COVER PAGE

The following is the comprehensive hospital staffing plan for Prosser Memorial Health 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: 1/24/20

I, the undersigned with responsibility for Prosser Memorial Health 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: Craig J. Marks, CEO

Hospital Information

Name of Hospital: Prosser Me	morial He	alth									
Hospital License #: HAC.FS.00000046											
Hospital Street Address: 200 Prosser Health Drive											
City/Town: Prosser State: WA Zip code: 99350											
Is this hospital license affiliated with more than one location? Yes No											
If "Yes" was selected, please provi	ide the	Prosser WA 99356 Prosser Therapy a Women's Health, 3	0; Prosser Occupation 10 Rehab, 326 Cha 136 Chardonnay Ave 15 Ton Dale Ave, Ben	onal Medicine 723 I rdonnay, Prosser V en Suite A & B, Pro	sser Specialty Clinic, 820 Memorial, Memorial, Prosser, WA 99350; VA 99350; Prosser Family & sser WA 99350; Benton City Clinic, ; Grandview Clinic, 1003 Wallace						
Review Type:	✓ Anr	nual	Review Dat	_{e:} 1/24/25							
Update Next Review Date: 1/1/26											
Effective Date: 2/1/25											
Date Approved: 1/24/25											

Hospital Information Continued (Optional)

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

1

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

Description:

Staffing guidelines reflect national professional nursing associations including Emergency Nurse Association (ENA); Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN); Association of Perioperative Registered Nurses (AORN); American Society of Peri-Anesthesia Nurses (ASPN), Society of Gastroenterology Nurses and Associates (SGNA), American Association of Nurse Anesthesiology (AANA); Academy of Medical Surgical nurses (AMSN)



Terms of applicable collective bargaining agreement

Description:

We have two collective bargaining agreements for staff providing patient care. SEIU Healthcare 1199NW for Nurses and AFSCME local 874-H for non-nurses. Both units were actively involved in the development of the staffing plan and participate on the Hospital Staffing Committee.



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

Description:

The staffing plan supports all relevant state and federal laws including those regarding meal and rest periods and use of overtime and on-call shifts. The Hospital maintains accountability and transparency by reporting compliance at the Hospital Staffing Committee.



Hospital finances and resources

Description:

- 1. Staffing expense and utilization is reviewed monthly and shared with all employees across the organization.
- 2. Wages are reviewed annually to ensure they reflect market changes.
- 3. Education dollars are available to any employee wanting to improve their knowledge and skills.



Other

Description:

Other factors considered include Patient Satisfaction surveys, Employee satisfaction (assessed in congregate and by department); turn over, utilization of travelers, and patient falls, and employee injuries because of patient handling activities.

Signature

CEO & Co-chairs Name:	Signature:	Date:
Craig J. Marks, CEO	Craig 1. Mars	1/24/25
Merry Fuller, CNO Co Chair	min della	1/24/25
Maryann Hildebrant, RN Co Chair	1 Vyunka Kudubnut	1/24/25
	1 1 1	

Total Votes											
# of Approvals	# of Denials										
16	0										

Access unit staffing matrices here.

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DOH 346-154

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

Fixed Staffing Matrix

Unit/ Clinic Name:	Emergency Services												
Unit/ Clinic Type:	Emergency Services												
Unit/ Clinic Address:	200 Prosser Health Driv	ve, Prosser, WA	99350										
Effective as of:	2/1/2025												
Hours of the day													
Hour of the day	Day of the week	Anticipated # of Visits	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's							
700	Sunday	1.00	2.00	0.00	1.00	0.00							
	Monday	1.00	2.00	0.00	1.00	0.00							
	Tuesday	1.00	2.00	0.00	1.00	0.00							
	Wednesday	1.00	2.00	0.00	1.00	0.00							
	Thursday	1.00	2.00	0.00	1.00	0.00							
	Friday	1.00	2.00	0.00	1.00	0.00							
	Saturday	1.00	2.00	0.00	1.00	0.00							
800	Sunday	2.00	2.00	0.00	1.00	0.00							
	Monday	2.00	2.00	0.00	1.00	0.00							
	Tuesday	2.00	2.00	0.00	1.00	0.00							
	Wednesday	2.00	2.00	0.00	1.00	0.00							
	Thursday	2.00	2.00	0.00	1.00	0.00							
	Friday	2.00	2.00	0.00	1.00	0.00							
	Saturday	2.00	2.00	0.00	1.00	0.00							
900	Sunday	2.00	2.00	0.00	1.00	0.00							
	Monday	2.00	2.00	0.00	1.00	0.00							

	Tuesday	2.00	2.00	0.00	1.00	0.00
	Wednesday	2.00	2.00	0.00	1.00	0.00
	Thursday	2.00	2.00	0.00	1.00	0.00
	Friday	2.00	2.00	0.00	1.00	0.00
	Saturday	2.00	2.00	0.00	1.00	0.00
	,					
1000	Sunday	3.00	3.00	0.00	1.00	0.00
	Monday	4.00	3.00	0.00	1.00	0.00
	Tuesday	3.00	3.00	0.00	1.00	0.00
	Wednesday	3.00	3.00	0.00	1.00	0.00
	Thursday	3.00	3.00	0.00	1.00	0.00
	Friday	3.00	3.00	0.00	1.00	0.00
	Saturday	3.00	3.00	0.00	1.00	0.00
	-					
1100	Sunday	3.00	3.00	0.00	1.00	0.00
	Monday	4.00	3.00	0.00	1.00	0.00
	Tuesday	3.00	3.00	0.00	1.00	0.00
	Wednesday	3.00	3.00	0.00	1.00	0.00
	Thursday	3.00	3.00	0.00	1.00	0.00
	Friday	3.00	3.00	0.00	1.00	0.00
	Saturday	3.00	3.00	0.00	1.00	0.00
	,					
1200	Sunday	4.00	3.00	0.00	0.00	1.00
	Monday	5.00	3.00	0.00	0.00	1.00
	Tuesday	4.00	3.00	0.00	0.00	1.00
	Wednesday	4.00	3.00	0.00	0.00	1.00
	Thursday	4.00	3.00	0.00	0.00	1.00
	Friday	4.00	3.00	0.00	0.00	1.00
	Saturday	4.00	3.00	0.00	0.00	1.00
1300	Sunday	3.00	3.00	0.00	0.00	1.00
	Monday	4.00	3.00	0.00	0.00	1.00
	Tuesday	3.00	3.00	0.00	0.00	1.00
	Wednesday	3.00	3.00	0.00	0.00	1.00
	Thursday	3.00	3.00	0.00	0.00	1.00
	Friday	3.00	3.00	0.00	0.00	1.00
	Saturday	3.00	3.00	0.00	0.00	1.00
1400	Sunday	3.00	3.00	0.00	0.00	1.00
	Monday	3.00	3.00	0.00	0.00	1.00
	Tuesday	4.00	3.00	0.00	0.00	1.00
	Wednesday	3.00	3.00	0.00	0.00	1.00
	Thursday	3.00	3.00	0.00	0.00	1.00
	Friday	3.00	3.00	0.00	0.00	1.00

	Saturday	3.00	3.00	0.00	0.00	1.00
	3333337			0.00	0.00	1.00
1500	Sunday	2.00	3.00			1.00
	Monday	3.00	3.00			1.00
	Tuesday	2.00	3.00			1.00
	Wednesday	2.00	3.00			1.00
	Thursday	2.00	3.00			1.00
	Friday	2.00	3.00			1.00
	Saturday	2.00	3.00			1.00
	· · · · · ·					
1600	Sunday	4.00	3.00	0.00	0.00	1.00
	Monday	4.00	3.00	0.00	0.00	1.00
	Tuesday	4.00	3.00	0.00	0.00	1.00
	Wednesday	4.00	3.00	0.00	0.00	1.00
	Thursday	4.00	3.00	0.00	0.00	1.00
	Friday	4.00	3.00	0.00	0.00	1.00
	Saturday	4.00	3.00	0.00	0.00	1.00
	<u> </u>					
1700	Sunday	3.00	3.00	0.00	0.00	1.00
	Monday	4.00	3.00	0.00	0.00	1.00
	Tuesday	3.00	3.00	0.00	0.00	1.00
	Wednesday	3.00	3.00	0.00	0.00	1.00
	Thursday	3.00	3.00	0.00	0.00	1.00
	Friday	3.00	3.00	0.00	0.00	1.00
	Saturday	3.00	3.00	0.00	0.00	1.00
1800	Sunday	4.00	3.00	0.00	0.00	1.00
	Monday	5.00	3.00	0.00	0.00	1.00
	Tuesday	4.00	3.00	0.00	0.00	1.00
	Wednesday	4.00	3.00	0.00	0.00	1.00
	Thursday	4.00	3.00	0.00	0.00	1.00
	Friday	4.00	3.00	0.00	0.00	1.00
	Saturday	4.00	3.00	0.00	0.00	1.00
1900	Sunday	4.00	3.00	0.00	0.00	1.00
	Monday	5.00	3.00	0.00	0.00	1.00
	Tuesday	4.00	3.00	0.00	0.00	1.00
	Wednesday	4.00	3.00	0.00	0.00	1.00
	Thursday	4.00	3.00	0.00	0.00	1.00
	Friday	4.00	3.00	0.00	0.00	1.00
	Saturday	4.00	3.00	0.00	0.00	1.00
2000	Sunday	4.00	3.00	0.00	0.00	1.00
	Monday	5.00	3.00	0.00	0.00	1.00

