COVER PAGE

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

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Washington State Department of HEALTH

Hospital Staffing Form

Attestation

Date: 12/26/24

I, the undersigned with responsibility for MultiCare Covington Medical Cen 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: June Altaras

June Altaras Digitally signed by June Altaras Date: 2024.12.30 15:45:34 -08'00'

Hospital Information

Name of Hospital: MultiCare Covington Medical Center			
Hospital License #: HAC.FS.60803817			
Hospital Street Address: 17700 SE 272nd St			
City/Town: Covington	State: WA	Zip code: 98042-4951	
Is this hospital license affiliated with more than one location?	☐ Yes	☑ No	
If "Yes" was selected, please provide the location name and address			
Review Type:	☑ Annual	Review Date: 12/3/24	
	☐ Update	Next Review Date:	
Effective Date: 1/1/25			
Date Approved: 12/3/24			

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

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

Description:

☑ Terms of applicable collective bargaining agreement

Description:

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

Description:

☑ Hospital finances and resources

Description:

☐ Other

Description:

Signature

CEO & Co-chairs Name:	Signature:	Date:
June Altaras - Covington President		12/3/2024
Staci Hartmann - Covington Co Chair		12/23/24
Michaela Marken - Covington Co Chair		12/23/24

Total Votes	
# of Approvals	# of Denials
6	0

Access unit staffing matrices here.

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Washington State Department of HEALTH

DOH 346-154

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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:	**Emergency Department**					
Unit/ Clinic Type:	**Outpatient Services**					
Unit/ Clinic Address:	**17700 SE 272nd St. Covington, WA 98042**					
Effective as of:	**1/1/2025**					
Metric:						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday-Sunday	7:00am	12	3	0	0	1
	9:00am	12	1	0	0	1
	11:00am	12	1	0	0	1
	3:00pm	12	2	0	0	1
	7:00pm	12	3	0	0	1

Unit Information

Additional Care Team Members

	Shift Coverage			
Occupation	Day	Evening	Night	Weekend
EDTECH (UAP)	aried, included in staffing plan as UA	Varied, included in staffing plan as UAP	aried, included in staffing plan as UA	Varied, included in staffing plan as UAP
Charge nurse	24/7			

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

☑ Activity such as patient admissions, discharges, and transfers

Description:

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

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

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

Description:
19-bed unit serving King County and surrounding communities. Located in Covington, WA the unit serves as the gateway for several medically underserved areas to the east, south, and west, who are seeking services along the more populated interstate 5 corridor between Tacoma and Seattle.

☑ Skill mix

Description:

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

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

☑ Level of experience of nursing and patient care staff

Description:

☐ Need for specialized or intensive equipment

Description:

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

Description:

☐ Other

Description:

