de	livered	l on ead	ch shif	t			
F	Patient	acuity	level, int	ensity o	f care ne	eds, and	the typ	e of care to	be de	livered	l on ead	ch shif	t			
F	Patient	acuity	level, int	ensity o	f care ne	eds, and	the typ	e of care to	be de	livered	l on ead	ch shif	t			



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

Fixed Staffing Matrix

Unit/ Clinic Name:	WhidbeyHealth											
Unit/ Clinic Type:	Hospice											
Unit/ Clinic Address:	101 Birch Street Coupeville, WA 98239											
Effective as of:	1/1/2025											
Day of the week												
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's						
Monday thru Friday	Day 0800-1630	8.00	5.00	0.00	2.00	0.00						
	Night 1530-0000 Standby 0000-0800	8.00 8.00	1.00 1.00	0.00	0.00	0.00						

Washington State Department of HEALTH OCH 346-154	Hospice		format, call 1-8 hearing cu (Washi	this document in another 00-525-0127. Deaf or hard of stomers, please call 711 ngton Relay) or email rmation@doh.wa.gov.
	Unit	Information		
	Additional Car	e Team Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
Administrative Assistant M Medical Social Worker x2 N			++	
Chaplain T-Fr	1-F X 0800-1630 X 0800-1630 X 0800-1630			
Berevemetn/Volunteer Coord				
Medical Director / Backu		X - call	X - call	X - call
	, , , , , , , , , , , , , , , , , , ,			

							Unit Inf	formatio	on							
			Fa	ctors C	Conside	red in th	he Develop	oment o	of the	Unit	Staffir	ng Pla	n			
							heck all th									
~	Act	ivity su	ch as nati	ient adm	nissions d	lischarges	, and transfer	·c								
r							lmit RN +1 Cł		24 h		dical n	rovido	r avail	abilit	1	
	RIN CEI	isus ic	onnula.	Census	/ 10 – KN(JM + I Au	IIIIII KN +1 G	large Kiv	24 110	Jui me	eurcat p	Tovide	i avait	ability	/.	
1																
]																
_																
_																
													1			
	Patient	acuity	level, int	ensity of	f care nee	ds. and th	he type of car	e to be de	livered	onead	h shift					
	Patient	acuity	level, inte	ensity of	f care nee	ds, and th	ne type of car	e to be de	livered	on eac	ch shift					
	Patient	acuity	level, inte	ensity of	f care nee	ds, and th	ne type of car	e to be de	livered	on ead	ch shift		1			
	Patient	acuity	level, inte	ensity of	f care nee	ds, and th	ne type of car	e to be de	livered	on eac	ch shift		1			
	Patient	acuity	level, int	ensity of	f care nee	ds, and th	ne type of car	e to be de	livered	on ead	ch shift					
	Patient	acuity	level, inte	ensity of	f care nee	ds, and th	ne type of car	e to be de	livered	on eac	ch shift					
	Patient	acuity	level, inte	ensity of	f care nee	ds, and th	ne type of car	e to be de	livered	on ead	ch shift					
	Patient	acuity	level, into	ensity of	f care nee	ds, and th	ne type of car	e to be de	livered	on ead	ch shift					
	Patient	acuity	level, inte	ensity of	f care nee	ds, and th	ne type of car	e to be de	livered	on eac	ch shift					
	Patient	acuity	level, int	ensity of	f care nee	ds, and th	ne type of car	e to be de	livered	on ead	ch shift					
	Patient	acuity	level, into	ensity of	f care nee	ds, and th	ne type of car	e to be de	livered	on eac	ch shift					
	Patient	acuity	level, int	ensity of	f care nee	ds, and th	ne type of car	e to be de	livered	on eac	ch shift					



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

Fixed Staffing Matrix

Unit/ Clinic Name:	WhidbeyHealth											
Unit/ Clinic Type:	Palliative Care											
Unit/ Clinic Address:	101 North Birch Street Coupeville, WA 98239											
Effective as of:	1/25/2025											
Day of the week												
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's						
Monday		8.00	2.00	0.00	0.00	0.00						
Tuocday		0.00	2.00	0.00	0.00	0.00						
Tuesday		8.00	2.00	0.00	0.00	0.00						
Wednesday		8.00	2.00	0.00	0.00	0.00						

Thursday	8.00	2.00	0.00	0.00	0.00
Friday	8.00	2.00	0.00	0.00	0.00

Washington State Department of HEALTH DOH 346-154	Image: Second state of the second s				
	Unit Inform	nation			1
	Additional Care Tear	n Members			
		Shift Coverage			
Occupation	Day	Evening	Night	Weekend	
Pharmacy (0700-1900) M-F	Х	Х		Х	
Administrator on-call (24/7)	X	Х	X	Х	
Palliative Care ARNP x2 (M-F)	Х				
Administrative Assistant (M-F)	Х				
MAC Operations Supervisor (M-F	-) X				
	· · · · · · · · · · · · · · · · · · ·		11		
			1		

		Fac	tors Co	onsidere		Unit Info			Jnit St	affin	g Plar	1		
V		Fac	tors Co	onsidere			ment o	f the U	Jnit St	affin	g Plar			
						ck all tha	t apply):			9			
The pa	Activity s	uch as pati	ent admi	issions, dis	charges, an	ıd transfers								
and Pa	Family Hon alliative Ca palliative c	re office as	s clinic v	visits. The	e Palliative	e Care Prog	gram is a	consu	lation					
_	Patient acui	v lovel inte	ncity of	cara paad	c and that	upo of caro	ta ha da	livered e	n oach	chift				
	alliative ca re appropr am.													