



1201 S. Miller St.  
Wenatchee, WA 98801  
509.662.1511  
[confluencehealth.org](http://confluencehealth.org)

December 17, 2024

Dear members of the Hospital Staffing Committee (HSC),

I am pleased to inform you that after review, Confluence Health (CH) administration is accepting the 2025 staffing proposal as submitted by the committee. The committee's work demonstrates an understanding of the hospital's needs and future goals. This two-part report will be delivered to the Washington State Department of Health by January 1, 2025, along with your staffing plan.

Implementation of the 2024 staff plan was a success on many levels. Nurse sensitive quality indicators provide a snapshot of the care we are providing for our patients. This data is part of the HSC charter and presented at scheduled times throughout the year. Please see Appendix A for current report.

In recent evaluations using Press Ganey, the hospital has shown notable improvements in patient experiences related to nurse staffing. The overall rating for nurses increased from 89.60 in December 2023 to 90.52 in November 2024, reflecting enhanced patient satisfaction with nursing care. Additionally, the likelihood of patients recommending the hospital rose significantly from 78.75 in December 2023 to 83.72 in November 2024. These positive trends indicate the hospital's ongoing commitment to improving the quality of care and patient satisfaction.

Confluence Health actively engages in various recruiting efforts to attract top talent in the healthcare field. We participate in nursing career fairs across Washington, Oregon, and Idaho to promote Confluence Health and connect with potential nurse hires. Our partnership with ZipRecruiter over the past year has significantly increased the visibility of our job postings, resulting in a higher number of out-of-state nursing applicants. Additionally, we maintain a strong presence in the local community by visiting the Wenatchee High School Medical Occupations program annually to conduct mock interviews and discuss healthcare careers and the hiring process with students. These initiatives reflect our commitment to building a skilled and dedicated workforce.

Confluence Health is dedicated to retaining its employees through a comprehensive approach that includes a robust Total Rewards program, wellness initiatives, and a focus on staff engagement and development. The Total Rewards program offers extensive benefits such as medical, prescription, vision, and dental coverage, retirement benefits with company match, paid time off, disability and life insurance, and employee assistance programs. Additionally, Confluence Health's Wellness program encourages healthy lifestyles through financial incentives for preventive care, wellness challenges, and health risk assessments, along with gym membership reimbursements.

To foster a positive work environment, Confluence Health utilizes Gallup surveys to measure staff engagement and collaborates with leaders to create tailored action plans. The organization also invests

in local education by partnering with Wenatchee Valley College and local high schools to support workforce development. Competitive pay is ensured through regular market salary analyses, aiming to match the 50th percentile of market wages.

Furthermore, Confluence Health is committed to diversity and equity, having established a Diversity, Equity, Inclusion, and Belonging (DEI/B) Council to drive meaningful actions and enhance the workplace culture. Confluence Health is committed to workforce development through a variety of residency, apprenticeship, and educational opportunities. We offer an RN residency program and a CNA trainee program to support the growth of our nursing staff. Both of which boast impressive retention rates, with 97% of residents staying after one year and 74% after two years. In 2024 36 nursing residents were hired and deployed across various inpatient units.

Our Career Pathways Coordinator plays a crucial role in connecting with employees who are looking to advance their careers within Confluence Health, providing personalized career services and highlighting job opportunities in different departments. This year, we have invested \$210,000 in tuition reimbursement for 85 employees pursuing degrees such as AA, BSN, MSN, MBA, and technical degrees like Pharm Tech and Rad Tech. Additionally, we offer 10 competitive \$3,000 scholarships annually to high school seniors within our service area, supporting their pursuit of higher education since 2016. These initiatives demonstrate our dedication to fostering professional growth and development among our staff.

In summary, I would like to extend my gratitude to each member of the committee for your hard work and commitment to our critical initiatives and contribution to this staffing plan. Your efforts are instrumental in ensuring that our hospital remains true to our mission to provide local care by and for our community.

Thank you,

A handwritten signature in black ink, appearing to be 'AD' followed by a long horizontal stroke.

Dr. Andrew Jones, CEO

## Appendix A, HSC Report



	Campus	Monthly Goal	2023	2024 YTD or Average Performance	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	2024 YTD
NIAHO QM.7 SR.4a Threats to Patient Safety																	
Falls																	
ED Fall Rate per 1000 Encounters	CHH	0.42	0.48	0.29	0.00	0.22	0.00	0.00	0.39	0.42	0.61	0.64	0.42	0.22			
Patient Fall per 1000 Patient Days (CH Inpatient Unit)	CHH	2.70	2.75	2.70	3.31	2.28	2.12	3.02	1.89	3.27	3.30	3.58	2.56	2.46			
Hospital Acquired Pressure Injuries (HAPI)																	
Total number HAPI	CHH	21	247 (21/mo)	128	19	18	17	15	13	13	5	12	16				128
Medical Device Related	CHH	7	85 (7/mo)	36	6	3	1	4	5	8	3	2	4				36
NIAHO QM.7 SR.4b Medication Therapy/Medication Use																	
Medication Scanning Compliance Rate	CHH	96.9%	96.2%	95.7%	95%	96%	95.4%	96.1%	96.0%	95.9%	95.8%	95.8%	95.9%	95.5%			95.7%
Medication Scanning Compliance Rate	CHH	96.9%	95.5%	95.4%	95%	95%	95.4%	95.3%	94.3%	95.2%	95.4%	95.6%	96.0%	96.7%			
Time to Pharmacy Medication Reconciliation Complete	CHH	5.5	n/a	5.21	6.78	5.47	4.64	3.45	3.99	6.00	5.3	5.26	5.62	5.6			
NIAHO QM.7 SR.4d Anesthesia/Moderate Sedation Adverse																	
% of all Adults Scored Completed (all unit/departments)	CHH	92%	n/a	93%	2024 Q1 Results		92%	2024 Q2 Results		95%	2024 Q3 Results		88%	2024 Q4 Results			92%
NIAHO QM.7 SR.4e Blood and Blood Components-Adverse Events																	
Number of Transfusion Reactions	CHH	n/a	7	9	1	0	0	1	1	1	2	1	0	2			9
Number of Transfusion Never Events	CHH	0	0	0	0	0	0	0	0	0	0	0	0	0			0
NIAHO QM.7 SR.4g Effectiveness of Pain Management System																	
Pain Assessment Documentation--Pre-Assessment within 30 minutes	CHH	91.97%	90.67%	92.45%	92.74%	93.04%	93.60%	94.10%	93.09%	91.33%	91.69%	91.52%	91.35%	91.99%			92%
SR.4h(2) Antimicrobial Stewardship																	
Anti-pseudomonal beta-lactam use per 1,000 patient days	CHH	<99.4	99.86	99.31	85.37	116.12	114	100.5	107.5	96.4	99.9	101.24	92.3	79.8			99.31
Anti-pseudomonal beta-lactam use per 1,000 patient days	CHH	<40	44.44	23.93	52.63	20.75	17	21.74	20.7	2.2	35.9	24.75	19	24.6			
NIAHO QM.7 SR.4i Utilization Management System																	
SR.4i(1) Readmissions																	
30 Day Readmission (65+)	CHH	12.08%	12.08%	11.39%	15.15%	11.75%	11.93%	14.55%	9.40%	12.53%	9.88%	8.38%	8.95%				11.39%
Septic Readmission Rate	CHH	11.00%	11.25%	10.58%	13.10%	8.22%	8.08%	17.20%	10.89%	10.84%	13.70%	10.39%	2.82%				
SR.4i(2) Aggregated Findings/Trends From UR Committee																	
Important Message from Medicare (IMM) signed	CHH	93%	90%	92%	91%	93%	93%	92%	87%	93%	94%	93%	90%	92%			92%
Important Message from Medicare (IMM) signed	CHH	93%	n/a	87%	53%	71%	91%	95%	93%	90%	93%	94%	100%	93%			
Mean Delivered	CHH	93%	n/a	95%	93%	84%	100%	100%	94%	97%	91%	100%	95%	100%			
NIAHO QM.7 SR.4j Patient Flow Issues																	
# of Patients in the ED > 4 Hours After Bed Request	CHH	n/a	n/a	65	118	150	58	57	37	34	113	25	19	42			65
# of Patients in the ED > 4 Hours After Bed Request	CHH	n/a	n/a	6	10	21	1	7	0	10	0	1	1	12			
Admit Decision to Admit Time (Min)	CHH	<89.7 min	n/a	94	116	122	88	101	82	85	103	78	77	85			94
Admit Decision to Admit Time (Min)	CHH	<88.2 min	n/a	109	118	119	89	102	107	100	147	84	100	127			
NIAHO QM.7 SR.4k Customer Satisfaction, Both Clinical and Support Areas																	
Pre-Genex Patient Satisfaction Scores																	
Ability to Get Desired Appointment, All Medical Practice	CHH	84.75	83.71	85.29	84.33	85.71	85.73	85.66	85.25	85.82	85.13	85.13	84.87	85.07			
Inpatient-Nurse Overall	CHH	90.44	n/a	91.83	91.87	91.88	92.89	92.30	91.05	89.51	92.00	91.06	91.64	94.44			91.86
Inpatient-Staff Worked Well Together	CHH	92.10	n/a	92.50	91.53	92.23	93.79	93.31	92.69	91.01	92.28	92.86	90.69	94.47			92.49
Outpatient-Staff Worked Well Together	CHH	94.75	n/a	94.37	94.36	94.07	94.44	94.50	94.43	94.53	94.45	93.99	94.36	94.56			94.37
Ambulatory Surgery-Staff Worked Well Together	CHH	97.16	n/a	96.89	98.21	97.01	96.52	97.47	97.26	96.51	96.65	97.62	96.15	96.06			96.95
ED-Staff Worked Well Together	CHH	84.69	n/a	86.55	85.74	85.61	88.67	81.25	N.D.	85.88	85.00	85.96	89.44	87.75			
ED-Staff Worked Well Together	CHH	90.39	n/a	89.50	88.35	90.81	87.72	95.83	N.D.	88.75	89.49	90.54	90.58	90.91			