Washington State Department of HEALTH

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:	**Medical Surgical Unit**										
Unit/ Clinic Type:	**Inpatient Services**										
Unit/ Clinic Address:	**17700 SE 272nd St. Covington, WA 98042**										
Average Daily Census:	**20**				**Maximum # of Beds:**		**24**				
Effective as of:	**1/1/2025**										
Census											
Please select metric type	**Shift Type**	**Shift Length in Hours**	**Min # of RN's**	**Min # of LPN's**	**Min # of CNA's**	**Min # of UAP's**	**Min # of RN HPUS**	**Min # of LPN HPUS**	**Min # of CNA HPUS**	**Min # of UAP HPUS**	**Total Minimum Direct Pt. Care HPUS** (hours per unit of service)
24	Day	12.00	5.00	0.00	2.00	0.00	2.50	0.00	1.00	0.00	7.00
	Night	12.00	5.00	0.00	2.00	0.00	2.50	0.00	1.00	0.00	
24	Day	12.00	4.00	0.00	3.00	0.00	2.00	0.00	1.50	0.00	7.00
	Night	12.00	4.00	0.00	3.00	0.00	2.00	0.00	1.50	0.00	
23	Day	12.00	5.00	0.00	2.00	0.00	2.61	0.00	1.04	0.00	7.30
	Night	12.00	5.00	0.00	2.00	0.00	2.61	0.00	1.04	0.00	
23	Day	12.00	4.00	0.00	3.00	0.00	2.09	0.00	1.57	0.00	7.30
	Night	12.00	4.00	0.00	3.00	0.00	2.09	0.00	1.57	0.00	
22	Day	12.00	5.00	0.00	1.00	0.00	2.73	0.00	0.55	0.00	6.55
	Night	12.00	5.00	0.00	1.00	0.00	2.73	0.00	0.55	0.00	
22	Day	12.00	4.00	0.00	2.00	0.00	2.18	0.00	1.09	0.00	6.55
	Night	12.00	4.00	0.00	2.00	0.00	2.18	0.00	1.09	0.00	
21	Day	12.00	5.00	0.00	1.00	0.00	2.86	0.00	0.57	0.00	7.43
	Night	12.00	5.00	0.00	2.00	0.00	2.86	0.00	1.14	0.00	
21	Day	12.00	4.00	0.00	1.00	0.00	2.29	0.00	0.57	0.00	6.29
	Night	12.00	4.00	0.00	2.00	0.00	2.29	0.00	1.14	0.00	
20	Day	12.00	5.00	0.00	1.00	0.00	3.00	0.00	0.60	0.00	7.20
	Night	12.00	5.00	0.00	1.00	0.00	3.00	0.00	0.60	0.00	
20	Day	12.00	4.00	0.00	2.00	0.00	2.40	0.00	1.20	0.00	7.20
	Night	12.00	4.00	0.00	2.00	0.00	2.40	0.00	1.20	0.00	
19	Day	12.00	5.00	0.00	1.00	0.00	3.16	0.00	0.63	0.00	7.58
	Night	12.00	5.00	0.00	1.00	0.00	3.16	0.00	0.63	0.00	
19	Day	12.00	4.00	0.00	2.00	0.00	2.53	0.00	1.26	0.00	7.58
	Night	12.00	4.00	0.00	2.00	0.00	2.53	0.00	1.26	0.00	
18	Day	12.00	4.00	0.00	1.00	0.00	2.67	0.00	0.67	0.00	6.67
	Night	12.00	4.00	0.00	1.00	0.00	2.67	0.00	0.67	0.00	
18	Day	12.00	3.00	0.00	2.00	0.00	2.00	0.00	1.33	0.00	6.67
	Night	12.00	3.00	0.00	2.00	0.00	2.00	0.00	1.33	0.00	
17	Day	12.00	4.00	0.00	1.00	0.00	2.82	0.00	0.71	0.00	7.06
	Night	12.00	4.00	0.00	1.00	0.00	2.82	0.00	0.71	0.00	
17	Day	12.00	3.00	0.00	2.00	0.00	2.12	0.00	1.41	0.00	7.06
	Night	12.00	3.00	0.00	2.00	0.00	2.12	0.00	1.41	0.00	
16	Day	12.00	4.00	0.00	1.00	0.00	3.00	0.00	0.75	0.00	7.50
	Night	12.00	4.00	0.00	1.00	0.00	3.00	0.00	0.75	0.00	