			•			
	Tuesday	4.00	3.00	0.00	0.00	1.00
	Wednesday	4.00	3.00	0.00	0.00	1.00
	Thursday	4.00	3.00	0.00	0.00	1.00
	Friday	4.00	3.00	0.00	0.00	1.00
	Saturday	4.00	3.00	0.00	0.00	1.00
2100	Sunday	3.00	3.00	0.00	0.00	1.00
	Monday	3.00	3.00	0.00	0.00	1.00
	Tuesday	3.00	3.00	0.00	0.00	1.00
	Wednesday	3.00	3.00	0.00	0.00	1.00
	Thursday	3.00	3.00	0.00	0.00	1.00
	Friday	3.00	3.00	0.00	0.00	1.00
	Saturday	3.00	3.00	0.00	0.00	1.00
2200	Sunday	2.00	2.00	0.00	0.00	1.00
	Monday	2.00	2.00	0.00	0.00	1.00
	Tuesday	2.00	2.00	0.00	0.00	1.00
	Wednesday	2.00	2.00	0.00	0.00	1.00
	Thursday	2.00	2.00	0.00	0.00	1.00
	Friday	2.00	2.00	0.00	0.00	1.00
	Saturday	2.00	2.00	0.00	0.00	1.00
2300	Sunday	2.00	2.00	0.00	0.00	1.00
	Monday	2.00	2.00	0.00	0.00	1.00
	Tuesday	2.00	2.00	0.00	0.00	1.00
	Wednesday	2.00	2.00	0.00	0.00	1.00
	Thursday	2.00	2.00	0.00	0.00	1.00
	Friday	2.00	2.00	0.00	0.00	1.00
	Saturday	2.00	2.00	0.00	0.00	1.00
0.000	Sunday	1.00	2.00	0.00	0.00	1.00
	Monday	1.00	2.00	0.00	0.00	1.00
	Tuesday	1.00	2.00	0.00	0.00	1.00
	Wednesday	1.00	2.00	0.00	0.00	1.00
	Thursday	1.00	2.00	0.00	0.00	1.00
	Friday	1.00	2.00	0.00	0.00	1.00
	Saturday	1.00	2.00	0.00	0.00	
	Jaturuay	1.00	2.00	0.00	0.00	1.00
100	Sunday	0.00	2.00	0.00	0.00	1.00
100	Monday	0.00	2.00		0.00	1.00
	Tuesday	0.00	2.00	0.00		
				0.00	0.00	1.00
	Wednesday	0.00	2.00	0.00	0.00	1.00
	Thursday	0.00	2.00	0.00	0.00	1.00
	Friday	0.00	2.00	0.00	0.00	1.00

	Saturday	0.00	2.00	0.00	0.00	1.00
	- Jacan day	0.00		0.00	0.00	1.00
200	Sunday	0.00	2.00	0.00	0.00	1.00
	Monday	0.00	2.00	0.00	0.00	1.00
	Tuesday	0.00	2.00	0.00	0.00	1.00
	Wednesday	0.00	2.00	0.00	0.00	1.00
	Thursday	0.00	2.00	0.00	0.00	1.00
	Friday	0.00	2.00	0.00	0.00	1.00
	Saturday	0.00	2.00	0.00	0.00	1.00
300	Sunday	0.00	2.00	0.00	0.00	1.00
	Monday	0.00	2.00	0.00	0.00	1.00
	Tuesday	0.00	2.00	0.00	0.00	1.00
	Wednesday	0.00	2.00	0.00	0.00	1.00
	Thursday	0.00	2.00	0.00	0.00	1.00
	Friday	0.00	2.00	0.00	0.00	1.00
	Saturday	0.00	2.00	0.00	0.00	1.00
400	Sunday	0.00	2.00	0.00	0.00	1.00
	Monday	0.00	2.00	0.00	0.00	1.00
	Tuesday	0.00	2.00	0.00	0.00	1.00
	Wednesday	0.00	2.00	0.00	0.00	1.00
	Thursday	0.00	2.00	0.00	0.00	1.00
	Friday	0.00	2.00	0.00	0.00	1.00
	Saturday	0.00	2.00	0.00	0.00	1.00
500	Sunday	0.00	2.00	0.00	0.00	1.00
	Monday	0.00	2.00	0.00	0.00	1.00
	Tuesday	0.00	2.00	0.00	0.00	1.00
	Wednesday	0.00	2.00	0.00	0.00	1.00
	Thursday	0.00	2.00	0.00	0.00	1.00
	Friday	0.00	2.00	0.00	0.00	1.00
	Saturday	0.00	2.00	0.00	0.00	1.00
500	Consider	0.00	2.00			
600	Sunday	0.00	2.00	0.00	0.00	1.00
	Monday	0.00		0.00	0.00	1.00
	Tuesday Wednesday	0.00	2.00	0.00	0.00	1.00
	·	0.00	2.00	0.00	0.00	1.00
	Thursday	0.00	2.00	0.00	0.00	1.00
	Friday	0.00	2.00	0.00	0.00	1.00
	Saturday	0.00	2.00	0.00	0.00	1.00
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Washington State Department of HEALTH H 346-154			format, call 1- hearing c (Wash	t this document in another 800-525-0127. Deaf or hard of customers, please call 711 nington Relay) or email formation@doh.wa.gov.
	Unit Informat	ion		
	Additional Care Team M	lembers Shift Coverage		
Occupation	Day	Evening	Night	Weekend
MD/DO	1	1	1	1
EMT/Paramedic	As needed	As needed	As needed	As needed
House Supervisor	1	1	1	1
Resource RN	As needed	As needed	As needed	As needed
Float Staff	As needed	As needed	As needed	As needed
Tele Neuro/Stroke	As needed	As needed	As needed	As needed
Tele Psych	As needed	As needed	As needed	As needed
Sitters	As needed	As needed	As needed	As needed
EPICC Vascular	As needed	As needed	As needed	As needed
Code Team	As needed	As needed	As needed	As needed
Social Services	As needed	As needed	As needed	As needed
Case Management	As needed	As needed	As needed	As needed
Crisis Chaplain	As needed	On Demand	On Demand	On Demand

							U	nit Inforn	natio	n									
				Fac	ctors C	onsidered in th	e De	evelopme	ent o	f the	Unit	St	affin	g Pla	n				
	(Check all that apply):																		
	V	Acti	vity su	ch as pati	ent adm	issions, discharges,	and t	ransfers											
	•	Pati	ent ad	missions	s, disch	arges, transfers, L	eft W	ithout Bein	g See	n (LW	BS), aı	nd	code	activa	tions	are re	viewed	d month	ly.
Ш	• Patient admissions, discharges, transfers, Left Without Being Seen (LWBS), and code activations are reviewed monthly. Review includes an assessment of staffing to see if staffing levels were adequate for the demand.													_					
\square	Census is reviewed by hour of the day on a routine basis and staffing schedules are adjusted in response to identified													1					
-	trends.																		
\Box																			
		1														1	1		
		Dationt	acuity	loval inte	oncity of	care needs, and the	o type	of care to	ha dal	ivered	on 03	ch (chift						
	_					care needs, and the	стурс	or care to	De dei	ivereu	OII Ca		511111			1			
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	patie				-	observation due t		•		-								-	
	are r				_	s appropriately ad			•		-								
-	Poen			•		diac or Respirator each shift and incl	-		_								-		-
	-			_		ab, and Diagnosti			_						-				
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															1	1	1		1

	7	Skill mix	K													
	•	Prin	nary st	taffing in	the ED	is provided by ED train	ed RN's and	I ED T	echs	(MA or	CNA).					
	•	Sup	pleme	ntal staff	ing is p	provided by support sta	ff with appr	opria	ate ori	entatio	n and	compe	tency a	assess	sment.	
	•	Staf	fing ar	nd patien	t safety	y is supplemented with	the followir	ng: EN	1 T, Pa	ramed	ics, Re	spirato	ry The	rapist	s, Security,	
	Reso	urce N	urses,	Floating	Staff (F	RNs/Techs), and non-li	censed sitte	ers.								
The House Supervisors and Resource Nurses aid with transfers, admissions, case management/utilization review, hearding nations, and identifying additional staff as needed.																
boarding patients, and identifying additional staff as needed.																
Additional providers (MD/DO or APC) may be called in needed.																
		11 .1	r	• • • • • • • • • • • • • • • • • • • •												
	✓		•		-	and patient care staff	+					+	:	:	:	
	The staffing matrix reflects RNs who can function independently a primary ED nurses															
	Additional staff (RNs or MA/CNAs) with appropriate orientation may float (or be scheduled) in the department to provide													/ide		
	supplemental support due to high census or acuity.													_		
														_		
																_
																_
						:	:					:		:	:	
	✓	Need fo	or spec	ialized or	intensiv	ve equipment										
	•	Spe	cialize	d or inter	nsive e	quipment is housed in	the ED and	inclu	des, b	ut not	limited	to the	follow	ing: C	ardiac monito	rs, EKG
	macl	hine, Ul	trasou	und, Adul	lt and F	Pediatric Crash Carts, R	apid Infuse	r, Wa	rming	g and C	ooling	equipr	nent, a	and Tr	acheostomy K	it.
			I		1	1	I			1 1	1		1	1	1	II .

4	Architec	ture	and geogr	aphy of	the unit such	as placeme	ent of patien	t rooi	ns, tre	atment	areas,	nursing	statio	ns, me	dication	
	preparat	ion a	reas, and	equipm	ent											
 As of 2/1/25 the ED will have one (1) five (5) fast track rooms; two (2) trauma bays; one (1) non-ligature room; two (2) isolation rooms; one (1) bariatric room; and six (6) Standard ED rooms. Diagnostic Imaging and Surgical Services are adjacent to the ED. There is a separate Ambulance Entrance that has access to the Heliport. Care giver stations are readily available throughout the unit to provide easy access to patient rooms and supply rooms. 																
 Care giver stations are readily available throughout the unit to provide easy access to patient rooms and supply rooms. Equipment alcoves and supply rooms are strategically placed on the unit. Clean supply and linen are strategically placed on the unit. Each room has a "Nurse Server" to ensure remote access to items in a clean cabinet accessible within the patient room. Trash and dirty linen receptacles are available in each room. 																
	Other															
			l	1							1	1	1			



1346-154

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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Na	ime:	Critical Care U	Init											
Unit/ Clinic Ty	pe:	Inpatient Inte	nsive Car	e/Critica	l Care Uni	it								
Unit/ Clinic Ac	ldress:	200 Prosser H	ealth Driv	ve, Pross	er WA 99	350								
Average Daily	Census:	4				Maxim	um # of Bed	s:	4					
Effective as of	:	1/24/2025												
Census														
Census			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	Day (0700-1930)	12.00	2.00	0.00	0.00	0.00	24.00	0.00	0.00	0.00	48.00			
	Night (1900-0730)	12.00	2.00	0.00	0.00	0.00	24.00	0.00	0.00	0.00				
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				

		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	Day (0700-1930)	12.00	2.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	24.00
	Night (1900-0730)	12.00	2.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	Day (0700-1930)	12.00	2.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	16.00
	Night (1900-0730)	12.00	2.00	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	
		0.00	0.00	0.00	0.00	0.00	0.00	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	Day (0700-1930)	12.00	2.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	12.00
	Night (1900-0730)	12.00	2.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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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OH 346-154			(Wash	nington Relay) or email formation@doh.wa.gov.
011040-104				
	Unit Information	on		
	Additional Care Team Me			
		Shift Coverage	1	
Occupation	Day	Evening	Night	Weekend
Float RN/CNA/MA	As needed	As needed	As needed	As needed
Resource RN	1	1		1
Respiratory Therapist	1	1	1	1
MD/DO	1	1	1	1
Sitter	As needed	As needed	As needed	As needed
US/Telemetry Tech	1	1	1	1
EPICC Vascular	As needed	As needed	As needed	As needed
House Supervisor	1	1	1	1
Physical Therapist	1	0	0	0
Occupational Therapist	1	0	0	0
Speech Therapist	1	0	0	0
Dietician	1	0	0	0
Telepsychiatry	On Demand	On Demand	On Demand	On Demand
Tele Neurology	On Demand	On Demand	On Demand	On Demand
Wound Care RN	As needed	As needed	As needed	As needed
Social Services	1	As needed	As needed	As needed
Case Management	1	As needed	As needed	As needed