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The following is the comprehensive hospital staffing  
plan for Confluence Health Hospitals 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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## Hospital Staffing Form

### Attestation

Date: 12/23/24

I, the undersigned with responsibility for Confluence Health Hospitals 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: Dr. Andrew Jones

### Hospital Information

Name of Hospital: Confluence Health Hospitals		
Hospital License #: HAC.FS.00000168		
Hospital Street Address: 1201 S. Miller St (Central Campus)		
City/Town: Wenatchee	State: WA	Zip code: 98801
Is this hospital license affiliated with more than one location?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" was selected, please provide the location name and address		820 N. Chelan (Mares Campus)
Review Type:	<input checked="" type="checkbox"/> Annual	Review Date: 12/23/24
	<input type="checkbox"/> Update	Next Review Date: 7/30/25
Effective Date: 1/1/25		
Date Approved: 10/21/24		

## 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:

Confluence Health Hospitals (CCH) uses the most recent data published by professional nursing organizations and other health professionals

- ☒ Terms of applicable collective bargaining agreement

Description:

CCH follows all applicable portions of the collective bargaining agreement when developing our hospital staffing plans

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

Description:

CHH follows all state and local laws when developing the staffing plan and has eliminated/reconfigured staffing to address the use of overtime and on-call shifts.

- ☒ Hospital finances and resources


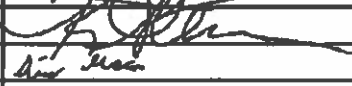

Description:

The CFO participates in the HSC and collaborates with the CNO to address staffing financial needs.

- ☐ Other

Description:

Signature

CEO & Co-chairs Name:	Signature:	Date:
Andrew Jones		12/23/24
Kelly Allen		12/23/24
Simon Morton		12/23/24

Total Votes	
# of Approvals	# of Denials
22	0

Access unit staffing matrices here.

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## Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name:	Confluence Health										
Unit/ Clinic Type:	Central Campus - Progressive Care Unit - 1st floor										
Unit/ Clinic Address:	1201 South Miller St Wenatchee Wa. 98801										
Average Daily Census:	13				Maximum # of Beds:				17		
Effective as of:	1/1/2025										
# of Rooms											
# of Rooms	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
1	07-1530	8	2	0	0	0.00	16.00	0.00	0.00	0.00	48.00
	15-1930	4	2	0	0	0.00	8.00	0.00	0.00	0.00	
	1900-2330	4	2	0	0	0.00	8.00	0.00	0.00	0.00	
	2300-0730	8	2	0	0	0.00	16.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2	07-1530	8	2	0	0	0.00	8.00	0.00	0.00	0.00	24.00
	15-1930	4	2	0	0	0.00	4.00	0.00	0.00	0.00	
	1900-2330	4	2	0	0	0.00	4.00	0.00	0.00	0.00	
	2300-0730	8	2	0	0	0.00	8.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
3	07-1530	8	2	0	0	0.00	5.33	0.00	0.00	0.00	16.00
	15-1930	4	2	0	0	0.00	2.67	0.00	0.00	0.00	
	1900-2330	4	2	0	0	0.00	2.67	0.00	0.00	0.00	
	2300-0730	8	2	0	0	0.00	5.33	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	

		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
4	07-1530	8	2	0	1	0.00	4.00	0.00	2.00	0.00	15.00
	15-1930	4	2	0	1	0.00	2.00	0.00	1.00	0.00	
	1900-2330	4	2	0	0	0.00	2.00	0.00	0.00	0.00	
	2300-0730	8	2	0	0	0.00	4.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
5	07-1530	8	2	0	1	0.00	3.20	0.00	1.60	0.00	14.40
	15-1930	4	2	0	1	0.00	1.60	0.00	0.80	0.00	
	1900-2330	4	2	0	1	0.00	1.60	0.00	0.80	0.00	
	2300-0730	8	2	0	1	0.00	3.20	0.00	1.60	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
6	07-1530	8	3	0	1	0.00	4.00	0.00	1.33	0.00	14.00
	15-1930	4	3	0	1	0.00	2.00	0.00	0.67	0.00	
	1900-2330	4	2	0	1	0.00	1.33	0.00	0.67	0.00	
	2300-0730	8	2	0	1	0.00	2.67	0.00	1.33	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
7	07-1530	8	3	0	1	0.00	3.43	0.00	1.14	0.00	13.71
	15-1930	4	3	0	1	0.00	1.71	0.00	0.57	0.00	
	1900-2330	4	3	0	1	0.00	1.71	0.00	0.57	0.00	
	2300-0730	8	3	0	1	0.00	3.43	0.00	1.14	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
8	07-1530	8	3	0	1	0.00	3.00	0.00	1.00	0.00	12.00
	15-1930	4	3	0	1	0.00	1.50	0.00	0.50	0.00	
	1900-2330	4	3	0	1	0.00	1.50	0.00	0.50	0.00	
	2300-0730	8	3	0	1	0.00	3.00	0.00	1.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
	07-1530	8	4	0	1	0.00	3.56	0.00	0.89	0.00	13.33
	15-1930	4	4	0	1	0.00	1.78	0.00	0.44	0.00	

9	1900-2330	4	4	0	1	0.00	1.78	0.00	0.44	0.00	
	2300-0730	8	4	0	1	0.00	3.56	0.00	0.89	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
10	07-1530	8	4	0	2	0.00	3.20	0.00	1.60	0.00	14.40
	15-1930	4	4	0	2	0.00	1.60	0.00	0.80	0.00	
	1900-2330	4	4	0	2	0.00	1.60	0.00	0.80	0.00	
	2300-0730	8	4	0	2	0.00	3.20	0.00	1.60	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
11	07-1530	8	4	0	2	0.00	2.91	0.00	1.45	0.00	13.09
	15-1930	4	4	0	2	0.00	1.45	0.00	0.73	0.00	
	1900-2330	4	4	0	2	0.00	1.45	0.00	0.73	0.00	
	2300-0730	8	4	0	2	0.00	2.91	0.00	1.45	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
12	07-1530	8	4	0	2	0.00	2.67	0.00	1.33	0.00	12.00
	15-1930	4	4	0	2	0.00	1.33	0.00	0.67	0.00	
	1900-2330	4	4	0	2	0.00	1.33	0.00	0.67	0.00	
	2300-0730	8	4	0	2	0.00	2.67	0.00	1.33	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
13	07-1530	8	5	0	2	0.00	3.08	0.00	1.23	0.00	12.92
	15-1930	4	5	0	2	0.00	1.54	0.00	0.62	0.00	
	1900-2330	4	5	0	2	0.00	1.54	0.00	0.62	0.00	
	2300-0730	8	5	0	2	0.00	3.08	0.00	1.23	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
14	07-1530	8	5	0	2	0.00	2.86	0.00	1.14	0.00	12.00
	15-1930	4	5	0	2	0.00	1.43	0.00	0.57	0.00	
	1900-2330	4	5	0	2	0.00	1.43	0.00	0.57	0.00	
	2300-0730	8	5	0	2	0.00	2.86	0.00	1.14	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	

		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
15	07-1530	8	5	0	2	0.00	2.67	0.00	1.07	0.00	11.20
	15-1930	4	5	0	2	0.00	1.33	0.00	0.53	0.00	
	1900-2330	4	5	0	2	0.00	1.33	0.00	0.53	0.00	
	2300-0730	8	5	0	2	0.00	2.67	0.00	1.07	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
16	07-1530	8	5	0	2	0.00	2.50	0.00	1.00	0.00	10.50
	15-1930	4	5	0	2	0.00	1.25	0.00	0.50	0.00	
	1900-2330	4	5	0	2	0.00	1.25	0.00	0.50	0.00	
	2300-0730	8	5	0	2	0.00	2.50	0.00	1.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
17	07-1530	8	6	0	2	0.00	2.82	0.00	0.94	0.00	11.29
	15-1930	4	6	0	2	0.00	1.41	0.00	0.47	0.00	
	1900-2330	4	6	0	2	0.00	1.41	0.00	0.47	0.00	
	2300-0730	8	6	0	2	0.00	2.82	0.00	0.94	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!



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### Additional Care Team Members

[illegible]

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

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

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

Matrices are developed as a guide for shift by shift unit based staffing decisions and are adjusted up, down based on patient factors.

☒ Skill mix

☒ Level of experience of nursing and patient care staff

☒ Need for specialized or intensive equipment

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

This unit is an extension of PCU and located on a different floor.

☒ Other

Additionally, unit utilizes LPN staff when they are available, when present RN/LPN assignment is 5-6 patients based on acuity which may alter the number of RNs. The LPN can take 1-2 patients with oversight from RN.