16	Day	12.00	3.00	0.00	2.00	0.00	2.25	0.00	1.50	0.00	7.50
	Night	12.00	3.00	0.00	2.00	0.00	2.25	0.00	1.50	0.00	
15	Day	12.00	3.00	0.00	1.00	0.00	2.40	0.00	0.80	0.00	6.40
	Night	12.00	3.00	0.00	1.00	0.00	2.40	0.00	0.80	0.00	
14	Day	12.00	3.00	0.00	0.00	0.00	2.57	0.00	0.00	0.00	5.14
	Night	12.00	3.00	0.00	0.00	0.00	2.57	0.00	0.00	0.00	
13	Day	12.00	3.00	0.00	0.00	0.00	2.77	0.00	0.00	0.00	5.54
	Night	12.00	3.00	0.00	0.00	0.00	2.77	0.00	0.00	0.00	
12	Day	12.00	3.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	6.00
	Night	12.00	3.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	
12	Day	12.00	2.00	0.00	1.00	0.00	2.00	0.00	1.00	0.00	6.00
	Night	12.00	2.00	0.00	1.00	0.00	2.00	0.00	1.00	0.00	
11	Day	12.00	3.00	0.00	0.00	0.00	3.27	0.00	0.00	0.00	6.55
	Night	12.00	3.00	0.00	0.00	0.00	3.27	0.00	0.00	0.00	
11	Day	12.00	2.00	0.00	1.00	0.00	2.18	0.00	1.09	0.00	6.55
	Night	12.00	2.00	0.00	1.00	0.00	2.18	0.00	1.09	0.00	
10	Day	12.00	2.00	0.00	0.00	0.00	2.40	0.00	0.00	0.00	4.80
	Night	12.00	2.00	0.00	0.00	0.00	2.40	0.00	0.00	0.00	
9	Day	12.00	3.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	8.00
	Night	12.00	3.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	
8	Day	12.00	2.00	0.00	0.00	0.00	3.00	0.00	#REF!	0.00	#REF!
	Night	12.00	2.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	
7	Day	12.00	2.00	0.00	0.00	0.00	3.43	0.00	0.00	0.00	6.86
	Night	12.00	2.00	0.00	0.00	0.00	3.43	0.00	0.00	0.00	
6	Day	12.00	2.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	8.00
	Night	12.00	2.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	
5	Day	12.00	2.00	0.00	0.00	0.00	4.80	0.00	0.00	0.00	9.60
	Night	12.00	2.00	0.00	0.00	0.00	4.80	0.00	0.00	0.00	
4	Day	12.00	2.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	12.00
	Night	12.00	2.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	
3	Day	12.00	2.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	16.00
	Night	12.00	2.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	
2	Day	12.00	2.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	24.00
	Night	12.00	2.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	
1	Day	12.00	2.00	0.00	0.00	0.00	24.00	0.00	0.00	0.00	48.00
	Night	12.00	2.00	0.00	0.00	0.00	24.00	0.00	0.00	0.00	

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Charge Nurse	24/7			
HUC (UAP)	Varied, included in staffing plan as	Varied, included in staffing plan as UAP	Varied, included in staffing plan as	Varied, included in staffing plan as UAP

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

☑ Activity such as patient admissions, discharges, and transfers

Description:

This unit experiences a high daily CHURN rate of admissions, discharges, and transfers.

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

Description:

This unit specializes in post-surgical care, orthopedic care, medical telemetry, and medical management. This unit has the capability for 24 remote telemetry monitoring.

☑ Skill mix

Description:

Varied additional certifications held by staff including ACLS, Chemo, CMSRN, ONC, CWON

☑ Level of experience of nursing and patient care staff

Description:

Varied experience levels balanced on both day and night shift.

☐ 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:

This unit supports 24 adult care beds located on the third floor.

☑ Other

Description:

1:1 behavioral and medical sitter needs

Washington State Department of HEALTH

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:	**Progressive Care Unit**		
Unit/ Clinic Type:	**Inpatient Services**		
Unit/ Clinic Address:	**17700 SE 272nd St. Covington, WA 98042**		
Average Daily Census:	**20**	**Maximum # of Beds:**	**24**
Effective as of:	**1/1/2025**		
Census			