							Unit Infor	matic	n								
			Fa	store C	onsider	ad in the	Developm	ont o	f tha Linit	C+	offin	a Dlar					
			га	ctors c	.onsidei		-			Эι	allili	g Piai	ı				
ı			1		1	(Che	eck all that	арріу	'):			Ī					
		<u> </u>		<u> </u>			1										
V		-		-			nd transfers										
•						_	ving challenge					-	-	-			
	•		etting in b	oth the	ED and In	patient sett	ting. It is com	mon fo	r patients to	be	transf	erred a	across	the s	tate c	ranot	her state
to rec	eive ca				011 -				A			DE					
•			_	_			, or interventi					-					
•			_				ort (24-72 ho		-					-			
and a	bility to	meet	their nee	ds. This	will preve	ent filling a	regional ICU	bed if v	ve are able to	ор	rovide	care a	ind ke	ep car	eloc	cal for p	atients
prefer	ring no	t being	g sent ou	t of the a	rea.	_											
preiei	iiiig iio	CDCITIE	5 Scrit ou	t of the a	irca.												
	Patient	acuity	level, int	ensity of	f care need	ds, and the	type of care to	b be de	livered on ea	ch:	shift						
V					ļ		type of care to										
•	WAC	266-3	20-261 C	ritical o	r Intensive	e Care Serv	ices was use	d to inf	orm our stat	fin	g ratio						
•	WA(Guid	266-3 delines	20-261 C for High	ritical o Acuity S	r Intensive Staffing, 1	e Care Serv :1 nurse ra		d to inf	orm our stat	fin	g ratio		asses	smen	t, and	d interv	entions
•	WAC Guid 5 minu	266-3 delines	20-261 C for High quired. V	ritical o Acuity S entilate	r Intensive Staffing, 1 d Patients	e Care Serv :1 nurse ra	ices was use tio: Continuo	d to inf us car	form our stat diopulmona	ffin ry i	g ratio	oring,					
•	WAC Guid 5 minu	266-3 delines	20-261 C for High quired. V	ritical o Acuity S entilate	r Intensive Staffing, 1 d Patients	e Care Serv :1 nurse ra	ices was use	d to inf us car	form our stat diopulmona	ffin ry i	g ratio	oring,					
• every	WAC Guid 5 minu Guid	266-3 delines des red delines	20-261 C for High quired. V	ritical o Acuity S entilate	r Intensive Staffing, 1 d Patients	e Care Serv :1 nurse ra	ices was use tio: Continuo	d to inf us car	form our stat diopulmona	ffin ry i	g ratio	oring,					
• every	WAC Guid 5 minu Guid red (ev	266-3 delines ites red delines ery 1-2	20-261 C for High quired. V for Mod hours).	ritical o Acuity s entilate erate Ac	r Intensive Staffing, 1 d Patients cuity Staffi	e Care Serv :1 nurse ra :. ng, 1:2 nur	ices was use tio: Continuo se ratio: Freq	d to inf us car uent c	form our stat diopulmona ardiopulmoi	ffin ry i	g ration monitory	oring,	g, asse	essme	ent, a	nd inte	erventions
• every • requi	WAC Guid 5 minu Guid red (ev The	2266-3 delines delines delines ery 1-2 on-shi	20-261 C s for High quired. V s for Mod 2 hours).	ritical o Acuity S entilate erate Ac Supervi	r Intensive Staffing, 1 d Patients cuity Staffi sor may p	e Care Serv :1 nurse ra :. ng, 1:2 nur	ices was use tio: Continuo se ratio: Freq ditional resou	d to inf us car uent c	form our stat diopulmona ardiopulmoi	ffin ry i	g ration monitory	oring,	g, asse	essme	ent, a	nd inte	erventions
• every • requi	WAC Guid 5 minu Guid red (ev The	2266-3 delines delines delines ery 1-2 on-shi	20-261 C s for High quired. V s for Mod 2 hours).	ritical o Acuity S entilate erate Ac Supervi	r Intensive Staffing, 1 d Patients cuity Staffi sor may p	e Care Serv :1 nurse ra :. ng, 1:2 nur	ices was use tio: Continuo se ratio: Freq ditional resou	d to inf us car uent c	form our stat diopulmona ardiopulmoi	ffin ry i	g ration monitory	oring,	g, asse	essme	ent, a	nd inte	erventions
• every • requi	WAC Guid 5 minu Guid red (ev The	2266-3 delines delines delines ery 1-2 on-shi	20-261 C s for High quired. V s for Mod 2 hours).	ritical o Acuity S entilate erate Ac Supervi	r Intensive Staffing, 1 d Patients cuity Staffi sor may p	e Care Serv :1 nurse ra :. ng, 1:2 nur	ices was use tio: Continuo se ratio: Freq ditional resou	d to inf us car uent c	form our stat diopulmona ardiopulmoi	ffin ry i	g ration monitory	oring,	g, asse	essme	ent, a	nd inte	erventions
• every • requi	WAC Guid 5 minu Guid red (ev The	2266-3 delines delines delines ery 1-2 on-shi	20-261 C s for High quired. V s for Mod 2 hours).	ritical o Acuity S entilate erate Ac Supervi	r Intensive Staffing, 1 d Patients cuity Staffi sor may p	e Care Serv :1 nurse ra :. ng, 1:2 nur	ices was use tio: Continuo se ratio: Freq ditional resou	d to inf us car uent c	form our stat diopulmona ardiopulmoi	ffin ry i	g ration monitory	oring,	g, asse	essme	ent, a	nd inte	erventions
• every • requi	WAC Guid 5 minu Guid red (ev The	2266-3 delines delines delines ery 1-2 on-shi	20-261 C s for High quired. V s for Mod 2 hours).	ritical o Acuity S entilate erate Ac Supervi	r Intensive Staffing, 1 d Patients cuity Staffi sor may p	e Care Serv :1 nurse ra :. ng, 1:2 nur	ices was use tio: Continuo se ratio: Freq ditional resou	d to inf us car uent c	form our stat diopulmona ardiopulmoi	ffin ry i	g ration monitory	oring,	g, asse	essme	ent, a	nd inte	erventions
• every • requi	WAC Guid 5 minu Guid red (ev The	2266-3 delines delines delines ery 1-2 on-shi	20-261 C s for High quired. V s for Mod 2 hours).	ritical o Acuity S entilate erate Ac Supervi	r Intensive Staffing, 1 d Patients cuity Staffi sor may p	e Care Serv :1 nurse ra :. ng, 1:2 nur	ices was use tio: Continuo se ratio: Freq ditional resou	d to inf us car uent c	form our stat diopulmona ardiopulmoi	ffin ry i	g ration monitory	oring,	g, asse	essme	ent, a	nd inte	erventions
• every • requi	WAC Guid 5 minu Guid red (ev The	2266-3 delines delines delines ery 1-2 on-shi	20-261 C s for High quired. V s for Mod 2 hours).	ritical o Acuity S entilate erate Ac Supervi	r Intensive Staffing, 1 d Patients cuity Staffi sor may p	e Care Serv :1 nurse ra :. ng, 1:2 nur	ices was use tio: Continuo se ratio: Freq ditional resou	d to inf us car uent c	form our stat diopulmona ardiopulmoi	ffin ry i	g ration monitory	oring,	g, asse	essme	ent, a	nd inte	erventions
• every • requi	WAC Guid 5 minu Guid red (ev The	2266-3 delines delines delines ery 1-2 on-shi	20-261 C s for High quired. V s for Mod 2 hours).	ritical o Acuity S entilate erate Ac Supervi	r Intensive Staffing, 1 d Patients cuity Staffi sor may p	e Care Serv :1 nurse ra :. ng, 1:2 nur	ices was use tio: Continuo se ratio: Freq ditional resou	d to inf us car uent c	form our stat diopulmona ardiopulmoi	ffin ry i	g ration monitory	oring,	g, asse	essme	ent, a	nd inte	erventions

	V	Skill mi	Х													
	•	As th	nis is a	new serv	ice line	and only four (4) beds,	care will be	taker	to en	sure co	mpeten	t critic	al care	nurse	es are availab l	e to
	care f	for thes	e patie	ents 24/7.												
	•	Criti	cal Car	re educati	on and	learning will be ongoing	g to allow al	ll inte	rested	staff a	n oppor	tunity	to deve	elop th	eir skill cari ng	for this
	patie	nt popu	ılation													
	•	Onsi	ite Spa	nish Inter	preters	are readily available, a	nd an on-de	eman	d vide	syster	n is imı	nediat	ely ava	ilable	for any langua	ige and
\neg	sign l	anguag	ge.													
i																
	7	Level o	f exper	ience of n	ursing a	and patient care staff		1				1	1			
	•		•			ith experience and profic	riency carin	o for	critica	l care/l	CII nati	ante wi	II he re	adily:	availahle wher	an ICI
\neg	natie	nt is on		٠,	I II V S WI	iui experience and prom	ording daring	8 101	cirtica	t carc/r	oo paa	SIICS WI	tt be re	Jaurty		1 411 100
	•				entation	n of new staff is customi	zed to the ex	xperie	ence. k	nowled	lge, and	l skill d	of the o	rientir	ng RN.	
	•			_		y scheduled with a seas		•			_				-	n an d
\neg	comp		_			al support is also readily						-				
		·						•								
T i																
	V	Need fo	or spec	ialized or	intensiv	/e equipment						ļ	ļ	ļ		
	•					d with a ceiling lift										
	•					e pressure with an anter	oom for air	borne	e isola	tion.						
\neg	•				_	ilable if needed.										
\neg	•			onitoring	-											
\neg	•			_	station	ns are in multiple location	ons on the f	loor t	o ensu	ıre a ra	pid ide	ntifica	tion ar	nd resp	onse to conce	ernin g
\neg	rhyth	ms or v	⁄ital sig	gns.												
\dashv																
\neg																
			1													