## Patient Volume-based Staffing Matrix Formula Template

[illegible]

		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
4	07-1530	8.00	2.00	0.00	0.00	0.00	4.00	0.00	0.00	12.00
	15-1930	4.00	2.00	0.00	0.00	0.00	2.00	0.00	0.00	
	1900-2330	4.00	2.00	0.00	0.00	0.00	2.00	0.00	0.00	
	2300-0730	8.00	2.00	0.00	0.00	0.00	4.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
5	07-1530	8.00	2.00	0.00	1.00	0.00	3.20	0.00	1.60	11.20
	15-1930	4.00	2.00	0.00	0.00	0.00	1.60	0.00	0.00	
	1900-2330	4.00	2.00	0.00	0.00	0.00	1.60	0.00	0.00	
	2300-0730	8.00	2.00	0.00	0.00	0.00	3.20	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
6	07-1530	8.00	2.00	0.00	1.00	0.00	2.67	0.00	1.33	10.00
	15-1930	4.00	2.00	0.00	0.00	0.00	1.33	0.00	0.00	
	1900-2330	4.00	2.00	0.00	1.00	0.00	1.33	0.00	0.67	
	2300-0730	8.00	2.00	0.00	0.00	0.00	2.67	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
7	07-1530	8.00	2.00	0.00	1.00	0.00	2.29	0.00	1.14	10.29
	15-1930	4.00	2.00	0.00	1.00	0.00	1.14	0.00	0.57	
	1900-2330	4.00	2.00	0.00	1.00	0.00	1.14	0.00	0.57	
	2300-0730	8.00	2.00	0.00	1.00	0.00	2.29	0.00	1.14	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
8	07-1530	8.00	3.00	0.00	1.00	0.00	3.00	0.00	1.00	12.00
	15-1930	4.00	3.00	0.00	1.00	0.00	1.50	0.00	0.50	
	1900-2330	4.00	3.00	0.00	1.00	0.00	1.50	0.00	0.50	
	2300-0730	8.00	3.00	0.00	1.00	0.00	3.00	0.00	1.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	07-1530	8	4	0	0	0.00	3.56	0.00	0.00	10.67
	15-1930	4	4	0	0	0.00	1.78	0.00	0.00	





		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
15	07-1530	8	5	0	2	0.00	2.67	0.00	1.07	0.00	11.20
	15-1930	4	5	0	2	0.00	1.33	0.00	0.53	0.00	
	1900-2330	4	5	0	2	0.00	1.33	0.00	0.53	0.00	
	2300-0730	8	5	0	2	0.00	2.67	0.00	1.07	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
16	07-1530	8	6	0	2	0.00	3.00	0.00	1.00	0.00	12.00
	15-1930	4	6	0	2	0.00	1.50	0.00	0.50	0.00	
	1900-2330	4	6	0	2	0.00	1.50	0.00	0.50	0.00	
	2300-0730	8	6	0	2	0.00	3.00	0.00	1.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
17	07-1530	8	6	0	2	0.00	2.82	0.00	0.94	0.00	11.29
	15-1930	4	6	0	2	0.00	1.41	0.00	0.47	0.00	
	1900-2330	4	6	0	2	0.00	1.41	0.00	0.47	0.00	
	2300-0730	8	6	0	2	0.00	2.82	0.00	0.94	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
18	07-1530	8	6	0	2	0.00	2.67	0.00	0.89	0.00	10.67
	15-1930	4	6	0	2	0.00	1.33	0.00	0.44	0.00	
	1900-2330	4	6	0	2	0.00	1.33	0.00	0.44	0.00	
	2300-0730	8	6	0	2	0.00	2.67	0.00	0.89	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
19	07-1530	8	6	0	3	0.00	2.53	0.00	1.26	0.00	11.37
	15-1930	4	6	0	3	0.00	1.26	0.00	0.63	0.00	
	1900-2330	4	6	0	3	0.00	1.26	0.00	0.63	0.00	
	2300-0730	8	6	0	3	0.00	2.53	0.00	1.26	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
	07-1530	8	7	0	3	0.00	2.80	0.00	1.20	0.00	12.00





31	07-1530	8	10	0	4	0.00	2.58	0.00	1.03	0.00	10.84
	15-1930	4	10	0	4	0.00	1.29	0.00	0.52	0.00	
	1900-2330	4	10	0	4	0.00	1.29	0.00	0.52	0.00	
	2300-0730	8	10	0	4	0.00	2.58	0.00	1.03	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
32	07-1530	8	10	0	4	0.00	2.50	0.00	1.00	0.00	10.50
	15-1930	4	10	0	4	0.00	1.25	0.00	0.50	0.00	
	1900-2330	4	10	0	4	0.00	1.25	0.00	0.50	0.00	
	2300-0730	8	10	0	4	0.00	2.50	0.00	1.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
33	07-1530	8	10	0	5	0.00	2.42	0.00	1.21	0.00	10.91
	15-1930	4	10	0	5	0.00	1.21	0.00	0.61	0.00	
	1900-2330	4	10	0	5	0.00	1.21	0.00	0.61	0.00	
	2300-0730	8	10	0	5	0.00	2.42	0.00	1.21	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
34	07-1530	8	10	0	5	0.00	2.35	0.00	1.18	0.00	10.59
	15-1930	4	10	0	5	0.00	1.18	0.00	0.59	0.00	
	1900-2330	4	10	0	5	0.00	1.18	0.00	0.59	0.00	
	2300-0730	8	10	0	5	0.00	2.35	0.00	1.18	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	



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### Unit Information

#### Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Unit Secretary	x			x
Case Management	x			
Physical Therapy	x			
Occupational Therapy	x			
Speech Therapy	x			
Respiratory Therapy	x	x	x	x

### Unit Information

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

☒ Activity such as patient admissions, discharges, and transfers

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

Matrices are developed as a guide for shift by shift unit based staffing decisions and are adjusted up, down based on patient factors

☒ Skill mix

☒ Level of experience of nursing and patient care staff

☒ Need for specialized or intensive equipment

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

Unit can utilize ICU swing beds (if not being used by ICU) to get to max census of 34.

☒ Other

In addition, the unit utilizes LPN staff when they are available, when present RN/LPN assignment is 6-8 patients based on acuity which might alter the number of RNs needed. The LPN can take 2-4 patients with oversight from RN.



Unit/ Clinic Name:		Pediatric Unit									
Unit/ Clinic Type:		Inpatient Confluence Health Central Campus									
Unit/ Clinic Address:		1201 S. Miller, Wenatchee, WA 98801									
Average Daily Census:		3					Maximum # of Beds:		6		
Effective as of:		1/1/2025									
# 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)
0	0700-1530	8.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	1500-1930	4.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	1900-2330	4.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	2300-0730	8.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
1	0700-1530	8.00	1.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	24.00
	1500-1930	4.00	1.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	
	1900-2330	4.00	1.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	
	2300-0730	8.00	1.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2	0700-1530	8.00	1.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	12.00
	1500-1930	4.00	1.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	
	1900-2330	4.00	1.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	
	2300-0730	8.00	1.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
3	0700-1530	8.00	1.00	0.00	0.00	0.00	2.67	0.00	0.00	0.00	8.00
	1500-1930	4.00	1.00	0.00	0.00	0.00	1.33	0.00	0.00	0.00	
	1900-2330	4.00	1.00	0.00	0.00	0.00	1.33	0.00	0.00	0.00	
	230										

[illegible]



☐ Skill mix

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other



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### 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:			Confluence Health								
Unit/ Clinic Type:			Central Campus - Intensive Care Unit								
Unit/ Clinic Address:			1201 South Miller St Wenatchee Wa. 98801								
Average Daily Census:			9			Maximum # of Beds:			20		
Effective as of:			1/1/2025								
# 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)
0	07-1530	8	2	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	15-1930	4	2	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	1900-2330	4	2	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	2300-0730	8	2	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
1	07-1530	8	3	0	0	0	24.00	0.00	0.00	0.00	72.00
	15-1930	4	3	0	0	0	12.00	0.00	0.00	0.00	
	1900-2330	4	3	0	0	0	12.00	0.00	0.00	0.00	
	2300-0730	8	3	0	0	0	24.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
2	07-1530	8	3	0	0	0	12.00	0.00	0.00	0.00	
	15-1930	4	3	0	0	0	6.00	0.00	0.00	0.00	
	1900-2330	4	3	0	0	0	6.00	0.00	0.00	0.00	
	2300-0730	8	3	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	36.00
		0	0	0	0	0	0.00	0.00	0.00	0.00	
3	07-1530	8	3	0	0	0	8.00	0.00	0.00	0.00	24.00
	15-1930	4	3	0	0	0	4.00	0.00	0.00	0.00	
	1900-2330	4	3	0	0	0	4.00	0.00	0.00	0.00	
	2300-0730	8	3	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
4	07-1530	8	4	0	0	0	8.00	0.00	0.00	0.00	24.00
	15-1930	4	4	0	0	0	4.00	0.00	0.00	0.00	
	1900-2330	4	4	0	0	0	4.00	0.00	0.00	0.00	
	2300-0730	8	4	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
5	07-1530	8	4	0	0	0	6.40	0.00	0.00	0.00	19.20
	15-1930	4	4	0	0	0	3.20	0.00	0.00	0.00	
	1900-2330	4	4	0	0	0	3.20	0.00	0.00	0.00	
	2300-0730	8	4	0	0	0	6.40	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
6	07-1530	8	4	0	0	0	5.33	0.00	0.00	0.00	16.00
	15-1930	4	4	0	0	0	2.67	0.00	0.00	0.00	
	1900-2330	4	4	0	0	0	2.67	0.00	0.00	0.00	
	2300-0730	8	4	0	0	0	5.33	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7	07-1530	8	5	0	0	0	5.71	0.00	0.00	0.00	17.14
	15-1930	4	5	0	0	0	2.86	0.00	0.00	0.00	
	1900-2330	4	5	0	0	0	2.86	0.00	0.00	0.00	
	2300-0730	8	5	0	0	0	5.71	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
	07-1530	8	5	0	0	0	5.00	0.00	0.00	0.00	
	15-1930	4	5	0	0	0	2.50	0.00	0.00	0.00	