Please select metric type	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
24	Day	12.00	5.00	0.00	3.00	0.00	2.50	0.00	1.50	0.00	8.00
	Night	12.00	5.00	0.00	3.00	0.00	2.50	0.00	1.50	0.00	
24	Day	12.00	4.00	0.00	4.00	0.00	2.00	0.00	2.00	0.00	8.00
	Night	12.00	4.00	0.00	4.00	0.00	2.00	0.00	2.00	0.00	
24	Day	12.00	6.00	0.00	2.00	0.00	3.00	0.00	1.00	0.00	8.00
	Night	12.00	6.00	0.00	2.00	0.00	3.00	0.00	1.00	0.00	
23	Day	12.00	5.00	0.00	3.00	0.00	2.61	0.00	1.57	0.00	8.35
	Night	12.00	5.00	0.00	3.00	0.00	2.61	0.00	1.57	0.00	
23	Day	12.00	4.00	0.00	4.00	0.00	2.09	0.00	2.09	0.00	8.35
	Night	12.00	4.00	0.00	4.00	0.00	2.09	0.00	2.09	0.00	
23	Day	12.00	6.00	0.00	2.00	0.00	3.13	0.00	1.04	0.00	8.35
	Night	12.00	6.00	0.00	2.00	0.00	3.13	0.00	1.04	0.00	
22	Day	12.00	5.00	0.00	3.00	0.00	2.73	0.00	1.64	0.00	8.73
	Night	12.00	5.00	0.00	3.00	0.00	2.73	0.00	1.64	0.00	
22	Day	12.00	4.00	0.00	4.00	0.00	2.18	0.00	2.18	0.00	8.73
	Night	12.00	4.00	0.00	4.00	0.00	2.18	0.00	2.18	0.00	
22	Day	12.00	6.00	0.00	2.00	0.00	3.27	0.00	1.09	0.00	8.73
	Night	12.00	6.00	0.00	2.00	0.00	3.27	0.00	1.09	0.00	
21	Day	12.00	5.00	0.00	3.00	0.00	2.86	0.00	1.71	0.00	9.14
	Night	12.00	5.00	0.00	3.00	0.00	2.86	0.00	1.71	0.00	
21	Day	12.00	4.00	0.00	4.00	0.00	2.29	0.00	2.29	0.00	9.14
	Night	12.00	4.00	0.00	4.00	0.00	2.29	0.00	2.29	0.00	
21	Day	12.00	6.00	0.00	2.00	0.00	3.43	0.00	1.14	0.00	9.14
	Night	12.00	6.00	0.00	2.00	0.00	3.43	0.00	1.14	0.00	
20	Day	12.00	4.00	0.00	2.00	0.00	2.40	0.00	1.20	0.00	7.20
	Night	12.00	4.00	0.00	2.00	0.00	2.40	0.00	1.20	0.00	
20	Day	12.00	4.00	0.00	1.00	0.00	2.40	0.00	0.60	0.00	6.00
	Night	12.00	4.00	0.00	1.00	0.00	2.40	0.00	0.60	0.00	
20	Day	12.00	5.00	0.00	1.00	0.00	3.00	0.00	0.60	0.00	7.20
	Night	12.00	5.00	0.00	1.00	0.00	3.00	0.00	0.60	0.00	
19	Day	12.00	4.00	0.00	2.00	0.00	2.53	0.00	1.26	0.00	7.58
	Night	12.00	4.00	0.00	2.00	0.00	2.53	0.00	1.26	0.00	
19	Day	12.00	5.00	0.00	1.00	0.00	3.16	0.00	0.63	0.00	7.58
	Night	12.00	5.00	0.00	1.00	0.00	3.16	0.00	0.63	0.00	