4	Architectur	e and geog	raphy of	the unit such as plac	ement o	f patien	t roor	ns, tre	atmen	t a	reas, r	nursing	statio	ns, me	dication	
	preparation	areas, and	equipm	ent												
• patie	All room ent 24/7.	s are sing	e occup	ancy and provide sl	eeping a	accom	noda	tions	for one	sı	ıppor	t perso	on (> Y	ears o	ld) to support	the
•		s have priv	ate bat	hrooms, large windo	ows. and	large	televi	sions.								
•		-		door courtyard and		_				d fa	amilie	es to er	njoy wl	nen ab	ole.	
•		-		with medication pro			_	-								
•	Care give	er stations	are rea	dily available throug	hout the	e unit to	prov	ide ea	asy acc	es	s to p	atient	rooms	and s	supply rooms.	
•	Equipme	ent alcoves	and su	pply rooms are stra	tegically	placed	d on t	he uni	t.							
•	Clean su	ipply and l	inen are	strategically placed	d on the	unit.										
•	Each roo	m has a "	Nurse S	erver" to ensure rem	ote acce	ess to it	tems i	in a cl	ean ca	biı	net ac	cessit	le with	nin the	e patient room.	•
										-			•	-	-	
	Other															
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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic N	ame:	Acute Care De	partmen	t							
Unit/ Clinic Ty	ype:	Inpatient Med	dical Unit								
Unit/ Clinic A	ddress:	200 Prosser H	ealth Driv	ve, Pross	er WA 99	350					
Average Daily	Census:	12				Maxim	um # of Bed	s:	19		
Effective as o	f:										
Census											
Census			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	Day (0700-1930)	12.00	2.00	0.00	0.00	0.00	24.00	0.00	0.00	0.00	48.00
	Night (1900-0730)	12.00	2.00	0.00	0.00	0.00	24.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	Day (0700-1930)	12.00	2.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	24.00
	Night (1900-0730)	12.00	2.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	Day (0700-1930)	12.00	2.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	16.00
	Night (1900-0730)	12.00	2.00	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	
		0.00	0.00	0.00	0.00	0.00	0.00	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	Day (0700-1930)	12.00	2.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	12.00
	Night (1900-0730)	12.00	2.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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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		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	Day (0700-1930)	12.00	2.00	0.00	0.00	0.00	4.80	0.00	0.00	0.00	9.60
	Night (1900-0730)	12.00	2.00	0.00	0.00	0.00	4.80	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	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	Day (0700-1930)	12.00	2.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	8.00
	Night (1900-0730)	12.00	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	Day (0700-1930)	12.00	2.00	0.00	1.00	0.00	3.43	0.00	1.71	0.00	10.29
	Night (1900-0730)	12.00	2.00	0.00	1.00	0.00	3.43	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
							_				-

		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	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!	#DIV/0!
		0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
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8	Day (0700-1930)	12.00	2.00	0.00	1.00	0.00	3.00	0.00	1.50	0.00	9.00
	Night (1900-0730)	12.00	2.00	0.00	1.00	0.00	3.00	0.00	1.50	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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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		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	Day (0700-1930)	12.00	2.00	0.00	1.00	0.00	2.67	0.00	1.33	0.00	8.00
	Night (1900-0730)	12.00	2.00	0.00	1.00	0.00	2.67	0.00	1.33	0.00	
	3 1 (111 111 11)	0.00	0.00	0.00	0.00	0.00	0.00	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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10	D (0700 1000)										7.00
10	Day (0700-1930)	12.00	2.00	0.00	1.00	0.00	2.40	0.00	1.20	0.00	7.20
	Night (1900-0730)	12.00	2.00	0.00	1.00	0.00	2.40	0.00	1.20	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	
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		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	Day (0700-1930)	12.00	3.00	0.00	2.00	0.00	3.27	0.00	2.18	0.00	8.73
	Night (1900-0730)	12.00	2.00	0.00	1.00	0.00	2.18	0.00	1.09	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	Day (0700-1930)	12.00	3.00	0.00	2.00	0.00	3.00	0.00	2.00	0.00	8.00
	Night (1900-0730)	12.00	2.00	0.00	1.00	0.00	2.00	0.00	1.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
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		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
13	Day (0700-1930)	12.00	3.00	0.00	2.00	0.00	2.77	0.00	1.85	0.00	9.23
	Night (1900-0730)	12.00	3.00	0.00	2.00	0.00	2.77	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	Day (0700-1930)	12.00	3.00	0.00	2.00	0.00	2.57	0.00	1.71	0.00	8.57
	Night (1900-0730)	12.00	3.00	0.00	2.00	0.00	2.57	0.00	1.71	0.00	
	8 1 (111 117)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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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		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
15	Day (0700-1930)	12.00	3.00	0.00	2.00	0.00	2.40	0.00	1.60	0.00	8.00
	Night (1900-0730)	12.00	3.00	0.00	2.00	0.00	2.40	0.00	1.60	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
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		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
16	Day (0700-1930)	12.00	4.00	0.00	2.00	0.00	3.00	0.00	1.50	0.00	8.25
	Night (1900-0730)	12.00	3.00	0.00	2.00	0.00	2.25	0.00	1.50	0.00	
	Night (1300-0730)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
17	Day (0700-1930)	12.00	4.00	0.00	2.00	0.00	2.82	0.00	1.41	0.00	7.76
	17(0 22 22)										7.7.0
	Night (1900-0730)	12.00	3.00	0.00	2.00	0.00	2.12	0.00	1.41	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
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		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
18	Day (0700-1930)	12.00	4.00	0.00	2.00	0.00	2.67	0.00	1.33	0.00	7.33
	Night (1900-0730)	12.00	3.00	0.00	2.00	0.00	2.00	0.00	1.33	0.00	
	5 1 (333 31 39)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
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		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
19	Day (0700-1930)	12.00	4.00	0.00	2.00	0.00	2.53	0.00	1.26	0.00	7.58
	Night (1900-0730)	12.00	4.00	0.00	2.00	0.00	2.53	0.00	1.26	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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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Washington State Department of HEALTH			format, call 1-	t this document in another -800-525-0127. Deaf or hard of
OH 346-154			(Wash	customers, please call 711 nington Relay) or email formation@doh.wa.gov.
	Unit Informati	on		
	Additional Care Team Me	embers Shift Coverage		
_		T Coverage	1	
Occupation	Day	Evening	Night	Weekend
Float RN/CAN/MA	As needed	As needed	As needed	As needed
Resource RN	1	1		1
Respiratory Therapist	1	1	1	1
MD/DO	1	1	1	1
Sitter	As needed	As needed	As needed	As needed
US/Telemetry Tech	1	1	1	1
EPICC Vascular	As needed	As needed	As needed	As needed
House Supervisor	1	1	1	1
Physical Therapist	1	0	0	0
Occupational Therapist	1	0	0	0
Speech Therapist	1	0	0	0
Dietician	1	0	0	0
Telepsychiatry	On Demand	On Demand	On Demand	On Demand
Tele Neurology	On Demand	On Demand	On Demand	On Demand
Wound Care RN	As needed	As needed	As needed	As needed
Social Services	1	As needed	As needed	As needed
Case Management	1	As needed	As needed	As needed

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	-	Patient	acuity	level, inte	ensity of	care need	ds, and the typ	e of care to	be de	livered	on ea	ch	shift						
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Skill mix Staffing in the Acute Care Depratment is provided by Registered Nurses, Certified Nursing Assistants, Medical Assistants, Nurse Tachs, Unit Secretary/Monitor Techs, Respiratory Therapists, Physical THerapists, Speech Therapists, Dieticians, Wound Care RN specialists, and certified PICC nurses. Staff are actively cross trained to ensure the ability to respond to spikes in census or acuity. Travel RN's are utilized to support staffing during known staffing deficits such as vacation or extended illnesses. Onsite Spanish interpreters are readily available and an on-demand video system is immediately available for any language and sign language.		1	1															11
Techs, Unit Secretary/Monitor Techs, Respiratory Therapists, Physical THerapists, Speech Therapists, Dieticians, Wound Care RN specialists, and certified PICC nurses. Staff are actively cross trained to ensure the ability to respond to spikes in census or acuity. Travel RN's are utilized to support staffing during known staffing deficits such as vacation or extended illnesses. Onsite Spanish interpreters are readily available and an on-demand video system is immediately available for any language and sign language. Value Itevel of experience of nursing and patient care staff		✓	Skill mi	Х														
specialists, and certified PICC nurses. Staff are actively cross trained to ensure the ability to respond to spikes in census or acuity. Travel RN's are utilized to support staffing during known staffing deficits such as vacation or extended illnesses. Onsite Spanish interpreters are readily available and an on-demand video system is immediatley available for any language and sign language. Value of experience of nursing and patient care staff No less than two (2) RNs with experience and proficiency in teh Acute Care department must be in the department each shift. ONboarding and orientation of new staff is customized to experience, knowledge, and skill of the orienting RN. New graduates are routinely scheduled with seasoned RN for several rotations until they have completed their orientation and compentency assessment. Additional support is readily available beyond the orientation period when needed. Value of experience of nursing and patient care staff No less than two (2) RNs with experience and proficiency in the Acute Care department must be in the department each shift. ONboarding and orientation of new staff is customized to experience, knowledge, and skill of the orienting RN. New graduates are routinely scheduled with seasoned RN for several rotations until they have completed their orientation and compentency assessment. Additional support is readily available beyond the orientation period when needed. Value of experience of nursing and patient care staff No less than two (2) RNs with experience and proficiency in the Acute Care department must be in the department each shift. ONboarding and orientation of new staff is customized to support family involvement in end-of-life care or in special circumstances. There is one Bariatric Room which has bed and ceiling lift that can accommodate 495.5 kg (1027 lbs). The bathroom has a bariatric toilet and no-step bariatric shower. 10 Cardiac telemetry units are available when needed. At therapy gym designed to accommodate both Physical and O		Staffi	ing in th	ne Acu	te Care D	epratm	ent is provid	ed by Regi	stered Nurs	ses, C	ertifie	d Nursi	ng Ass	istant	s, Med	ical A	ssistants, Nu	rse
Travel RN's are utilized to support staffing during known staffing deficits such as vacation or extended illnesses. Onsite Spanish interpreters are readily available and an on-demand video system is immediatley available for any language and sign language. V Level of experience of nursing and patient care staff		Tech	s, Unit	Secret	ary/Moni	tor Tec	hs, Respirato	ry Therap	ists, Physic	al TH	erapis	sts, Spe	ech Th	erapis	ts, Die	tician	s, Wound Car	e RN
interpreters are readily available and an on-demand video system is immediatley available for any language and sign language. Level of experience of nursing and patient care staff No less than two (2) RNs with experience and proficiency in teh Acute Care department must be in the department each shift. ONboarding and orientation of new staff is customized to experience, knowledge, and skill of the orienting RN. New graduates are routinely scheduled with seasoned RN for several rotations until they have completed their orientation and compentency assessment. Additional support is readily available beyond the orientation period when needed. Need for specialized or intensive equipment There is one Palliative Care/Family Support room to support family involvement in end-of-life care or in special circumstances. There is one Bariatric Room which has bed and ceiling lift that can accommoate 495.5 Kg (1027 lbs). The bathroom has a bariatric toilet and no-step bariatric shower. 10 Cardiac telemetry units are available when needed. A therapy gym designed to accommodate both Physical and Occupational Therapy services is continously adjacent to the department. There are two negative		spec	ialists,	and c	ertified P	ICC nur	ses. Staff are	actively o	ross traine	d to e	nsure	the abil	ity to r	espon	d to sp	oikes i	n census or a	cuity.
	\neg	Trave	el RN's	are uti	lized to s	upport	staffing duri	ng known	staffing def	icits	such a	as vacat	ion or	extend	ded illr	nesses	s. Onsite Spai	nish
No less than two (2) RNs with experience and proficiency in teh Acute Care department must be in the department each shift. ONboarding and orientation of new staff is customized to experience, knowledge, and skill of the orienting RN. New graduates are routinely scheduled with seasoned RN for several rotations until they have completed their orientation and compentency assessment. Additional support is readily available beyond the orientation period when needed. Need for specialized or intensive equipment Need for specialized or intensive equipment	\dashv	inter	preters	are re	adily ava	ilable a	and an on-de	emand vid	eo system i	s imn	nediat	ley avai	lable f	or any	langu	age a	nd sign langu	age.
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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Na	ame:	Family Birthpl	lace								
Unit/ Clinic Ty	/pe:	Inpatient Med	lical Unit								
Unit/ Clinic A	ddress:	200 Prosser H	ealth Driv	ve, Pross	er WA 99	350					
Average Daily	Census:	3				Maxim	um # of Bed	s:	6		
Effective as of	f:	1/24/2025									
Census											
Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
1	Day (0700-1930)	12.00	2.00	0.00	0.00	0.00	24.00	0.00	0.00	0.00	48.00
	Night (1900-0730)	12.00	2.00	0.00	0.00	0.00	24.00	0.00	0.00	0.00	
	<u> </u>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	Day (0700-1930)	12.00	2.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	24.00
	Night (1900-0730)	12.00	2.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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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		0.00	0.00	0.00	0.00	0.00	0.00	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	Day (0700-1930)	12.00	2.00	0.00	1.00	0.00	8.00	0.00	4.00	0.00	24.00
	Night (1900-0730)	12.00	2.00	0.00	1.00	0.00	8.00	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	
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		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	Day (0700-1930)	12.00	2.00	0.00	1.00	0.00	6.00	0.00	3.00	0.00	18.00
	Night (1900-0730)	12.00	2.00	0.00	1.00	0.00	6.00	0.00	3.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
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		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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	Day (0700-1930)	12.00	2.00	0.00	1.00	0.00	4.80	0.00	2.40	0.00	14.40
	Night (1900-0730)	12.00	2.00	0.00	1.00	0.00	4.80	0.00	2.40	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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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		0.00	0.00	0.00	0.00	0.00	0.00	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	Day (0700-1930)	12.00	2.00	0.00	1.00	0.00	4.00	0.00	2.00	0.00	12.00
	Night (1900-0730)	12.00	2.00	0.00	1.00	0.00	4.00	0.00	2.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	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 Informati	ion		
	Additional Care Team M	embers Shift Coverage		
Occupation	Day	Evening	Night	Weekend
Float RN/CAN/MA	As needed	As needed	As needed	As needed
Resource RN	1	1		1
Respiratory Therapist	1	1	1	1
MD/DO	1	1	1	1
Anesthesia	1	1	1	1
Scrub Tech & Circulator	As needed	As needed	As needed	As needed
EPICC Vascular	As needed	As needed	As needed	As needed
House Supervisor	1	1	1	1
Interpreter	As needed	As needed	As needed	As needed
US/Telemetry	1	0	0	0
Social Services	1	As needed	As needed	As needed
Dietician	1	0	0	0
Social Services	1	As needed	As needed	As needed
Case Management	1	As needed	As needed	As needed