8	1900-2330	4	5	0	0	0	2.50	0.00	0.00	0.00	15.00
	2300-0730	8	5	0	0	0	5.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
9	07-1530	8	6	0	0	0	5.33	0.00	0.00	0.00	16.00
	15-1930	4	6	0	0	0	2.67	0.00	0.00	0.00	
	1900-2330	4	6	0	0	0	2.67	0.00	0.00	0.00	
	2300-0730	8	6	0	0	0	5.33	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10	07-1530	8	6	0	0	0	4.80	0.00	0.00	0.00	14.40
	15-1930	4	6	0	0	0	2.40	0.00	0.00	0.00	
	1900-2330	4	6	0	0	0	2.40	0.00	0.00	0.00	
	2300-0730	8	6	0	0	0	4.80	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
11	07-1530	8	7	0	0	0	5.09	0.00	0.00	0.00	15.27
	15-1930	4	7	0	0	0	2.55	0.00	0.00	0.00	
	1900-2330	4	7	0	0	0	2.55	0.00	0.00	0.00	
	2300-0730	8	7	0	0	0	5.09	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
12	07-1530	8	7	0	0	0	4.67	0.00	0.00	0.00	14.00
	15-1930	4	7	0	0	0	2.33	0.00	0.00	0.00	
	1900-2330	4	7	0	0	0	2.33	0.00	0.00	0.00	
	2300-0730	8	7	0	0	0	4.67	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
13	07-1530	8	8	0	0	0	4.92	0.00	0.00	0.00	
	15-1930	4	8	0	0	0	2.46	0.00	0.00	0.00	
	1900-2330	4	8	0	0	0	2.46	0.00	0.00	0.00	
	2300-0730	8	8	0	0	0	4.92	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

[illegible]



[illegible]



### Unit Information

### Unit Information

**Description:**

\_\_\_\_\_

- Description:**

Matrices are developed as a guideline for shift by shift unit based decisions and are adjusted up, down based on patient factors. Staffing is 1:2 or 1:1 depending in acuity. Intensity of care needs is a factor following these guidelines; Open Heart patients are staffed as a 1:1 until extubation unless on a intra aortic ballon pump or Impella. First case Open Heart Patients may need to be counted in census at 0700 depending on planned arrival time, example a patient arriving to unit at or before 1100. Impella patients are 1:1 and may need to be 2:1 for the first hour. Pneumonectomys patients may be 1:1 if they come directly from the OR for the first hour. TEVAR's with lumbar drains may be 1:1 for the first four hours. Hyponatremia patients may be 1:1 until they move to Q2 hour labs.

☒ Skill mix

Description:

There needs to be two ICU RN in house at all times. If there are zero patients in ICU these RNs can be assigned as a house/floor float.

☒ 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:

Max census can be lower based on census of Progressive Care.

☒ Other

Description:

Based on unit request, a critical response nurse will be staffed when available.

||

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### Patient Volume-based Staffing Matrix Formula Template

[illegible]

		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
4	07-1530	8	2	0	0	0.00	4.00	0.00	0.00	0.00	12.00
	15-1930	4	2	0	0	0.00	2.00	0.00	0.00	0.00	
	1900-2330	4	2	0	0	0.00	2.00	0.00	0.00	0.00	
	2300-0730	8	2	0	0	0.00	4.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
5	07-1530	8	2	0	1	0.00	3.20	0.00	1.60	0.00	14.40
	15-1930	4	2	0	1	0.00	1.60	0.00	0.80	0.00	
	1900-2330	4	2	0	1	0.00	1.60	0.00	0.80	0.00	
	2300-0730	8	2	0	1	0.00	3.20	0.00	1.60	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
6	07-1530	8	2	0	2	0.00	2.67	0.00	2.67	0.00	13.33
	15-1930	4	2	0	1	0.00	1.33	0.00	0.67	0.00	
	1900-2330	4	2	0	1	0.00	1.33	0.00	0.67	0.00	
	2300-0730	8	2	0	1	0.00	2.67	0.00	1.33	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
7	07-1530	8	3	0	1	0.00	3.43	0.00	1.14	0.00	13.71
	15-1930	4	3	0	1	0.00	1.71	0.00	0.57	0.00	
	1900-2330	4	3	0	1	0.00	1.71	0.00	0.57	0.00	
	2300-0730	8	3	0	1	0.00	3.43	0.00	1.14	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
8	07-1530	8	3	0	1	0.00	3.00	0.00	1.00	0.00	12.00
	15-1930	4	3	0	1	0.00	1.50	0.00	0.50	0.00	
	1900-2330	4	3	0	1	0.00	1.50	0.00	0.50	0.00	
	2300-0730	8	3	0	1	0.00	3.00	0.00	1.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
9	07-1530	8	3	0	2	0.00	2.67	0.00	1.78	0.00	12.00
	15-1930	4	3	0	1	0.00	1.33	0.00	0.44	0.00	

	1900-2330	4	3	0	2	0.00	1.33	0.00	0.89	0.00	
	2300-0730	8	3	0	1	0.00	2.67	0.00	0.89	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
10	07-1530	8	3	0	2	0.00	2.40	0.00	1.60	0.00	10.80
	15-1930	4	3	0	1	0.00	1.20	0.00	0.40	0.00	
	1900-2330	4	3	0	2	0.00	1.20	0.00	0.80	0.00	
	2300-0730	8	3	0	1	0.00	2.40	0.00	0.80	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
11	07-1530	8	4	0	2	0.00	2.91	0.00	1.45	0.00	12.00
	15-1930	4	4	0	1	0.00	1.45	0.00	0.36	0.00	
	1900-2330	4	4	0	2	0.00	1.45	0.00	0.73	0.00	
	2300-0730	8	4	0	1	0.00	2.91	0.00	0.73	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
12	07-1530	8	4	0	2	0.00	2.67	0.00	1.33	0.00	11.33
	15-1930	4	4	0	2	0.00	1.33	0.00	0.67	0.00	
	1900-2330	4	4	0	2	0.00	1.33	0.00	0.67	0.00	
	2300-0730	8	4	0	1	0.00	2.67	0.00	0.67	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
13	07-1530	8	4	0	2	0.00	2.46	0.00	1.23	0.00	10.46
	15-1930	4	4	0	2	0.00	1.23	0.00	0.62	0.00	
	1900-2330	4	4	0	2	0.00	1.23	0.00	0.62	0.00	
	2300-0730	8	4	0	1	0.00	2.46	0.00	0.62	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
14	07-1530	8	4	0	2	0.00	2.29	0.00	1.14	0.00	10.29
	15-1930	4	4	0	2	0.00	1.14	0.00	0.57	0.00	
	1900-2330	4	4	0	2	0.00	1.14	0.00	0.57	0.00	
	2300-0730	8	4	0	2	0.00	2.29	0.00	1.14	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	

		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
15	07-1530	8	5	0	2	0.00	2.67	0.00	1.07	0.00	10.13
	15-1930	4	4	0	2	0.00	1.07	0.00	0.53	0.00	
	1900-2330	4	4	0	2	0.00	1.07	0.00	0.53	0.00	
	2300-0730	8	4	0	2	0.00	2.13	0.00	1.07	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
16	07-1530	8	5	0	2	0.00	2.50	0.00	1.00	0.00	10.50
	15-1930	4	5	0	2	0.00	1.25	0.00	0.50	0.00	
	1900-2330	4	5	0	2	0.00	1.25	0.00	0.50	0.00	
	2300-0730	8	5	0	2	0.00	2.50	0.00	1.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
17	07-1530	8	5	0	3	0.00	2.35	0.00	1.41	0.00	10.35
	15-1930	4	5	0	2	0.00	1.18	0.00	0.47	0.00	
	1900-2330	4	5	0	2	0.00	1.18	0.00	0.47	0.00	
	2300-0730	8	5	0	2	0.00	2.35	0.00	0.94	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
18	07-1530	8	5	0	3	0.00	2.22	0.00	1.33	0.00	10.00
	15-1930	4	5	0	3	0.00	1.11	0.00	0.67	0.00	
	1900-2330	4	5	0	2	0.00	1.11	0.00	0.44	0.00	
	2300-0730	8	5	0	2	0.00	2.22	0.00	0.89	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
19	07-1530	8	5	0	3	0.00	2.11	0.00	1.26	0.00	9.68
	15-1930	4	5	0	3	0.00	1.05	0.00	0.63	0.00	
	1900-2330	4	5	0	3	0.00	1.05	0.00	0.63	0.00	
	2300-0730	8	5	0	2	0.00	2.11	0.00	0.84	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
20	07-1530	8	6	0	3	0.00	2.40	0.00	1.20	0.00	10.00