19	Day	12.00	5.00	0.00	0.00	0.00	3.16	0.00	0.00	0.00	6.32
	Night	12.00	5.00	0.00	0.00	0.00	3.16	0.00	0.00	0.00	
18	Day	12.00	4.00	0.00	2.00	0.00	2.67	0.00	1.33	0.00	8.00
	Night	12.00	4.00	0.00	2.00	0.00	2.67	0.00	1.33	0.00	
18	Day	12.00	3.00	0.00	3.00	0.00	2.00	0.00	2.00	0.00	8.00
	Night	12.00	3.00	0.00	3.00	0.00	2.00	0.00	2.00	0.00	
18	Day	12.00	5.00	0.00	1.00	0.00	3.33	0.00	0.67	0.00	8.00
	Night	12.00	5.00	0.00	1.00	0.00	3.33	0.00	0.67	0.00	
17	Day	12.00	4.00	0.00	2.00	0.00	2.82	0.00	1.41	0.00	8.47
	Night	12.00	4.00	0.00	2.00	0.00	2.82	0.00	1.41	0.00	
17	Day	12.00	3.00	0.00	3.00	0.00	2.12	0.00	2.12	0.00	8.47
	Night	12.00	3.00	0.00	3.00	0.00	2.12	0.00	2.12	0.00	
17	Day	12.00	5.00	0.00	1.00	0.00	3.53	0.00	0.71	0.00	8.47
	Night	12.00	5.00	0.00	1.00	0.00	3.53	0.00	0.71	0.00	
16	Day	12.00	4.00	0.00	2.00	0.00	3.00	0.00	1.50	0.00	9.00
	Night	12.00	4.00	0.00	2.00	0.00	3.00	0.00	1.50	0.00	
16	Day	12.00	3.00	0.00	3.00	0.00	2.25	0.00	2.25	0.00	9.00
	Night	12.00	3.00	0.00	3.00	0.00	2.25	0.00	2.25	0.00	
16	Day	12.00	5.00	0.00	1.00	0.00	3.75	0.00	0.75	0.00	9.00
	Night	12.00	5.00	0.00	1.00	0.00	3.75	0.00	0.75	0.00	
15	Day	12.00	3.00	0.00	2.00	0.00	2.40	0.00	1.60	0.00	8.00
	Night	12.00	3.00	0.00	2.00	0.00	2.40	0.00	1.60	0.00	
15	Day	12.00	4.00	0.00	1.00	0.00	3.20	0.00	0.80	0.00	8.00
	Night	12.00	4.00	0.00	1.00	0.00	3.20	0.00	0.80	0.00	
15	Day	12.00	4.00	0.00	0.00	0.00	3.20	0.00	0.00	0.00	6.40
	Night	12.00	4.00	0.00	0.00	0.00	3.20	0.00	0.00	0.00	
14	Day	12.00	3.00	0.00	2.00	0.00	2.57	0.00	1.71	0.00	8.57
	Night	12.00	3.00	0.00	2.00	0.00	2.57	0.00	1.71	0.00	
14	Day	12.00	4.00	0.00	0.00	0.00	3.43	0.00	0.00	0.00	6.86
	Night	12.00	4.00	0.00	0.00	0.00	3.43	0.00	0.00	0.00	
14	Day	12.00	4.00	0.00	1.00	0.00	3.43	0.00	0.86	0.00	8.57
	Night	12.00	4.00	0.00	1.00	0.00	3.43	0.00	0.86	0.00	
13	Day	12.00	3.00	0.00	2.00	0.00	2.77	0.00	1.85	0.00	9.23
	Night	12.00	3.00	0.00	2.00	0.00	2.77	0.00	1.85	0.00	
13	Day	12.00	4.00	0.00	0.00	0.00	3.69	0.00	0.00	0.00	7.38
	Night	12.00	4.00	0.00	0.00	0.00	3.69	0.00	0.00	0.00	
13	Day	12.00	4.00	0.00	1.00	0.00	3.69	0.00	0.92	0.00	9.23
	Night	12.00	4.00	0.00	1.00	0.00	3.69	0.00	0.92	0.00	
12	Day	12.00	3.00	0.00	2.00	0.00	3.00	0.00	2.00	0.00	10.00
	Night	12.00	3.00	0.00	2.00	0.00	3.00	0.00	2.00	0.00	
12	Day	12.00	2.00	0.00	3.00	0.00	2.00	0.00	3.00	0.00	10.00
	Night	12.00	2.00	0.00	3.00	0.00	2.00	0.00	3.00	0.00	
12	Day	12.00	4.00	0.00	1.00	0.00	4.00	0.00	1.00	0.00	10.00
	Night	12.00	4.00	0.00	1.00	0.00	4.00	0.00	1.00	0.00	
11	Day	12.00	3.00	0.00	2.00	0.00	3.27	0.00	2.18	0.00	10.91
	Night	12.00	3.00	0.00	2.00	0.00	3.27	0.00	2.18	0.00	
11	Day	12.00	2.00	0.00	3.00	0.00	2.18	0.00	3.27	0.00	10.91
	Night	12.00	2.00	0.00	3.00	0.00	2.18	0.00	3.27	0.00	
11	Day	12.00	4.00	0.00	1.00	0.00	4.36	0.00	1.09	0.00	10.91
	Night	12.00	4.00	0.00	1.00	0.00	4.36	0.00	1.09	0.00	
10	Day	12.00	2.00	0.00	1.00	0.00	2.40	0.00	1.20	0.00	7.20
	Night	12.00	2.00	0.00	1.00	0.00	2.40	0.00	1.20	0.00	
10	Day	12.00	2.00	0.00	0.00	0.00	2.40	0.00	0.00	0.00	4.80
	Night	12.00	2.00	0.00	0.00	0.00	2.40	0.00	0.00	0.00	
10	Day	12.00	3.00	0.00	0.00	0.00	3.60	0.00	0.00	0.00	7.20
	Night	12.00	3.00	0.00	0.00	0.00	3.60	0.00	0.00	0.00	
9	Day	12.00	2.00	0.00	1.00	0.00	2.67	0.00	1.33	0.00	8.00
	Night	12.00	2.00	0.00	1.00	0.00	2.67	0.00	1.33	0.00	
9	Day	12.00	2.00	0.00	0.00	0.00	2.67	0.00	0.00	0.00	5.33
	Night	12.00	2.00	0.00	0.00	0.00	2.67	0.00	0.00	0.00	