Factors Considered in the Development of the Unit Staffing Plan (Check all that apply): Activity such as patient admissions, discharges, and transfers Patient admissions, discharges, transfers, and high acuity procedures are reviewed monthly, and staffing schedules are modified based on emerging trends. Alook ahead process is in place to anticipate the number of deliveries anticipated in the following two months. Additional staffing is planned based on this assessment. Staffing is assessed throughout each shift and adjusted as volumes and acuity change. Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift Staffing and staffing assignments are made in compliance with the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Standards for Professional Nurse Staffing for Perinatal Units. These standards provide guidelines for appropriate nurse staffing based on acuity and census to support high-quality patient care and positively influence patient outcomes. Acuity and census changes rapidly in the FBP, therefore staffing and staffing assignments are constantly being assessing adjusted as needed. Should an unanticipated surge in patients or acuity create an unsafe staffing situation that is unable e to be quickly resolved, chain of command is activated: House Supervisor, FBP Director (or designee), and CNO.																		
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	nurse • adjus •	es (AWI e staffin Acui sted as Shou	HONN g base ty and neede uld an) Standar ed on acu census c d. unanticij	ds for Fully and changes	Professional Nurse Staf I census to support high s rapidly in the FBP, the urge in patients or acui	fing for Peri n-quality pa refore staffi ty create an	natal tient ng an unsa	Units. care a d staf	Thes nd pos fing as ffing si	e st sitiv ssig itua	anda ⁄ely ir nmer	rds p Ifluen Its are	rovide ce pat e cons	guide ient o tantly	lines foutcom being	or appro es. assessi	op riat ng

	√	Skill mix	<													
	•	Minii	mum s	staffing is	two (2)	labor train	ned RNs imme	ediately ava	ilable	e even w	hen the	ere are	not patients	on the	unit.	
	•	Orier	ntatior	n/training	is prov	ided, and c	competency a	ssessment	is co	nplete p	rior to	staff r	eceiving an ii	ndeper	ndent staffing	
	assig	nment.														
	•	An oı	rientat	tion to ind	lepende	ent manage	ement of labo	r can take th	ree t	o six mo	nths.					
	•	Staff	may fı	unction in	depend	dently for a	ny phase of c	are for whic	h the	y have c	omplet	ed the	ir orientatior	ı/traini	ing while orien	ta tion
	to oth	-				ry is ongoin	-									
	•						rtum couplet									
	•						s OB techs to									
\neg	•	Obst	etrical	l provider	s inclu	de Obstetrio	cians, Certifie	ed Nurse Mid	eviwb	s, Fami	ly Pract	tice Do	ctors.			
	/	Level of	exper	ience of n	ursing	and patient	care staff	•			•	•				
	•	No le	ess tha	an one (2)	RNs wi	th labor an	nd delivery ex	perience an	d pro	ficiency	caring	for ob	stetrical pati	ents aı	nd newborns w	/ill be
	readi					tient is on t			•	-	J		·			
	•	Onbo	oardin	g and orio	entatio:	n of new sta	aff is customi	zed to the ex	(peri	ence, kn	owledg	ge, and	skill of the o	rientin	ig RN.	
	•	New	gradu	ates are r	outinel	y schedule	d with a seas	oned RN for	seve	ral rotat	ions ur	ntil the	y have comp	leted tl	heir orientatio	n an d
	comp	etency	asses	sment. Ac	lditiona	al support i	s also readily	/ available b	eyon	d the or	ientatio	n peri	od when nee	ded.		
	V	Need fo	r spec	ialized or	intensiv	e equipme	nt	!		1	ļ.	Į.	!			
Ī	•	Each	of the	e six (6) La	abor. D	eliverv. Rec	coverv & Post	partum (LDI	RP) ro	om is e	auippe	ed with	ı a walk-in s	hower	and aerated s	oaking
	tub fo	or labor		` '	,	3,	,	,	,							Ü
	•				tpatien	ıt/observat	ion rooms fo	r labor ched	ks, b	reastfe	eding e	ducati	on, and new	born v	veight and col	or checks.
\neg	•						s immediate a									
	•						ive pressure									
\dashv	•						rn radiant wa	rmer and a	ll ned	natal re	esuscit	ation	supply.			
\dashv	•			-		-	ıvailable for									
\dashv	•				_	, ,	vailable in al		s.							
=	•	reler	metry	retal Mon	iitoring	ıs availabl	le upon requ	est								
				<u> </u>												

V	Architectur	e and geo	graphy of	f the unit such	n as placeme	ent of patien	t roor	ns, tre	atment	areas	nursing	statio	ns, me	dication	
	preparation	areas, ar	d equipm	ent											
• patie	All room ent 24/7.	ns are sin	gle occup	pancy and pr	ovide sleep	oing accomi	noda	tions	for one	suppo	ort perso	on (> 1	6 years	s old) to suppo	ort the
•	 All rooms have private bathrooms, large windows, and large televisions. There is both adjacent outdoor courtvard and an indoor lounge for patients and families to enjoy when able. 														
There is both adjacent outdoor courtyard and an indoor lounge for patients and families to enjoy when able. A locked medication room with medication propagation areas is conveniently located.															
A locked medication room with medication preparation areas is conveniently located.															
Care giver stations are readily available throughout the unit to provide easy access to patient rooms and supply rooms.															
•				pply rooms a	•		d on t	he uni	t.						
•				e strategicall											
•	Each roo	om has a	"Nurse S	erver" to ens	ure remote	access to it	ems	in a cl	ean cab	inet a	ccessil	ole witl	nin the	patient room.	
	Other														
	Other														
															_



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Fixed Staffing Matrix

Unit/ Clinic Name:	Surgical Services Unit								
Unit/ Clinic Type:	Surgical Services								
Unit/ Clinic Address:	200 Prosser Health	Drive, Prosse	er, WA 993	50					
Effective as of:	1/24/2025								
Room assignment									
Room assignment	Day of the week	Anticipated # of Visits	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's			
OR 1	Sunday	2.00	1.00	0.00	0.00	0.00			
	Monday	6.00	1.00	0.00	0.00	0.00			
	Tuesday	6.00	1.00	0.00	0.00	0.00			
	Wednesday	6.00	1.00	0.00	0.00	0.00			
	Thursday	6.00	1.00	0.00	0.00	0.00			
	Friday	6.00	1.00	0.00	0.00	0.00			
	Saturday	2.00	1.00	0.00	0.00	0.00			
OR 2	Sunday	0.00	1.00	0.00	0.00	0.00			
	Monday	6.00	1.00	0.00	0.00	0.00			
	Tuesday	6.00	1.00	0.00	0.00	0.00			
	Wednesday	6.00	1.00	0.00	0.00	0.00			
	Thursday	6.00	1.00	0.00	0.00	0.00			
	Friday	6.00	1.00	0.00	0.00	0.00			
	Saturday	0.00	0.00	0.00	0.00	0.00			
OR 3	Sunday	0.00	1.00	0.00	0.00	0.00			
	Monday	6.00	1.00	0.00	0.00	0.00			
	Tuesday	6.00	1.00	0.00	0.00	0.00			
	Wednesday	6.00	1.00	0.00	0.00	0.00			