	15-1930	4	6	0	3	0.00	1.20	0.00	0.60	0.00	
	1900-2330	4	6	0	3	0.00	1.20	0.00	0.60	0.00	
	2300-0730	8	5	0	2	0.00	2.00	0.00	0.80	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
21	07-1530	8	6	0	3	0.00	2.29	0.00	1.14	0.00	10.29
	15-1930	4	6	0	3	0.00	1.14	0.00	0.57	0.00	
	1900-2330	4	6	0	3	0.00	1.14	0.00	0.57	0.00	
	2300-0730	8	6	0	3	0.00	2.29	0.00	1.14	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
22	07-1530	8	6	0	3	0.00	2.18	0.00	1.09	0.00	9.82
	15-1930	4	6	0	3	0.00	1.09	0.00	0.55	0.00	
	1900-2330	4	6	0	3	0.00	1.09	0.00	0.55	0.00	
	2300-0730	8	6	0	3	0.00	2.18	0.00	1.09	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
23	07-1530	8	6	0	3	0.00	2.09	0.00	1.04	0.00	9.39
	15-1930	4	6	0	3	0.00	1.04	0.00	0.52	0.00	
	1900-2330	4	6	0	3	0.00	1.04	0.00	0.52	0.00	
	2300-0730	8	6	0	3	0.00	2.09	0.00	1.04	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
24	07-1530	8	7	0	4	0.00	2.33	0.00	1.33	0.00	10.33
	15-1930	4	7	0	3	0.00	1.17	0.00	0.50	0.00	
	1900-2330	4	7	0	3	0.00	1.17	0.00	0.50	0.00	
	2300-0730	8	7	0	3	0.00	2.33	0.00	1.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
25	07-1530	8	8	0	4	0.00	2.56	0.00	1.28	0.00	10.56
	15-1930	4	8	0	4	0.00	1.28	0.00	0.64	0.00	
	1900-2330	4	7	0	3	0.00	1.12	0.00	0.48	0.00	
	2300-0730	8	7	0	3	0.00	2.24	0.00	0.96	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	



31	07-1530	8	9	0	5	0.00	2.32	0.00	1.29	0.00	10.32
	15-1930	4	9	0	4	0.00	1.16	0.00	0.52	0.00	
	1900-2330	4	9	0	4	0.00	1.16	0.00	0.52	0.00	
	2300-0730	8	9	0	4	0.00	2.32	0.00	1.03	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
32	07-1530	8	10	0	5	0.00	2.50	0.00	1.25	0.00	10.38
	15-1930	4	9	0	5	0.00	1.13	0.00	0.63	0.00	
	1900-2330	4	9	0	4	0.00	1.13	0.00	0.50	0.00	
	2300-0730	8	9	0	4	0.00	2.25	0.00	1.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
33	07-1530	8	10	0	5	0.00	2.42	0.00	1.21	0.00	10.18
	15-1930	4	10	0	5	0.00	1.21	0.00	0.61	0.00	
	1900-2330	4	9	0	4	0.00	1.09	0.00	0.48	0.00	
	2300-0730	8	9	0	4	0.00	2.18	0.00	0.97	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
34	07-1530	8	10	0	5	0.00	2.35	0.00	1.18	0.00	10.00
	15-1930	4	10	0	5	0.00	1.18	0.00	0.59	0.00	
	1900-2330	4	10	0	4	0.00	1.18	0.00	0.47	0.00	
	2300-0730	8	9	0	4	0.00	2.12	0.00	0.94	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
35	07-1530	8	10	0	5	0.00	2.29	0.00	1.14	0.00	9.94
	15-1930	4	10	0	5	0.00	1.14	0.00	0.57	0.00	
	1900-2330	4	10	0	4	0.00	1.14	0.00	0.46	0.00	
	2300-0730	8	10	0	4	0.00	2.29	0.00	0.91	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	
36	07-1530	8	11	0	5	0.00	2.44	0.00	1.11	0.00	10.21
	15-1930	4	10	0	5	0.00	1.25	0.00	0.63	0.00	
	1900-2330	4	10	0	5	0.00	1.11	0.00	0.56	0.00	
	2300-0730	8	10	0	4	0.00	2.22	0.00	0.89	0.00	
		0	0	0	0	0.00	0.00	0.00	0.00	0.00	



[illegible]



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### Unit Information

#### Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Unit Secretary	x			x
Case management	x			
Respiratory Therapy	x	x	x	x
Physical Therapy	x			
Occupational Therapy	x			
Speech Therapy	x			

### Unit Information

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

☒ Activity such as patient admissions, discharges, and transfers

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

Matrices are developed as a guide for shift by shift unit based staffing decisions and are adjusted up, down based on patient factors

☒ Skill mix

☒ Level of experience of nursing and patient care staff

☒ Need for specialized or intensive equipment

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

☒ Other

In addition, the unit utilizes LPN staff when they are available, when present RN/LPN assignment is 6-8 patients based on acuity which might alter the number of RNs needed. The LPN can take 2-4 patients with oversight from RN.





## Patient Volume-based Staffing Matrix Formula Template

[illegible]

		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
4	07-1530	8	2	0	0	0	4.00	0.00	0.00	0.00	12.00
	15-1930	4	2	0	0	0	2.00	0.00	0.00	0.00	
	1900-2330	4	2	0	0	0	2.00	0.00	0.00	0.00	
	2300-0730	8	2	0	0	0	4.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
5	07-1530	8	2	0	1	0	3.20	0.00	1.60	0.00	14.40
	15-1930	4	2	0	1	0	1.60	0.00	0.80	0.00	
	1900-2330	4	2	0	1	0	1.60	0.00	0.80	0.00	
	2300-0730	8	2	0	1	0	3.20	0.00	1.60	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
6	07-1530	8	2	0	2	0	2.67	0.00	2.67	0.00	13.33
	15-1930	4	2	0	1	0	1.33	0.00	0.67	0.00	
	1900-2330	4	2	0	1	0	1.33	0.00	0.67	0.00	
	2300-0730	8	2	0	1	0	2.67	0.00	1.33	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
7	07-1530	8	3	0	1	0	3.43	0.00	1.14	0.00	13.71
	15-1930	4	3	0	1	0	1.71	0.00	0.57	0.00	
	1900-2330	4	3	0	1	0	1.71	0.00	0.57	0.00	
	2300-0730	8	3	0	1	0	3.43	0.00	1.14	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
8	07-1530	8	3	0	1	0	3.00	0.00	1.00	0.00	12.00
	15-1930	4	3	0	1	0	1.50	0.00	0.50	0.00	
	1900-2330	4	3	0	1	0	1.50	0.00	0.50	0.00	
	2300-0730	8	3	0	1	0	3.00	0.00	1.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
9	07-1530	8	3	0	2	0	2.67	0.00	1.78	0.00	12.00
	15-1930	4	3	0	1	0	1.33	0.00	0.44	0.00	

	1900-2330	4	3	0	2	0	1.33	0.00	0.89	0.00	
	2300-0730	8	3	0	1	0	2.67	0.00	0.89	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
10	07-1530	8	3	0	2	0	2.40	0.00	1.60	0.00	10.80
	15-1930	4	3	0	1	0	1.20	0.00	0.40	0.00	
	1900-2330	4	3	0	2	0	1.20	0.00	0.80	0.00	
	2300-0730	8	3	0	1	0	2.40	0.00	0.80	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
11	07-1530	8	4	0	2	0	2.91	0.00	1.45	0.00	12.00
	15-1930	4	4	0	1	0	1.45	0.00	0.36	0.00	
	1900-2330	4	4	0	2	0	1.45	0.00	0.73	0.00	
	2300-0730	8	4	0	1	0	2.91	0.00	0.73	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
12	07-1530	8	4	0	2	0	2.67	0.00	1.33	0.00	11.33
	15-1930	4	4	0	2	0	1.33	0.00	0.67	0.00	
	1900-2330	4	4	0	2	0	1.33	0.00	0.67	0.00	
	2300-0730	8	4	0	1	0	2.67	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
13	07-1530	8	4	0	2	0	2.46	0.00	1.23	0.00	10.46
	15-1930	4	4	0	2	0	1.23	0.00	0.62	0.00	
	1900-2330	4	4	0	2	0	1.23	0.00	0.62	0.00	
	2300-0730	8	4	0	1	0	2.46	0.00	0.62	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
14	07-1530	8	4	0	2	0	2.29	0.00	1.14	0.00	10.29
	15-1930	4	4	0	2	0	1.14	0.00	0.57	0.00	
	1900-2330	4	4	0	2	0	1.14	0.00	0.57	0.00	
	2300-0730	8	4	0	2	0	2.29	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
15	07-1530	8	5	0	2	0	2.67	0.00	1.07	0.00	10.13
	15-1930	4	4	0	2	0	1.07	0.00	0.53	0.00	
	1900-2330	4	4	0	2	0	1.07	0.00	0.53	0.00	
	2300-0730	8	4	0	2	0	2.13	0.00	1.07	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
16	07-1530	8	5	0	2	0	2.50	0.00	1.00	0.00	10.50
	15-1930	4	5	0	2	0	1.25	0.00	0.50	0.00	
	1900-2330	4	5	0	2	0	1.25	0.00	0.50	0.00	
	2300-0730	8	5	0	2	0	2.50	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
17	07-1530	8	5	0	3	0	2.35	0.00	1.41	0.00	10.35
	15-1930	4	5	0	2	0	1.18	0.00	0.47	0.00	
	1900-2330	4	5	0	2	0	1.18	0.00	0.47	0.00	
	2300-0730	8	5	0	2	0	2.35	0.00	0.94	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
18	07-1530	8	5	0	3	0	2.22	0.00	1.33	0.00	10.00
	15-1930	4	5	0	3	0	1.11	0.00	0.67	0.00	
	1900-2330	4	5	0	2	0	1.11	0.00	0.44	0.00	
	2300-0730	8	5	0	2	0	2.22	0.00	0.89	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
19	07-1530	8	5	0	3	0	2.11	0.00	1.26	0.00	9.68
	15-1930	4	5	0	3	0	1.05	0.00	0.63	0.00	
	1900-2330	4	5	0	3	0	1.05	0.00	0.63	0.00	
	2300-0730	8	5	0	2	0	2.11	0.00	0.84	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
	07-1530	8	6	0	3	0	2.40	0.00	1.20	0.00	10.00