9	Day	12.00	3.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	8.00
	Night	12.00	3.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	
8	Day	12.00	2.00	0.00	1.00	0.00	3.00	0.00	1.50	0.00	9.00
	Night	12.00	2.00	0.00	1.00	0.00	3.00	0.00	1.50	0.00	
8	Day	12.00	2.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	6.00
	Night	12.00	2.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	
8	Day	12.00	3.00	0.00	0.00	0.00	4.50	0.00	0.00	0.00	9.00
	Night	12.00	3.00	0.00	0.00	0.00	4.50	0.00	0.00	0.00	
7	Day	12.00	2.00	0.00	1.00	0.00	3.43	0.00	1.71	0.00	10.29
	Night	12.00	2.00	0.00	1.00	0.00	3.43	0.00	1.71	0.00	
7	Day	12.00	2.00	0.00	0.00	0.00	3.43	0.00	0.00	0.00	6.86
	Night	12.00	2.00	0.00	0.00	0.00	3.43	0.00	0.00	0.00	
7	Day	12.00	3.00	0.00	0.00	0.00	5.14	0.00	0.00	0.00	10.29
	Night	12.00	3.00	0.00	0.00	0.00	5.14	0.00	0.00	0.00	
6	Day	12.00	2.00	0.00	1.00	0.00	4.00	0.00	2.00	0.00	12.00
	Night	12.00	2.00	0.00	1.00	0.00	4.00	0.00	2.00	0.00	
6	Day	12.00	2.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	8.00
	Night	12.00	2.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	
5	Day	12.00	2.00	0.00	0.00	0.00	4.80	0.00	0.00	0.00	9.60
	Night	12.00	2.00	0.00	0.00	0.00	4.80	0.00	0.00	0.00	
4	Day	12.00	2.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	12.00
	Night	12.00	2.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	
3	Day	12.00	2.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	16.00
	Night	12.00	2.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	
2	Day	12.00	2.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	24.00
	Night	12.00	2.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	
1	Day	12.00	2.00	0.00	0.00	0.00	24.00	0.00	0.00	0.00	48.00
	Night	12.00	2.00	0.00	0.00	0.00	24.00	0.00	0.00	0.00	

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Charge Nurse	24/7			
HUC (UAP)	Varied, included in staffing plan as	Varied, included in staffing plan as UAP	Varied, included in staffing plan as	Varied, included in staffing plan as UAP

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

☑ Activity such as patient admissions, discharges, and transfers

Description:

This unit experiences a high daily CHURN rate of admissions, discharges, and transfers.