	Thursday	6.00	1.00	0.00	0.00	0.00
-	Friday	6.00	1.00	0.00	0.00	0.00
-	Saturday	0.00	0.00	0.00	0.00	0.00
-	- Jatai da y	0.00	0.00	0.00	0.00	0.00
-						
OR 4	Sunday	0.00	1.00	0.00	0.00	0.00
	Monday	6.00	1.00	0.00	0.00	0.00
	Tuesday	6.00	1.00	0.00	0.00	0.00
	Wednesday	6.00	1.00	0.00	0.00	0.00
	Thursday	6.00	1.00	0.00	0.00	0.00
	Friday	6.00	1.00	0.00	0.00	0.00
	Saturday	0.00	0.00	0.00	0.00	0.00
OR 5 (C-Section Suite)	Sunday	1.00	1.00	0.00	0.00	0.00
	Monday	1.00	1.00	0.00	0.00	0.00
	Tuesday	1.00	1.00	0.00	0.00	0.00
	Wednesday	1.00	1.00	0.00	0.00	0.00
	Thursday	1.00	1.00	0.00	0.00	0.00
	Friday	1.00	1.00	0.00	0.00	0.00
	Saturday	1.00	1.00	0.00	0.00	0.00
	,					
Procedure Room	Sunday	0.00	0.00	0.00	0.00	0.00
	Monday	14.00	2.00	0.00	0.00	0.00
	Tuesday	14.00	2.00	0.00	0.00	0.00
	Wednesday	14.00	2.00	0.00	0.00	0.00
	Thursday	14.00	2.00	0.00	0.00	0.00
	Friday	14.00	2.00	0.00	0.00	0.00
	Saturday	14.00	2.00	0.00	0.00	0.00
PACU Phase 1	Sunday	2.00	1.00	0.00	0.00	0.00
	Monday	24.00	4.00	0.00	0.00	0.00
	Tuesday	24.00	4.00	0.00	0.00	0.00
	Wednesday	24.00	4.00	0.00	0.00	0.00
	Thursday	24.00	4.00	0.00	0.00	0.00
	Friday	24.00	4.00	0.00	0.00	0.00
	Saturday	2.00	1.00	0.00	0.00	0.00
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					I	
Pre/Post Phase 2	Sunday	2.00	1.00	0.00	0.00	0.00
·	Monday	24.00	4.00	0.00	0.00	0.00
	Tuesday	24.00	4.00	0.00	0.00	0.00
	Wednesday	24.00	4.00	0.00	0.00	0.00
	Thursday	24.00	4.00	0.00	0.00	0.00
	Friday	24.00	4.00	0.00	0.00	0.00
	Saturday	2.00	1.00	0.00	0.00	0.00
Procedure Room	Sunday	0.00	0.00	0.00	0.00	0.00
	Monday	14.00	2.00	0.00	0.00	0.00
	Tuesday	14.00	2.00	0.00	0.00	0.00
	Wednesday	14.00	2.00	0.00	0.00	0.00
	Thursday	14.00	2.00	0.00	0.00	0.00
	Friday	14.00	2.00	0.00	0.00	0.00
	Saturday	14.00	2.00	0.00	0.00	0.00

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	Unit Informat	ion		
	Additional Care Team M	embers		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
Scrub Tech	1 for each OR	1	1	1
Anesthesia-CRNA	1 for each room	1	1	1
Central Sterile	1	0	0	1
House Supervisor	1	1	1	1
Respiratory Therapy	As Needed	As Needed	As Needed	As Needed
Surgical Assist (RNFA, APC, MD/DO)	As Needed	As Needed	As Needed	As Needed
Surgery Scheduler	1	0	0	0
OR Lead RN	1	0	0	0
PACU Lead RN	1	0	0	0

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							U	1111 11110111	iatio										
			Fac	ctors C	onside	red in th	ne De	evelopme	ent o	f the Unit	: St	affin	g Plai	1				-	
						(Cł	heck	all that a	pply	·):								-	
✓ <u> </u>	Acti	vity su	ch as pati	ent adm	issions, (discharges,	, and t	ransfers											
•			1:1 RN/P																
•			e 1: 1:1 F																
•			p Phase 2																
•			Room: 2:																
•		_	•			•		-		will be com							ce pro		-
	nallv re	cogniz	ad organ	iization	- 4				- · · C · · ·								_	_	
	-	_	_			•		•	-	gical Servic					-			_	
	es (AOF	RN), An	nerican S	ociety o	of Peri-A	nesthesia	Nurse	•	-	gical Servic ty of Gastro					-			_	
	es (AOF ican As	RN), An sociat	nerican S ion of Nu	ociety o	of Peri-A esthesio	nesthesia logy (AAN <i>A</i>	Nurse A)	es (ASPN),	Socie	ty of Gastro	ent	erolog	y Nurs	e and	Asso	ciate	es (SG	SNA) a	nd
	es (AOF ican As	RN), An sociat	nerican S ion of Nu	ociety o	of Peri-A esthesio	nesthesia logy (AAN <i>A</i>	Nurse A)	es (ASPN),	Socie	_	ent	erolog	y Nurs	e and	Asso	ciate	es (SG	SNA) a	nd
	es (AOF ican As	RN), An sociat	nerican S ion of Nu	ociety o	of Peri-A esthesio	nesthesia logy (AAN <i>A</i>	Nurse A)	es (ASPN),	Socie	ty of Gastro	ent	erolog	y Nurs	e and	Asso	ciate	es (SG	SNA) a	nd
Amer •	es (AOF ican As Staff	RN), An sociat ing wil	nerican S ion of Nu l be mod	ociety ourse Ane	of Peri-A esthesio address	nesthesia logy (AANA increased	Nurse A) d patie	es (ASPN), ent acuity o	Socie or spe	ty of Gastro	ent eds	that ii	y Nurs	e and	Asso	ciate	es (SG	SNA) a	nd
Amer •	es (AOF ican As Staff	RN), An sociat ing wil	nerican S ion of Nu l be mod	ociety ourse Ane	of Peri-A esthesio address	nesthesia logy (AANA increased	Nurse A) d patie	es (ASPN), ent acuity o	Socie or spe	ty of Gastro	ent eds	that ii	y Nurs	e and	Asso	ciate	es (SG	SNA) a	nd
Amer •	es (AOF ican As Staff Patient	RN), An sociat ing wil acuity	nerican S ion of Nu I be mod level, inte	ociety o	of Peri-Alesthesio address	nesthesia logy (AANA increased eds, and th	Nurse A) d patie ne type	es (ASPN), ent acuity of e of care to	or spe	ty of Gastro	ente eds ech	that in	y Nurs	e and	o limi	ciate	es (SG	SNA) a	nd wing:
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Amer • • natio	es (AOFican As Staffican Patient Staffican	RN), An sociat ing wil acuity ing an	nerican S ion of Nu l be mod level, inte d practic zed orgar	ociety of the control	of Peri-Alesthesio address care necessards for ards for	nesthesia logy (AANA increased eds, and the all phases	Nurse A) d patie ne type s of Si of care	es (ASPN), ent acuity of e of care to urgical Serve e provided	socie or spe be del vices by Su	cialized ned	eds eds ech plia	that in shift ance w	y Nurs	e and	o limi	ited ited idan erati	to the	e follov e follov ovidecegister	wing:
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	✓	Skill mi	Х													
	•	The	follow	ing discip	olines a	re routinely scheduled	or available	to su	ıpport	Surgica	l Servi	ces ba	sed on	the sp	pecifics of eac	h ca se:
	MD/D	OO, APO	C, RNF	A, RN, CRI	NA Surg	ical Technicians, MA, C	AN, Endosc	ору Т	echni	cians, E	nviron	menta	l Servi	ces Wo	rkers, and Ce	ntral
	Steril	ization	Techn	iicians.												
	•	Whe	en need	ded, staff	with a h	higher scope of licensu	re may fill a	staffi	ng gap	o for a d	iscipli	ne with	n a low	er sco	pe of licensur	e as the
	need	arises														
	•					s scheduled to support		cilita ⁻	te pati	ent flow	'.					
	•	Floa	at staff	assist wi	th flucti	uations in census and a	acuity.									
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	7	Level o	f evner	ience of n	ursing a	and patient care staff										
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	and c				-	eduted with a seasonet itional support is also r							-			entation
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l,																
	✓	Need f	or spec	ialized or	intensiv	e equipment										
	•	Spe	cialize	d equipm	ent for t	the following surgical s	pecialties is	reac	lily ava	ailable:	OB/GY	N, Uro	logy, E	NT, Or	tho, GI, Podia	try,
	minir	-				Surgery, anesthesia.										
	•					joint replacement and					-		-	ar.		
	•					facilitate clear commur							-			
	•			•	itly nee	eded to provide speciali	zed equipm	ent oi	inten	sive equ	ııpmen	t. The	se cas	es are	scheduled ba	sed on
	vendo	or avai	ıabılıty	<i>/</i> .												
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	4	_					ch as placem	ent of patier	nt roo	ms, tre	eatmer	nt a	reas, r	ursing	statio	ns, me	dication	
		preparat	tion ar	eas, and	equipm	ent												
	 The department is laid out for efficient patient flow through pre-op, intra-op, and post-op The Surgical Services Department is readily accessible to the Emergency Room, Diagnostic imaging, and Laboratory. Medication prep areas are accessible in each care area. Adequate care stations are available (both fixed and movable options available). 																	
-			1															
	\vdash_{\sqcap}	Other																
		Other																



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Fixed Staffing Matrix

Unit/ Clinic Name:	Digestive HealthEnd	doscopy Depa	artment			
Unit/ Clinic Type:	Outpatient Endoscop	y Departmer	nt			
Unit/ Clinic Address:	723 Memorial Street	, Prosser, WA	99350			
Effective as of:	1/24/2025					
Room assignment						
Room assignment	Day of the week	Anticipated # of Visits	Min # of RN's	Min#of LPN's	Min # of CNA's	Min # of UAP's
Procedure Room	Sunday	0.00	0.00	0.00	0.00	0.00
	Monday	14.00	2.00	0.00	0.00	0.00
	Tuesday	14.00	2.00	0.00	0.00	0.00
	Wednesday	14.00	2.00	0.00	0.00	0.00
	Thursday	14.00	2.00	0.00	0.00	0.00
	Friday	14.00	2.00	0.00	0.00	0.00
	Saturday	0.00	0.00	0.00	0.00	0.00
Pre/Post Procedure Room	Sunday	0.00	0.00	0.00	0.00	0.00
	Monday	14.00	2.00	0.00	0.00	0.00
	Tuesday	14.00	2.00	0.00	0.00	0.00
	Wednesday	14.00	2.00	0.00	0.00	0.00
	Thursday	14.00	2.00	0.00	0.00	0.00
	Friday	14.00	2.00	0.00	0.00	0.00
	Saturday	0.00	0.00	0.00	0.00	0.00

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	Unit Information	on		
	Additional Care Team Me	embers		
		Shift Coverage	•	
Occupation	Day	Evening	Night	Weekend
GI Tech	2	0	0	0
GI RN Lead	1	0	0	0
CRNA	1	0	0	0
Housekeeping	1	1	0	0
Reception	1	0	0	0
Referral Staff	1			

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	r				, L	Init Inforn	natio	n						,		
			Fac	ctors C	Considered in the D	evelopme	ent o	f the	Unit	St	affin	g Plar	1			
						all that a			•	-		5	•			
					(Cileck	an that a	ippiy	۱٠						,		
✓	Act	vity su	ich as pati	ent adm	nissions, discharges, and	transfers										
•	Staff	ing lev	els are ba	ased on	the volume of patients	that can be	acco	mmo	dated l	by (one pi	ocedu	ire roc	m. St	affing will be i	ncreas ed
when additional procedure rooms are available.																
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7	Patient	acuity	level, inte	ensity of	f care needs, and the typ	e of care to	be de	livered	on ea	ch s	shift					
	Snor	sial co	ncidorati	one for	additional personnel w	ill be deter	mino	d bacc	d on c	om	nlovit	v of pr	ocodi	iro ac	uity of ovpocto	d pationt
nonu	-				level of sedation, and p			ı base	uuil	UII	іріехіі	y or pr	oceut	iie, ac	urty or expecte	u pauem
popu •					e with Society of Gastroe			s and	Associ	ate	es. Inc	: (AGN	۸)" Mi	nimur	n Registered N	lurse
Staffi		_			roenterology Setting". <i>I</i>							•	•		_	
1	_				ance of GI Endoscopy"				,				0,	•	,	
•	Only	low r	isk patien	ıts will ı	receive services at this (outpatient G	3 dep	artme	nt. Pat	ier	nts wit	h risk	factor	s prev	enting care in	this
depa	rtment	will be	e referred	for to th	ne hospitals surgical se	ervices depa	artme	nt for s	service	s.						
•	Pati	ents a	re screen	ed for ri	isk factors by the Proce	duralist, a (31 RN	and a	CRNA	pre	e-proc	edure	•			
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	✓	Skill mi	х														
	•	Core	staffir	ng consis	ts of or	ne RN in pre-op, on	e RN	l in procedu	re ro	om, ar	nd one F	N in re	covery	. One	Endo T	echnician in t	he
	proc	edure r	om ar	nd if need	ed one	e in central sterile to	pro	cess endos	cope	s.			-				
	•					ach shift to support	•		•		ient flov	٧.					
	•				_	oth between cases a				-			у.				
	•			is provid									-				
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	√	Level o	fexper	ience of n	ursing a	and patient care staf	f										
	•	Onb	oardin	g and ori	entatio	on of new staff is cus	ston	nized to the	exper	ience,	knowle	dge, ar	nd skil	l of the	orien	ting RN or GI T	ech.
	•			_		eduled with a seaso						_					
	and	compet	ency as	ssessmer	nt. Addi	itional support is al	lso r	eadily avail	able	beyon	d the ori	entatio	n peri	od wh	en nee	eded.	
- 1						-											
	✓	Need fo	or speci	alized or i	ntensiv	ve equipment											
	•	End	oscopi	c equipm	ent is ι	utilized in this proce	edur	al departme	nt.								
	•	Pro\	ation :	software i	is utiliz	zed to for clinical do	ocun	nentation.									
	•	All e	merge	ncy equip	ment n	necessary to suppor	rt se	dation comp	olica	ions i	s readily	y availa	able.				
						+											
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	Other																	



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Fixed Staffing Matrix

Unit/ Clinic Name:	Wound & Infusion	Services				
Unit/ Clinic Type:	Outpatient Provide	er Based Wound C	Care & Infus	ion Service	S	
Unit/ Clinic Address:	200 Prosser Health	Drive, Prosser W	A 99350			
Effective as of:	1/24/2025					
Day of the week						
Room assignment	Shift Type	Anticipated # of Visits	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Sunday	Closed					
Monday	Days (0700-1500)	30.00	3.00	0.00	1.00	0.00
Tuesday	Davis (0700 4500)	20.00	2.00	0.00	4.00	0.00
Tuesday	Days (0700-1500)	30.00	3.00	0.00	1.00	0.00

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Wednesday	Days (0700-1500)	30.00	3.00	0.00	1.00	0.00
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Thursday	D (0700 1500)	20.00	2.00			
Thursday	Days (0700-1500)	30.00	3.00	0.00	1.00	0.00
			 			
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	1					
Friday	Days (0700-1500)	30.00	3.00	0.00	1.00	0.00
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Saturday	Closed		\vdash			
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	Unit Informa	tion		
	Additional Care Team I	dembers		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
MD/DO/APC	1	0	0	0
Hyperbaric Tech	1	0	0	0
Resource/Float RN	As needed	As needed	As needed	As needed
	As needed	As needed	As needed	As needed
EPICC Vascular				
EPICC Vascular Hyperbaric Supervising Provider	1	0	0	0

							U	nit Inforn	natio	n									
			Fac	tors C	onside	red in th	he De	evelopme	ent o	f the	Unit S	taffir	g Pla	n					
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I			l			, ().	- COR	an that c	.66.7	· /·		1	1			1			
✓	Λcti	vity su	ch as nati	ent adm	iccione d	discharges,	and t	ransfors											
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• car ni			outpatien needed b		-	_	iiusioi	n services a	апа р	ioviae	ı-pase0	ı wour	u care	. uos	eu on '	week	kenas	มนเ W0	unc
oaipi •				-			d their	course of	treatn	nent ca	an be fo	r seve	al wee	ks to r	nonth	S.			
•			e daily ce					204.0001	00 (1)		2010	. 5510	317700	1					
•							ce app	proval. San	ne day	y referi	rals can	beac	comm	odated	l if spa	ace is	s avail	able.	
•								e cared for											ffi n
availa																			
avaitt	able (E[D, Surg	ical Servi	ces, Re	source F	RN) due to	low v	veekend vo	lume							• • •	o p		
avaite	able (EI	D, Surg	ical Servi	ces, Re	source F	RN) due to	low v	veekend vo	lume	•									
avant	able (EI	O, Surg	ical Servi	ces, Re	source F	RN) due to	lowv	veekend vo	lume	•							,		
	able (EI	O, Surg	ical Servi	ces, Re	source F	RN) due to	lowv	veekend vo	lume	•		<u> </u>		1	<u> </u>	+			
								veekend vo			on each	n shift							
	Patient	acuity	level, inte	ensity of	care ne	eds, and th	ne type	e of care to	be de	livered			are pro	vided.					
	Patient The	acuity	level, inte	ensity of	care ne	eds, and th m a few m	ne type		be de	livered depen	iding or	the ca	-		ent.				
	Patient The	acuity	level, inte	ensity of	care ne	eds, and th m a few m	ne type	e of care to	be de	livered depen	iding or	the ca	-		ent.				
	Patient The	acuity	level, inte	ensity of	care ne	eds, and th m a few m	ne type	e of care to	be de	livered depen	iding or	the ca	-		ent.				
	Patient The	acuity	level, inte	ensity of	care ne	eds, and th m a few m	ne type	e of care to	be de	livered depen	iding or	the ca	-		ent.				
	Patient The	acuity	level, inte	ensity of	care ne	eds, and th m a few m	ne type	e of care to	be de	livered depen	iding or	the ca	-		ent.				
	Patient The	acuity	level, inte	ensity of	care ne	eds, and th m a few m	ne type	e of care to	be de	livered depen	iding or	the ca	-		ent.				
	Patient The	acuity	level, inte	ensity of	care ne	eds, and th m a few m	ne type	e of care to	be de	livered depen	iding or	the ca	-		ent.				
	Patient The	acuity	level, inte	ensity of	care ne	eds, and th m a few m	ne type	e of care to	be de	livered depen	iding or	the ca	-		ent.				
	Patient The	acuity	level, inte	ensity of	care ne	eds, and th m a few m	ne type	e of care to	be de	livered depen	iding or	the ca	-		ent.				
	Patient The	acuity	level, inte	ensity of	care ne	eds, and th m a few m	ne type	e of care to	be de	livered depen	iding or	the ca	-		ent.	 			
	Patient The	acuity	level, inte	ensity of	care ne	eds, and th m a few m	ne type	e of care to	be de	livered depen	iding or	the ca	-		ent.				

	7	Skill mix	κ														
	•	The	departı	ment is s	taffed v	with RNs who h	nave rece	ived special	lized 1	rainin	ıg in wo	und ca	re.				
	•	A ph	ysiciar	າ &/or AP	Cmayb	oe present to ev	valuate w	vounds and	provi	de sha	rp debi	rideme	nt.				
	•	А Ну	perbar	ic certifie	ed Tech	nician and RN	l must be	present who	en the	e chan	nber is i	n use.					
	•	А Ну	perbar	ic Traine	d Provi	der must be in	nmediate	ely available	wher	ı the c	hambei	is in u	se.				
	•	A CN	IA/MA a	assists w	ith pati	ient care.											
	•	A sc	hedule	r in the d	epartm	nent assists wit	th sched	uling, insura	ince a	author	ization	s, and _l	ohone	calls.			
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	✓	Level of	f experi	ence of n	ursing a	and patient care	e staff										
	•	Spec	- cialized	l wound o	care tra	nining for nurse	es and pi	oviders is p	rovid	ed by I	Healogi	C					
	•	-				training to sup	-	•		-	_		after ho	our pat	ients.		
	•					n is created for		•		•				-			
	•				-	or provides su	•		hours	s and o	consult	ations	after h	ours.			
					•	•	• •										
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					<u></u> '												<u> </u>
	✓	Need fo	or speci	alized or i	ntensiv	ve equipment											
	•	Spec	cialized	l wound d	care pr	oducts are util	ized as n	eeded.									
	•	Нуре	erbaric	will be u	tilized i	in March after	all orien	tation and c	ompe	tency	assess	ment h	ave be	en con	npleted	d.	
			-					 									
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V	_	ure and geog		the unit such as place	ment of pati	ient roo	ms, tre	eatmei	nt ar	eas, r	ursing	statio	ns, me	dication	
•	The un Medica Adequa	it has three (ation prepara ate caregiver	(3) treat ation sp station	ment rooms, a hyperl pace is available with is are available ovide privacy.				d 2 inf	usio	n bay	/S.				
	Other														