20	15-1930	4	6	0	3	0	1.20	0.00	0.60	0.00	
	1900-2330	4	6	0	3	0	1.20	0.00	0.60	0.00	
	2300-0730	8	5	0	2	0	2.00	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
21	07-1530	8	6	0	3	0	2.29	0.00	1.14	0.00	10.29
	15-1930	4	6	0	3	0	1.14	0.00	0.57	0.00	
	1900-2330	4	6	0	3	0	1.14	0.00	0.57	0.00	
	2300-0730	8	6	0	3	0	2.29	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22	07-1530	8	6	0	3	0	2.18	0.00	1.09	0.00	9.82
	15-1930	4	6	0	3	0	1.09	0.00	0.55	0.00	
	1900-2330	4	6	0	3	0	1.09	0.00	0.55	0.00	
	2300-0730	8	6	0	3	0	2.18	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
23	07-1530	8	6	0	3	0	2.09	0.00	1.04	0.00	9.39
	15-1930	4	6	0	3	0	1.04	0.00	0.52	0.00	
	1900-2330	4	6	0	3	0	1.04	0.00	0.52	0.00	
	2300-0730	8	6	0	3	0	2.09	0.00	1.04	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
24	07-1530	8	7	0	4	0	2.33	0.00	1.33	0.00	10.33
	15-1930	4	7	0	3	0	1.17	0.00	0.50	0.00	
	1900-2330	4	7	0	3	0	1.17	0.00	0.50	0.00	
	2300-0730	8	7	0	3	0	2.33	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
25	07-1530	8	8	0	4	0	2.56	0.00	1.28	0.00	10.56
	15-1930	4	8	0	4	0	1.28	0.00	0.64	0.00	
	1900-2330	4	7	0	3	0	1.12	0.00	0.48	0.00	
	2300-0730	8	7	0	3	0	2.24	0.00	0.96	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
26	07-1530	8	8	0	4	0	2.46	0.00	1.23	0.00	10.62
	15-1930	4	8	0	4	0	1.23	0.00	0.62	0.00	
	1900-2330	4	8	0	3	0	1.23	0.00	0.46	0.00	
	2300-0730	8	8	0	3	0	2.46	0.00	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
27	07-1530	8	8	0	4	0	2.37	0.00	1.19	0.00	10.37
	15-1930	4	8	0	4	0	1.19	0.00	0.59	0.00	
	1900-2330	4	8	0	4	0	1.19	0.00	0.59	0.00	
	2300-0730	8	8	0	3	0	2.37	0.00	0.89	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
28	07-1530	8	8	0	4	0	2.29	0.00	1.14	0.00	10.00
	15-1930	4	8	0	4	0	1.14	0.00	0.57	0.00	
	1900-2330	4	8	0	4	0	1.14	0.00	0.57	0.00	
	2300-0730	8	8	0	3	0	2.29	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
29	07-1530	8	9	0	4	0	2.48	0.00	1.10	0.00	9.93
	15-1930	4	8	0	4	0	1.10	0.00	0.55	0.00	
	1900-2330	4	8	0	4	0	1.10	0.00	0.55	0.00	
	2300-0730	8	8	0	3	0	2.21	0.00	0.83	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
30	07-1530	8	9	0	4	0	2.40	0.00	1.07	0.00	10.40
	15-1930	4	9	0	4	0	1.20	0.00	0.53	0.00	
	1900-2330	4	9	0	4	0	1.20	0.00	0.53	0.00	
	2300-0730	8	9	0	4	0	2.40	0.00	1.07	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

31	07-1530	8	9	0	5	0	2.32	0.00	1.29	0.00	10.32
	15-1930	4	9	0	4	0	1.16	0.00	0.52	0.00	
	1900-2330	4	9	0	4	0	1.16	0.00	0.52	0.00	
	2300-0730	8	9	0	4	0	2.32	0.00	1.03	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
32	07-1530	8	10	0	5	0	2.50	0.00	1.25	0.00	10.38
	15-1930	4	9	0	5	0	1.13	0.00	0.63	0.00	
	1900-2330	4	9	0	4	0	1.13	0.00	0.50	0.00	
	2300-0730	8	9	0	4	0	2.25	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
33	07-1530	8	10	0	5	0	2.42	0.00	1.21	0.00	10.18
	15-1930	4	10	0	5	0	1.21	0.00	0.61	0.00	
	1900-2330	4	9	0	4	0	1.09	0.00	0.48	0.00	
	2300-0730	8	9	0	4	0	2.18	0.00	0.97	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
34	07-1530	8	10	0	5	0	2.35	0.00	1.18	0.00	10.00
	15-1930	4	10	0	5	0	1.18	0.00	0.59	0.00	
	1900-2330	4	10	0	4	0	1.18	0.00	0.47	0.00	
	2300-0730	8	9	0	4	0	2.12	0.00	0.94	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
35	07-1530	8	10	0	5	0	2.29	0.00	1.14	0.00	9.94
	15-1930	4	10	0	5	0	1.14	0.00	0.57	0.00	
	1900-2330	4	10	0	4	0	1.14	0.00	0.46	0.00	
	2300-0730	8	10	0	4	0	2.29	0.00	0.91	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
36	07-1530	8	11	0	5	0	2.44	0.00	1.11	0.00	10.00
	15-1930	4	10	0	5	0	1.11	0.00	0.56	0.00	
	1900-2330	4	10	0	5	0	1.11	0.00	0.56	0.00	
	2300-0730	8	10	0	4	0	2.22	0.00	0.89	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
37	07-1530	8	11	0	5	0	2.38	0.00	1.08	0.00	10.05
	15-1930	4	11	0	5	0	1.19	0.00	0.54	0.00	
	1900-2330	4	10	0	5	0	1.08	0.00	0.54	0.00	
	2300-0730	8	10	0	5	0	2.16	0.00	1.08	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
38	07-1530	8	11	0	5	0	2.32	0.00	1.05	0.00	9.89
	15-1930	4	11	0	5	0	1.16	0.00	0.53	0.00	
	1900-2330	4	11	0	5	0	1.16	0.00	0.53	0.00	
	2300-0730	8	10	0	5	0	2.11	0.00	1.05	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
39	07-1530	8	12	0	6	0	2.46	0.00	1.23	0.00	10.26
	15-1930	4	11	0	5	0	1.13	0.00	0.51	0.00	
	1900-2330	4	11	0	5	0	1.13	0.00	0.51	0.00	
	2300-0730	8	11	0	5	0	2.26	0.00	1.03	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
40	07-1530	8	12	0	6	0	2.40	0.00	1.20	0.00	10.30
	15-1930	4	12	0	6	0	1.20	0.00	0.60	0.00	
	1900-2330	4	12	0	5	0	1.20	0.00	0.50	0.00	
	2300-0730	8	11	0	5	0	2.20	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
41	07-1530	8	12	0	6	0	2.34	0.00	1.17	0.00	10.05
	15-1930	4	12	0	6	0	1.17	0.00	0.59	0.00	
	1900-2330	4	12	0	5	0	1.17	0.00	0.49	0.00	
	2300-0730	8	11	0	5	0	2.15	0.00	0.98	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	







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### Additional Care Team Members

[illegible]

### Unit Information

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

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

- ☒ Matrices are developed as a guide for shift by shift unit based staffing decisions and are adjusted up, down based on patient factors



Skill mix



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

☒ Other

In addition, the unit utilizes LPN staff when they are available, when present RN/LPN assignment is 6-8 patients based on acuity which might alter the number of RNs needed. The LPN can take 2-4 patients with oversight from RN.



### Fixed Staffing Matrix

[illegible]



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### Unit Information

#### Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Non-clinical Sitter	1	1	1	2
Staffing Office	1	1	0	2
ANS	1	1	1	1

### Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

Description:

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

Description:

--

☐ Skill mix

Description:

--

☐ Level of experience of nursing and patient care staff

Description:

--

☐ Need for specialized or intensive equipment

Description:

--

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

Description:

--

☒ Other

Description:

This a fixed unit that has staff used to support other units within the CH Central hospital



[illegible]

2:00 AM	Midshift	12	6	0	3	1
3:00 AM	Night shift	12	5	0	2	1
4am	Night Shift	12	5	0	2	1
5:00 AM	Night shfit	12	5	0	2	1
	Night Shift	12	5	0	2	1

6:00 AM						
7:00 AM						
	Day shift	12	5	0	2	1
8:00 AM	Day shift	12	5	0	2	1
9:00 AM	Day shift	12	5	0	2	1
10:00 AM	Midshift	12	6	0	3	1

[illegible]

3:00 PM	Midshift	12	10	0	4	1
4:00 PM	Midshift	12	10	0	4	1
5:00 PM	Midshift	12	10	0	4	1
6:00 PM	Midshift	12	10	0	4	1
	Midshift	12	10	0	4	1

7:00 PM						
8:00 PM	Midshift	12	10	0	4	1
9:00 PM	Midshift	12	10	0	4	1
10:00 PM	Midshift	12	9	0	3	1
11:00 PM	Midshift	12	7	0	3	1



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### Unit Information

#### Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Case management	1			1
Respiratory Therapy	1	1	1	1
Social Worker	1			1
Diagnostic Imaging	1	1	1	1
Laboratory	1	1	1	1

### Unit Information

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

☒ Activity such as patient admissions, discharges, and transfers

Description:

Increase staffing during the course of the day to reflect historic patient volumes and then decrease during the overnight hours.