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

Description:

Description:

PCU patients have a higher need and may require frequent monitoring / interventions but do not require invasive monitoring. The PCU may still have patients at a higher level of care and lower nurse to patient ratio r/t to the patient's needs. But are less likely to need immediately life/limb saving interventions. They could range from 1:4 to 1:5 with every 4 hour interventions and requiring greater than 6 hours of direct nursing care in a 24-hour period.

☑ 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:

Washington State Department of HEALTH

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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:	Post Anesthesia Care Unit (PACU)		
Unit/ Clinic Type:	Surgical Services		
Unit/ Clinic Address:	17700 SE 272nd St. Covington, WA 90842		
Average Daily Census:	5-10 surgeries	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)
2	Day	10	1	0	0	0	5.00	0.00	0.00	0.00	10.00
	Day	10	1	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend

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:

Procedures include placement of arterial lines and central line monitoring, and regional anesthetic block and pain block management. Patients consist of OR, Cath Lab, IR, Endo, CT, Radiology, Blood tranfusions and infusions, and Cardioversions.

☑ 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:

This unit includes 11 bays/rooms on the 1st floor within the Surgical Suite, including 1 isolation space.

☐ Other

Description:

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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:	**Operating Room (OR)**		
Unit/ Clinic Type:	**Surgical Services**		
Unit/ Clinic Address:	**17700 SE 272nd St Covington, WA 98042**		
Average Daily Census:	**5-10 surgeries**	**Maximum # of Beds:**	**2**
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)
2	Day	10	1	0	0	1	5.00	0.00	0.00	5.00	20.00
	Day	10	1	0	0	1	5.00	0.00	0.00	5.00	
		0	0	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

Unit Information

Additional Care Team Members

Occupation	Shift Coverage: Day	Evening	Night	Weekend
Surgical Tech (UAP)	d, counted in staffing plan above as		d, counted in staffing plan above as	
Turnover Tech	0645-1715 (2- M-F)			
Anesthesia Tech	0500-1330 (1- M-F)			
Resource Coordinator	0630-1500 (1- M-F)			

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

☐ Activity such as patient admissions, discharges, and transfers

Description:

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

Description:

Specialties include ENT, general surgery, gynecology, oral, orthopedics, plastics, podiatry, urology, vascular, and robotics.

☐ 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:

This unit includes 8 OR rooms, 1 Cysto room.

☑ Other

Description:

Surgical services are available 24 hours a day by a surgical team who is on-site or on-call. Each operating room is staffed with a minimum of two staff members; one to perform scrub duties and the other as a circulator. The circulator is an RN. The care provided at CMC Surgery Department is based on hospital policy and procedures, and professional standards of care established by the Department of Nursing, AORN, and the American Society of Anesthesiologists (ASA). Patient care is based on age, sex, physical and mental limitations, past medical history, and the procedure to be performed.

Washington State Department of HEALTH

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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:	**Surgical Admission Unit (SAU)**		
Unit/ Clinic Type:	**Surgical Services**		
Unit/ Clinic Address:	**177000 SE 272nd St. Covington, WA 98042**		
Average Daily Census:	**5-10 surgeries**	**Maximum # of Beds:**	**8**
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)
2	Day	12	1	0	0	0	6.00	0.00	0.00	0.00	12.00
	Day	12	1	0	0	0	6.00	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend

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:

The PAC nurse(s) provide oversight of patient care in the pre-anesthesia clinic. The goal is every pre-scheduled surgery patient, and GI/SPU outpatients requiring an Anesthesiologisy for their procedure are scheduled for a Pre-Anesthesia appointment as either a clinic visit or telephone interview.

☐ 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: