# **COVER PAGE**

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

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# **Hospital Staffing Form**

#### Attestation

#### Date:

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

As approved by:

Hospital Information

Name of Hospital:					
Hospital License #:					
Hospital Street Address:					
City/Town:		State:			Zip code:
Is this hospital license affiliated w	ith more tha	an one loca	tion?	Yes	No
If "Yes" was selected, please prov location name and address	ide the				
Review Type:	Anı	nual	Review Dat	e:	
neview Type.	Upo	late	Next Revie	w Date:	
Effective Date:			,		
Date Approved:					

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### **Hospital Information Continued (Optional)**

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

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

Description:
Description:
Terms of applicable collective bargaining agreement
Description:
Delevant state and federal laws and rules including these regarding most and rest handle
Relevant state and federal laws and rules including those regarding meal and rest breaks and use of overtime and on-call shifts
Description:
Hospital finances and resources
Description:
·
Other
Description:

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## Signature

CEO & Co-chairs Name:	Signature:	Date:
	Jane S Michael M James T	
	Michael M	
	James T	
	0	

Total Votes										
# of Approvals	# of Denials									

## Click **HERE** to access unit staffing matrices

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#### **Patient Volume-based Staffing Matrix Formula Examples**

**Unit/ Clinic Name: 3rd Southwest** 

Unit/ Clinic Type: Med-surge

Unit/ Clinic Address: 1235 Hospital Way Oly WA, 98500

Average Daily Census: 17 Maximum # of Beds: 20

Effective as of: July 1, 2024

**Metric: Census** 

Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min#of CNA's	Min# of UAP's	Min#of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
	Day (7am-7pm)	12.00	5.00	0.00	2.00	2.00	3.00	0.00	1.20	1.20	
	Night (7pm-7am)	12.00	4.00	0.00	2.00	1.00	2.40	0.00	1.20	0.60	
20	Day (8am-4pm)	9.00	0.00	0.00	1.00	0.00	0.00	0.00	0.45	0.00	
20											
											10.05
	Day (7am-7pm)	12.00	5.00	0.00	2.00	2.00	3.16	0.00	1.26	1.26	
	Night (7pm-7am)	12.00	4.00	0.00	2.00	1.00	2.53	0.00	1.26	0.63	
19											
19											

			I								
											10.11
	Day (7am-7pm)	12.00	5.00	0.00	2.00	2.00	3.33	0.00	1.33	1.33	
	Night (7pm-7am)	12.00	4.00	0.00	2.00	1.00	2.67	0.00	1.33	0.67	
18											
10											
											10.67
	Day (7am-7pm)	12.00	5.00	0.00	2.00	2.00	3.53	0.00	1.41	1.41	
	Night (7pm-7am)	12.00	4.00	0.00	2.00	1.00	2.82	0.00	1.41	0.71	
17											
	$\vdash$										
								1			
	Day (7.5 m. 7.5 m.)	12.00	4.00	0.00	2.22	0.00	2.22	0.00	4.50	4.50	11.29
	Day (7am-7pm)	12.00	4.00	0.00	2.00	2.00	3.00	0.00	1.50	1.50	
	Night (7pm-7am)	12.00	4.00	0.00	1.00	1.00	3.00	0.00	0.75	0.75	
16	$\vdash$										
											10.50
	Day (7am-7pm)	12.00	4.00	0.00	2.00	1.00	3.20	0.00	1.60	0.80	10.50
	Night (7pm-7am)	12.00	3.00	0.00	1.00	1.00	2.40	0.00	0.80	0.80	
	0 - ( p )										
15											
											9.60
	Day (7am-7pm)	12.00	4.00	0.00	1.00	1.00	3.43	0.00	0.86	0.86	
	Night (7pm-7am)	12.00	3.00	0.00	1.00	1.00	2.57	0.00	0.86	0.86	
14											
14											
											9.43



#### **Patient Volume-based Staffing Matrix Formula Examples**

**Unit/ Clinic Name: Surgery Center** 

**Unit/ Clinic Type: Operating Room** 

Unit/ Clinic Address: 1235 Hospital Way Oly WA, 98500

Average Daily Census: N/A Maximum # of Beds: N/A

Effective as of: July 1, 2024

**Metric:** # of Rooms

# of Rooms	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min#of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
	Day (7am-3pm)	8	2	0	0	2	3.20	0.00	0.00	3.20	
	Day (8am-4pm)	9	2	0	0	0	3.60	0.00	0.00	0.00	
5	Day (7am-5pm)	10	3	0	0	3	6.00	0.00	0.00	6.00	
5											
											22.00
	Day (7am-3pm)	8	2	0	0	2	4.00	0.00	0.00	4.00	
	Day (8am-4pm)	9	1	0	0	0	2.25	0.00	0.00	0.00	
4	Day (7am-5pm)	10	2	0	0	2	5.00	0.00	0.00	5.00	
4											

										1	
											20.25
	Day (7am-3pm)	8	1	0	0	1	2.67	0.00	0.00	2.67	
	Day (8am-4pm)	9	1	0	0	0	3.00	0.00	0.00	0.00	
2	Day (7am-5pm)	10	2	0	0	2	6.67	0.00	0.00	6.67	
3											
											21.67
	Day (7am-3pm)	8	1	0	0	1	4.00	0.00	0.00	4.00	
	Day (7am-5pm)	10	1	0	0	1	5.00	0.00	0.00	5.00	
2											
2											
											18.00
	Day (7am-3pm)	8	1	0	0	0	8.00	0.00	0.00	0.00	
	Day (7am-5pm)	10	1	0	0	1	10.00	0.00	0.00	10.00	
1											
1											
											28.00



#### **Patient Volume-based Staffing Matrix Formula Examples**

Unit/ Clinic Name: Clinic K

Unit/ Clinic Type: Outpatient Clinic

Unit/ Clinic Address: 1235 Hospital Way Oly WA, 98500

Average Daily Census: N/A Maximum # of Beds: N/A

Effective as of: July 1, 2024

**Metric:** # of Visits

# of Visits	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min#of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
	Day (8am-5pm)	8	3	0	2	1	2.18	0.00	1.45	0.73	
11											
											4.36
	Day (8am-5pm)	8	3	0	2	1	2.40	0.00	1.60	0.80	
10											
10											

											4.80
	Day (8am-5pm)	8	3	0	2	1	2.67	0.00	1.78	0.89	
9											
	- (2 - )		_								5.33
	Day (8am-5pm)	8	2	0	1	1	2.00	0.00	1.00	1.00	
8											
											4.00
											4.00
											0.00
											0.00
											0.00
											0.00



#### **Patient Volume-based Staffing Matrix Formula Examples**

Unit/ Clinic Name: Clinic A

Unit/ Clinic Type: Outpatient clinic

Unit/ Clinic Address: 1235 Hospital Way Oly WA, 98500

Average Daily Census: N/A Maximum # of Beds: N/A

Effective as of: July 1, 2024

**Metric:** # of Procedures

# of Procedures	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min#of CNA's	Min# of UAP's	Min#of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
	Day (7am-7pm)	12.00	7.00	4.00	2.00	1.00	4.20	2.40	1.20	0.60	
	Night (7pm-7am)	12.00	7.00	4.00	1.00	0.00	4.20	2.40	0.60	0.00	
20	Day (8am-4pm)	9.00	6.00	3.00	0.00	0.00	2.70	1.35	0.00	0.00	
20											
											19.65
	Day (7am-7pm)	12.00	6.00	2.00	1.00	0.00	4.80	1.60	0.80	0.00	
	Night (7pm-7am)	12.00	8.00	3.00	1.00	1.00	6.40	2.40	0.80	0.80	
15					·	·					
15											

				l							
											17.60
	Day (7am-7pm)	12.00	5.00	1.00	0.00	0.00	6.00	1.20	0.00	0.00	
	Night (7pm-7am)	12.00	6.00	1.00	1.00	0.00	7.20	1.20	1.20	0.00	
10											
10											
											16.80
	Day (7am-7pm)	12.00	2.00	1.00	0.00	0.00	4.80	2.40	0.00	0.00	
_	Night (7pm-7am)	12.00	3.00	1.00	0.00	0.00	7.20	2.40	0.00	0.00	
5 -											
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-											
											16.80
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#### **Fixed Staffing Matrix**

**Unit/ Clinic Name: Infusion** 

**Unit/ Clinic Type: Dialysis and Infusion Services** 

Unit/ Clinic Address: 1234 Hospital Way Tacoma WA, 98400

Effective as of: July 1, 2024

Metric: Day of the week

Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
	Day (7am-3pm)	8	1	0	0	0
	Day (7am-7pm)	12	2	0	2	2
	Day (10am-7pm)	9	1	0	0	0
Monday						
ivioliday						
	Day (7am-3pm)	8	1	0	0	0
	Day (7am-7pm)	12	2	0	2	2
	Day (10am-7pm)	9	1	0	0	0
Tuesday						
	Day (7am-3pm)	8	1	0	0	0
	Day (7am-7pm)	12	2	0	2	1
	Day (7am 7pm)			Ū	_	_

	Day (10am-7pm)	9	1	0	0	0
Wednesday						
	Day (7am-3pm)	8	1	0	0	0
	Day (7am-7pm)	12	2	0	2	1
	Day (10am-7pm)	9	1	0	0	0
Thursday						
Thursday						
	Day (7am-3pm)	8	1	0	0	0
	Day (7am-7pm)	12	2	0	2	1
	Day (10am-7pm)	9	1	0	0	0
Friday						
,						
	Closed					
		-				
		1				
Saturday						
		_				
		+	-			
		+	<del>                                     </del>			
	Closed	+	-			
	Ciosea	+	<del>                                     </del>			
		+	<del>                                     </del>			
		+	<del>                                     </del>			
Sunday						
		1	<u> </u>	<u> </u>	<u> </u>	



#### **Fixed Staffing Matrix**

**Unit/ Clinic Name: Outpatient** 

**Unit/ Clinic Type: Outpatient Surgery** 

Unit/ Clinic Address: 1235 Hospital Way Oly WA, 98500

Effective as of: July 1, 2024

Metric: Room assignment

Room assignment	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
	Day (7am-3pm)	8	1	0	1	1
	Day (7am-7pm)	12	2	0	1	1
1						
_						
	- ( )					
	Day (7am-3pm)	8	2	0	2	2
	Day (7am-7pm)	12	4	0	2	2
2						
	Day (7am-3pm)	8	3	0	3	3
	Day (7am-7pm)	12	6	0	3	3

			1	1	ī	1
3						
ŭ						
	Day (Zana 2ana)	0	4	_		4
	Day (7am-3pm)	8	4	0	4	4
	Day (7am-7pm)	12	8	0	4	4
4						
4						



#### **Fixed Staffing Matrix**

**Unit/ Clinic Name: 4th South** 

**Unit/ Clinic Type: Emergency Department** 

Unit/ Clinic Address: 1234 Hospital Way Spokane WA, 98200

Effective as of: July 1, 2024

Metric: Hours of the day

Hour of the day	Day of the week	Anticipated # of Visits	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
	Sunday	20	5	0	3	2
	Monday	15	4	0	2	1
	Tuesday	12	3	0	2	1
	Wednesday	12	3	0	2	1
7:00 AM	Thursday	12	3	0	2	1
7.00 AIVI	Friday	15	4	0	2	1
	Saturday	20	5	0	3	2
	Sunday	20	5	0	3	2
	Monday	15	4	0	2	1
	Tuesday	12	3	0	2	1
	Wednesday	12	3	0	2	1
8:00 AM	Thursday	12	3	0	2	1
8.00 AIVI	Friday	15	4	0	2	1
	Saturday	20	5	0	3	2
	Sunday	23	6	0	4	2
	Monday	20	4	0	3	1

9:00 AM	Tuesday	15	4	0	2	1
	Wednesday	15	4	0	2	1
	Thursday	15	4	0	2	1
	Friday	20	5	0	3	1
	Saturday	23	6	0	4	2