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

Description:

--

☒ Skill mix

Description:

Want a balance of nurses and some techs

☐ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

Description:

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

Description:



☐ Other

Description:



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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.

[illegible]

2:00 AM	Night	12	3	0	1	0
3:00 AM	Night	12	3	0	1	0
4:00 AM	Night	12	3	0	1	0
5:00 AM	Night	12	3	0	1	
	Night	12	3	0	1	0

6:00 AM						
7:00 AM	Day	12	3	0	1	1
8:00 AM	Day	12	3	0	1	1
9:00 AM	Midshift	12	4	0	1	1
10:00 AM	Midshift	12	4	0	2	1

[illegible]

3:00 PM	Midshift	12	6	0	2	1
4:00 PM	Midshift	12	6	0	2	1
5:00 PM	Midshift	12	6	0	2	1
6:00 PM	Midshift	12	6	0	2	1
	Midshift	12	6	0	2	0

7:00 PM						
8:00 PM	Midshift	12	5	0	2	0
9:00 PM	Midshift	12	5	0	2	0
10:00 PM	Midshift	12	5	0	1	0
11:00 PM	Midshift	12	4	0	1	0

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### Unit Information

#### Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Diagnostic Imaging	1	1	1	1
Laboratory	1	1		
Social Worker	1	1		1
Case Management	1	1		1

### Unit Information

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

☒ Activity such as patient admissions, discharges, and transfers

Description:

Increase staffing during the day to reflect historic patient volumes and then decrease during the overnight hours. Average number of ED visits Sunday through Saturday ranges from 50 patients to 85 patients per day.

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

Description:



☒ Skill mix

Description:

Use a mixture of techs and nurses to complete patient care tasks

☐ 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:

[illegible]



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### Additional Care Team Members

[illegible]

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

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

**Description:**

[illegible]

- ☐ 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:

Nurses working in this department are trained to use ultrasound for PIV, midline, ART line and PICC placement

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

Description:

--

☐ Other

Description:

--



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### Fixed Staffing Matrix

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

[illegible]

1 On Call	night	12.00	2.00			
EP Lab	D/E	10.00	2.00			





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

☐ Skill mix

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

[illegible]



DOH 346-154

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## Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:		Confluence Health									
Unit/ Clinic Type:		MC - Inpatient Rehabilitation Unit									
Unit/ Clinic Address:		1201 South Miller St Wenatchee Wa. 98801									
Average Daily Census:		4				Maximum # of Beds:			9		
Effective as of:		1/1/2025									
# of Rooms											
# of Rooms	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
1	06-1430	8	1	0	0	0	8.00	0.00	0.00	0.00	24.00
	14-1830	4	1	0	0	0	4.00	0.00	0.00	0.00	
	1800-2230	4	1	0	0	0	4.00	0.00	0.00	0.00	
	2200-0630	8	1	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
2	06-1430	8	1	0	0	0	4.00	0.00	0.00	0.00	12.00
	14-1830	4	1	0	0	0	2.00	0.00	0.00	0.00	
	1800-2230	4	1	0	0	0	2.00	0.00	0.00	0.00	
	2200-0630	8	1	0	0	0	4.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
3	06-1430	8	1	0	1	0	2.67	0.00	2.67	0.00	16.00
	14-1830	4	1	0	1	0	1.33	0.00	1.33	0.00	
	1800-2230	4	1	0	1	0	1.33	0.00	1.33	0.00	
	2200-0630	8	1	0	1	0	2.67	0.00	2.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
4	06-1430	8	1	0	1	0	2.00	0.00	2.00	0.00	12.00
	14-1830	4	1	0	1	0	1.00	0.00	1.00	0.00	
	1800-2230	4	1	0	1	0	1.00	0.00	1.00	0.00	
	2200-0630	8	1	0	1	0	2.00	0.00	2.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
5	06-1430	8	2	0	1	0	3.20	0.00	1.60	0.00	14.40
	14-1830	4	2	0	1	0	1.60	0.00	0.80	0.00	
	1800-2230	4	2	0	1	0	1.60	0.00	0.80	0.00	
	2200-0630	8	2	0	1	0	3.20	0.00	1.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
6	06-1430	8	2	0	1	0	2.67	0.00	1.33	0.00	12.00
	14-1830	4	2	0	1	0	1.33	0.00	0.67	0.00	
	1800-2230	4	2	0	1	0	1.33	0.00	0.67	0.00	
	2200-0630	8	2	0	1	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7	06-1430	8	2	0	1	0	2.29	0.00	1.14	0.00	10.29
	14-1830	4	2	0	1	0	1.14	0.00	0.57	0.00	
	1800-2230	4	2	0	1	0	1.14	0.00	0.57	0.00	
	2200-0630	8	2	0	1	0	2.29	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
8	06-1430	8	2	0	1	0	2.00	0.00	1.00	0.00	9.00
	14-1830	4	2	0	1	0	1.00	0.00	0.50	0.00	
	1800-2230	4	2	0	1	0	1.00	0.00	0.50	0.00	
	2200-0630	8	2	0	1	0	2.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
	06-1430	8	2	0	2	0	1.78	0.00	1.78	0.00	10.67
	14-1830	4	2	0	2	0	0.89	0.00	0.89	0.00	

[illegible]



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### Unit Information

#### Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Admission Coordinator	x			
Discharge Coordinator	x			
Case Manager	x			x
Occupational Therapy	x			x
Speech Therapy	x			x
Physical Therapy	x			x

### Unit Information

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

☒ Activity such as patient admissions, discharges, and transfers

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

Matrices are developed as a guide for shift by shift unit based staffing decisions and are adjusted up, down based on patient factors

☒ Skill mix

☒ Level of experience of nursing and patient care staff

☒ Need for specialized or intensive equipment

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

Unit is adjacent to another unit, sometimes they share staff depending on census/acuity on the two units.



☒ Other

In addition, the unit utilizes LPN staff when they are available, when present RN/LPN assignment is 6-8 patients based on acuity which might alter the number of RNs needed. The LPN can take 2-4 patients with oversight from RN.



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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:		Confluence Health									
Unit/ Clinic Type:		MC - Medical Surgical Unit									
Unit/ Clinic Address:		1201 South Miller St Wenatchee Wa. 98801									
Average Daily Census:		6				Maximum # of Beds:			11		
Effective as of:		1/1/2025									
# of Rooms											
# of Rooms	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
1	06-1430	8	1	0.00	0.00	0.00	8.00	0.00	0.00	0.00	24.00
	14-1830	4	1	0.00	0.00	0.00	4.00	0.00	0.00	0.00	
	1800-2230	4	1	0.00	0.00	0.00	4.00	0.00	0.00	0.00	
	2200-0630	8	1	0.00	0.00	0.00	8.00	0.00	0.00	0.00	
		0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2	06-1430	8	1	0	0	0	4.00	0.00	0.00	0.00	12.00
	14-1830	4	1	0	0	0	2.00	0.00	0.00	0.00	
	1800-2230	4	1	0	0	0	2.00	0.00	0.00	0.00	
	2200-0630	8	1	0	0	0	4.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
3	06-1430	8	1	0	1	0	2.67	0.00	2.67	0.00	16.00
	14-1830	4	1	0	1	0	1.33	0.00	1.33	0.00	
	1800-2230	4	1	0	1	0	1.33	0.00	1.33	0.00	
	2200-0630	8	1	0	1	0	2.67	0.00	2.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
4	06-1430	8	1	0	1	0	2.00	0.00	2.00	0.00	12.00
	14-1830	4	1	0	1	0	1.00	0.00	1.00	0.00	
	1800-2230	4	1	0	1	0	1.00	0.00	1.00	0.00	
	2200-0630	8	1	0	1	0	2.00	0.00	2.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
5	06-1430	8	2	0	1	0	3.20	0.00	1.60	0.00	14.40
	14-1830	4	2	0	1	0	1.60	0.00	0.80	0.00	
	1800-2230	4	2	0	1	0	1.60	0.00	0.80	0.00	
	2200-0630	8	2	0	1	0	3.20	0.00	1.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
6	06-1430	8	2	0	1	0	2.67	0.00	1.33	0.00	12.00
	14-1830	4	2	0	1	0	1.33	0.00	0.67	0.00	
	1800-2230	4	2	0	1	0	1.33	0.00	0.67	0.00	
	2200-0630	8	2	0	1	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7	06-1430	8	2	0	1	0	2.29	0.00	1.14	0.00	10.29
	14-1830	4	2	0	1	0	1.14	0.00	0.57	0.00	
	1800-2230	4	2	0	1	0	1.14	0.00	0.57	0.00	
	2200-0630	8	2	0	1	0	2.29	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
8	06-1430	8	2	0	2	0	2.00	0.00	2.00	0.00	12.00
	14-1830	4	2	0	2	0	1.00	0.00	1.00	0.00	
	1800-2230	4	2	0	2	0	1.00	0.00	1.00	0.00	
	2200-0630	8	2	0	2	0	2.00	0.00	2.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
	06-1430	8	2	0	2	0	1.78	0.00	1.78	0.00	10.67
	14-1830	4	2	0	2	0	0.89	0.00	0.89	0.00	





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### Unit Information

#### Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Unit Secretary	x			x
Case manager	x			
Physical Therapy	x			
Occupational Therapy	x			
Speech Therapy	x			

### Unit Information

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

☒ Activity such as patient admissions, discharges, and transfers

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

Matrices are developed as a guide for shift by shift unit based staffing decisions and are adjusted up/down based on patient factors

☒ Skill mix

☒ Level of experience of nursing and patient care staff

☒ Need for specialized or intensive equipment

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

Unit is adjacent to another unit, sometimes they share staff depending on census/acuity on the two units

☒ Other

In addition, the unit utilizes LPN staff when they are available, when present RN/LPN assignment is 6-8 patients based on acuity which might alter the number of RNs needed. The LPN can take 2-4 patients with oversight from RN.



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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.

[illegible]



OR3	Mon-Friday	10,12	1.00			
OR4	Mon-Friday	10,12	1.00			
OR5	Mon, Wed-Friday	10,12	2.00			
OR6	Mon, Tues, Thursday	10,12	1.00			
OR7	Tues-Friday	10,12	1.00			

[illegible]

On Call OR	Sun-Thur	12.00	1.00			
On Call OR	Fri-Sun	12.00	1.00			
OR 10	Sat-Sun	12.00	1.00			
On Call OR	Sat-Sun	12.00	1.00			



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### Unit Information

### Additional Care Team Members

[illegible]

### Unit Information

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

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

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

☐ Skill mix

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other



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### Fixed Staffing Matrix

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

Unit/ Clinic Name:	Pre Op and Post op Unit Staffing					
Unit/ Clinic Type:	Perioperative					
Unit/ Clinic Address:	1201 S Miller Street Wenatchee					
Effective as of:	7/1/2024					
Hours of the day						
Hour of the day	Day of the week	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
0800-1830 PreAdmit	Mon-Fri	8,10,12	3.00			
0500-1700 PreOp	Mon-Fri	8,10,12	7.00		3.00	1.00
0800-2100 PostOp	Mon-Fri	8,10,12	7.00		2.00	2.00



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### Unit Information

### Additional Care Team Members

[illegible]

### Unit Information

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

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

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

☐ Skill mix

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other





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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.

[illegible]

0900-2130	Sat-Sun	12.00	2.00			
2100-0900 On Call	Friday-Sat	12.00	2.00			
2100-0730 On Call	Sun-Thursday	10.50	2.00			



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## Unit Information

### Additional Care Team Members

[illegible]

### Unit Information

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

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

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

☐ Skill mix

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other

[illegible]

0600-1730 PostOp	Mon-Friday	8,10,12	5.00		2.00	
0800-1930 Recovery	Mon-Friday	8,10,12	4.00			
1930-0730 Recovery on Call	Mon-Thursday	12.00	1.00			
1930-0730 Recovery on Call	Friday-Monday	24.00	1.00			



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### Unit Information

### Additional Care Team Members

[illegible]

### Unit Information

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

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

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

☐ Skill mix

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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





### Fixed Staffing Matrix

[illegible]

OR 3	Mon-Friday	8,9,10	1.00			
OR 4	Mon-Friday	8,9,10	1.00			
OR 5	Mon-Friday	8,9,10	1.00			
OR 6	Mon-Friday	8,9,10	1.00			
OR 1	Mon-Friday	12.00	1.00			

OR 1	Sat-Sunday	24.00	1.00		



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### Additional Care Team Members

[illegible]

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

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

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

☐ Skill mix

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other



### Fixed Staffing Matrix

[illegible]



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### Unit Information

### Additional Care Team Members

[illegible]

### Unit Information

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

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

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



### Fixed Staffing Matrix

[illegible]



Admint	Mon-Friday	8.00	2.00			
Dishcarge	Mon-Friday	8.00	2.00			
Workroom	Mon-Friday	8.00	1.00			



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### Unit Information

#### Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
GI Tech	Mon-Friday	3		

### Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☐ Skill mix

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

[illegible]

### 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

[illegible]



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### Additional Care Team Members

[illegible]

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

☐ Activity such as patient admissions, discharges, and transfers[illegible]

☐ Skill mix

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

☐ Other

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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.

[illegible]





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### Additional Care Team Members

[illegible]

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

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

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☐ Skill mix

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

☐ Other



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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.

[illegible]

[illegible]



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### Unit Information

#### Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
N/A				

### Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☐ Skill mix

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other



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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.

[illegible]







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### Unit Information

#### Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Newborn Admit (Registered Nurse)	yes	yes	yes	yes
LPN	As needed	as needed	as needed	as needed
Respiratory Therapist	yes	yes	yes	yes
Speech Therapist	yes	no	no	no
Unit Secretary	shared	shared	shared	shared
Lactation Consultant	yes	15-19	no	yes

### Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☐ Skill mix

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

☐ Other



### Patient Volume-based Staffing Matrix Formula Template

[illegible]





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### Unit Information

#### Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
RT	yes	yes	yes	yes
Unit Secretary	yes	15-19	no	partial
Lactation Consultant	yes	15-19	no	yes

### Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

☐ Skill mix

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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

### Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name:		Mother-Baby Unit									
Unit/ Clinic Type:		Inpatient Confluence Health Central Campus									
Unit/ Clinic Address:		1201 S. Miller, Wenatchee, WA 98801									
Average Daily Census:		12				Maximum # of Beds:			24		
Effective as of:		1/1/2025									
# 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)
0	0700-1530	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	1500-1930	4.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	1900-2330	4.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	2300-0730	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
1	0700-1530	8.00	1.00	0.00	1.00	1.00	8.00	0.00	8.00	8.00	48.00
	1500-1930	4.00	1.00	0.00	1.00	1.00	4.00	0.00	4.00	4.00	
	1900-2330	4.00	1.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	
	2300-0730	8.00	1.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2	0700-1530	8.00	1.00	0.00	1.00	1.00	4.00	0.00	4.00	4.00	24.00
	1500-1930	4.00	1.00	0.00	1.00	1.00	2.00	0.00	2.00	2.00	
	1900-2330	4.00	1.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	
	2300-0730	8.00	1.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
3	0700-1530	8.00	1.00	0.00	1.00	1.00	2.67	0.00	2.67	2.67	16.00

[illegible]



		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
9	0700-1530	8.00	2.00	0.00	1.00	1.00	1.78	0.00	0.89	0.89	8.00
	1500-1930	4.00	2.00	0.00	1.00	1.00	0.89	0.00	0.44	0.44	
	1900-2330	4.00	2.00	0.00	0.00	0.00	0.89	0.00	0.00	0.00	
	2300-0730	8.00	2.00	0.00	0.00	0.00	1.78	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
10	0700-1530	8.00	2.00	0.00	1.00	1.00	1.60	0.00	0.80	0.80	7.20
	1500-1930	4.00	2.00	0.00	1.00	1.00	0.80	0.00	0.40	0.40	
	1900-2330	4.00	2.00	0.00	0.00	0.00	0.80	0.00	0.00	0.00	
	2300-0730	8.00	2.00	0.00	0.00	0.00	1.60	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
11	0700-1530	8.00	2.00	0.00	1.00	1.00	1.45	0.00	0.73	0.73	6.55
	1500-1930	4.00	2.00	0.00	1.00	1.00	0.73	0.00	0.36	0.36	
	1900-2330	4.00	2.00	0.00	0.00	0.00	0.73	0.00	0.00	0.00	
	2300-0730	8.00	2.00	0.00	0.00	0.00	1.45	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
12	0700-1530	8.00	2.00	0.00	1.00	1.00	1.33	0.00	0.67	0.67	6.00
	1500-1930	4.00	2.00	0.00	1.00	1.00	0.67	0.00	0.33	0.33	
	1900-2330	4.00	2.00	0.00	0.00	0.00	0.67	0.00	0.00	0.00	
	2300-0730	8.00	2.00	0.00	0.00	0.00	1.33	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
13	0700-1530	8.00	3.00	0.00	1.00	1.00	1.85	0.00	0.62	0.62	7.38
	1500-1930	4.00	3.00	0.00	1.00	1.00	0.92	0.00	0.31	0.31	
	1900-2330	4.00	3.00	0.00	0.00	0.00	0.92	0.00	0.00	0.00	
	2300-0730	8.00	3.00	0.00	0.00	0.00	1.85	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
14	0700-1530	8.00	3.00	0.00	1.00	1.00	1.71	0.00	0.57	0.57	6.86
	1500-1930	4.00	3.00	0.00	1.00	1.00	0.86	0.00	0.29	0.29	
	1900-2330	4.00	3.00	0.00	0.00	0.00	0.86	0.00	0.00	0.00	
	2300-0730	8.00	3.00	0.00	0.00	0.00	1.71	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

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### Unit Information

#### Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
LPN	yes	yes	yes	yes
PT	yes	no	no	yes
Lactation Consultant	yes	15-19	no	yes

### Unit Information

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

☐ Activity such as patient admissions, discharges, and transfers

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

<input type="checkbox"/>	Skill mix
<input type="checkbox"/>	Level of experience of nursing and patient care staff
<input type="checkbox"/>	Need for specialized or intensive equipment
<input type="checkbox"/>	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
<input type="checkbox"/>	Other



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### Fixed Staffing Matrix

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

Unit/ Clinic Name:	Endoscopy					
Unit/ Clinic Type:	Perioperative Services Mandatory Call Department					
Unit/ Clinic Address:	1201 S Miller St					
Effective as of:	7/1/2024					
Hours of the day						
Hour of the day	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Mon-Friday 0700-1900	D/E	10,12	3.00			
Mon-Friday on Call 1930-0700	E/N	12.00	1.00			
Sat- Sun 0700-0700 On Call	D/E/N	24.00	1.00			



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### Unit Information

### Additional Care Team Members

[illegible]

### Unit Information

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

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

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

☐ Skill mix

☐ Level of experience of nursing and patient care staff

☐ Need for specialized or intensive equipment

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



[illegible]