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Fixed Staffing Matrix

Unit/ Clinic Name:	Cardiology & Cardio-Pul	monary Reh	ab Clinic			
Unit/ Clinic Type:	Outpatient Cardiology,	Cardiopulmo	nary Testin	g & Cardiop	oulmonary F	Rehab
Unit/ Clinic Address:	200 Prosser Health Drive	e, Prosser W	A 99350			
Effective as of:	1/24/2025					
Day of the week						
Day of the week	Shift Type	Anticipated # of Visits	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Sunday	Closed					
Monday	Day Shift (0800-1700)	7.00	2.00	0.00	2.00	2.00
		<u> </u>				
		<u> </u>				
Tuesday	Day Shift (0800-1700)	7.00	2.00	0.00	2.00	2.00

NA/a dia cada.	D CI :(: /0000 4700)	7.00	2.00			
Wednesday	Day Shift (0800-1700)	7.00	2.00	0.00	2.00	2.00
Thursday	Day Shift (0800-1700)	7.00	2.00	0.00	2.00	2.00
Friday	Day Shift (0800-1700)	7.00	2.00	0.00	2.00	2.00
,	247 01.1112 (0000 2700)	7.00	2.00	0.00	2.00	2.00
Saturday	Closed					

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	Unit Informat	ion		
	Additional Care Team M	lembers		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
MD/DO/APC	1	0	0	0
Respiratory Therapist	1	0	0	0
RT Director	1	0	0	0
Echo Tech	1	0	0	0
MA/CNA	1	0	0	0
Clinical Director	1	0	0	0
Exercise Physiologist	1	0	0	0
Receptionist	1	0	0	0
Referral Coordinator	1	0	0	0
Equipment Vendor	1	0	0	0
Rapid Response/Code Team	1			
+				
+				

						U	Init Inforn	natio	n								
				Fac	tors C	Considered in the D	evelopme	ent o	f the	Unit !	Sta	affing	g Plar	1			
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l.	✓			· · · · · · · · · · · · · · · · · · ·		nissions, discharges, and t											
	•			logy provi	der app	pointments there is one	Provider (M	1D/D0	or AF	PC) and	l Or	ne MA	, seeir	ng sch	edule	d appointment	ts out of
	two ex	xam roo		nulmono	rv outo	atient diagnostics (pulr	nonanyfuno	stion	Echo (Cardia	αra	m EV	'C U^I	tor Ma	nitor	ota) annointa	onte are
	nre-s			•		ndent diagnostics (puti- ndent on the test being	•				_					,	
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		Patient	acuity	level, inte	ensity of	f care needs, and the type	e of care to l	be del	ivered	on eac	h s	hift					
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	•					partment are considere , patients who present \	_						_				
	Depa			aluation a		-	with an acu	ic car	uiaco	i putili	OII	ary cv	CIIC VVI	tt be t	ansic	irea to the Em	cigcilcy
	•					d additional assistance	, the hospita	al's R	apid R	Respon	se	Team	will re	espon	d to th	e clinic.	
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V	Skill mix	(
•	This	clinic	is staffed	l with M	1D/DP. APC. Respiratory	Therapists	, RNs	, MA/C	NAs, Ex	ercis	e Physic	logist	, Echo	Tech, Reception	onist,
Sche	duler, a	nd Re	ferral Coo	rdinato	or.										
•	Addi	tional	staff floa	t from t	the hospital and adjace	ent clinic to	suppo	ort pat	tient ca	e nee	eds.				
ı			I	I	I	I				1	ı	Ī		I	ı
V	Level of	exper	ience of n	ursing a	and patient care staff										
•	All st	aff wo	orking in t	his are:	a have specialized trair	ning and cor	npete	ency as	ssessm	ents f	or the w	ork th	ey are	assigned.	
•	Orie	ntatio	n and trai	ning is	customized to the indiv	<i>i</i> idual, their	licen	sure, r	espons	ibiliti	es, and	previo	us exp	erience.	
İ			İ	i	i		İ	Ĺ			İ	i		İ	
✓	Need fo	r spec	ialized or	intensiv	e equipment										
•	Each	diagr	nostic tes	t has sp	oecialized equipment fo	or which sta	ffare	traine	d.						
•			-	use an	exercise equipment by	Technogym	and	Cardia	ac Telen	netry					
•	Cras	h Cart	-												
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				[ı 7							1

V	4		and geogr eas, and e			ch as placem	ent of patie	nt roo	ms, tre	eatmer	nt ai	reas, r	nursing	statio	ns, me	dication		
•	The Two	Rehab Cardia	Gym was	desigr coms a	ned for spac re spacious	lding attach ce efficiency s enough to igh out the c	and patier support str	ıt com	ifort.		eme	ergenc	cy resp	onse s	should	it be req	uired.	
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	Other																	



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Fixed Staffing Matrix

Unit/ Clinic Name:	Prosser Surgical Spe	sser Surgical Specialty Clinic										
Unit/ Clinic Type:	Outpatient Clinic for	patient Clinic for Surgical Specialists										
Unit/ Clinic Address:	200 Prosser Health D	Prive										
Effective as of:	1/24/2025											
Day of the week												
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's						
Sunday	Closed											
Monday	Days (0800-1700)	8.00	1.00	0.00	0.00	1.00						
Tuesday	Days (0800-1700)	8.00	1.00	0.00	0.00	1.00						

Wednesday	Days (0800-1700)	8.00	1.00	0.00	0.00	1.00
	<u> </u>					
Thursday	Days (0800-1700)	8.00	1.00	0.00	0.00	1.00
Friday	Days (0800-1700)	8.00	1.00	0.00	0.00	1.00
Saturday	Closed					

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	Unit Informati	ion		
	Additional Care Team M	embers		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
Audiologist	1	0	0	0
Medical Assistants	1	0	0	0
Referral Coordinator	1	0	0	0
X-ray Technician	1	0	0	0
Phlebotomist	1	0	0	0
Clinical Director	1	0	0	0
Telephone Triage	As needed	0	0	0
Central Sterile Support	As needed	0	0	0
Housekeeping	As needed	0	0	0
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						Unit Inforn	natio	n									
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			Fac	ctors C	Considered in the [-			Unit	Sta	TTIN	g Plai	า				
					(Chec	k all that a	pply	'):									
✓ <u></u>					nissions, discharges, and c with pre-scheduled i												
• need:	Pations of the	-	•	nts are	typically scheduled fo	or 20, 30, or 6	60 mir	nutes,	based	lon	the p	urpos	se of th	ie app	oointme	ent and	the
[v]	Patient	acuity	level, inte	ensity of	f care needs, and the ty	pe of care to	be de	livered	on 630		:61						
	1								On Cat	cn sr	IIIT						
•	lospital	l ED fo	r timely e	valuati	commodate a patient on and treatment. In unanticipated critic		o sch	edule	a sam	ne da	ay ap						
•	lospital Pati	l ED fo	r timely e	valuati	on and treatment.		o sch	edule	a sam	ne da	ay ap						
•	lospital Pati	l ED fo	r timely e	valuati	on and treatment.		o sch	edule	a sam	ne da	ay ap						

4	Skill mi	.,													
•			•	-	PC) is supported with a				•	•					
•				-	provided as needed to				-						
•	_				e available in the clini				-	-			•		
					ore-procedural/operati	ve teaching	g, pos	t-opei	rative/p	roced	ıral fol	low u	o, Med	licare Wellnes	SS
visits			Care Visit	,					_						
•	_				Diabetic Nurse Educa						_				
•		-		-	des x-ray services in the	e clinic. (O	ther r	nodal	ities su	ch as	CT -Sca	n or M	1RI are	referred to th	e —
Hosp	oitals D	iagno	stic Imag	ing Dep	artment.										
✓	Level o	f expe	rience of n	ursing a	and patient care staff	:					:	:		:	
•	All I	Medic	al Assista	nts and	d Nurses complete a cl	inical orier	itatio	n, bef	ore wo	king ir	depen	dently	'.		
•	Med	dical A	ssistants	and N	urses have immediate	access to p	rovid	lers w	hile the	clinic	is in o	peratio	on.		
•	Alls	staff a	nd Provid	ers hav	ve been trained on how	to activate	an er	nerge	ncy res	ponse	should	the n	eed ar	ise.	
•	Onl	y mini	mal seda	tion is	allowed in the clinic; to	opical or or	al. (1	The pa	itient m	ust be	capab	le of a	norm	al response to	verbal
stim	uli).														
i			İ	İ	:	İ	İ		i i	<u> </u>		İ	İ		<u> </u>
V	Need fo	or spec	cialized or	intensiv	e equipment										
•	End	oscop	e and Cys	stoscop	oes are utilized with the	e appropria	te sc	ope cl	eaning	protoc	ols in	place.			
•	Cas	ting a	nd Splinti	ng equ	ipment is available; Na	ail care equ	ipme	nt is a	vailab	le.					
•		_		_	port biopsies and wou						sent to	the Ho	spital	ls Central Ster	ile
Depa			rocessing		•			`					•		
•		•	n Audiolo	•	th										
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4	Archite	cture	and geogr	aphy of	the unit such as placem	ent of patier	it rooi	ms, treatn	nent a	areas, r	ursing	statio	ns, med	dication	
	prepara	ition a	reas, and	equipm	ent										
•	This	clinic	c is in a M	ledical	Office Building (MOB)	attached to	the I	Hospital.							
•					exam rooms for each										
•	The	re are	two (2) Ti	reatme	nt rooms and (1) Proc	edure room	to su	pport mi	nor p	roced	ures.				
•	The	depai	rtment ha	s adeq	uate dedicated Provid	er and care	giver	docume	ntatio	on spa	ces.				
•	The	re is a	dedicate	d medi	ication room, dirty util	ity, and clea	n sto	rage.							
															-
			l				I		1	I		l			
	Other														
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Fixed Staffing Matrix

Unit/ Clinic Name:	Prosser Specialty Clinic					
Unit/ Clinic Type:	Outpatient clinic for No	n Surgical S _l	pecialists			
Unit/ Clinic Address:	820 Memorial Street Su	ite				
Effective as of:	2/3/2025					
Day of the week						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Sunday	Closed					
Monday	Day Shift (0800-1700)	8.00	1.00	0.00	0.00	1.00
	, , ,					
Tuesday	Day Shift (0800-1700)	8.00	1.00	0.00	0.00	1.00

		1			1	ı
Wednesday	Day Shift (0800-1700)	8.00	1.00	0.00	0.00	1.00
Thursday	Day Shift (0800-1700)	8.00	1.00	0.00	0.00	1.00
Friday	Day Shift (0800-1700)	8.00	1.00	0.00	0.00	1.00
	1,11111111111111			0.00	0.00	
Saturday	Closed					
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Washington State Department of HEALTH DOH 346-154			format, call 1-a hearing c (Wash	this document in another 800-525-0127. Deaf or hard of ustomers, please call 711 ington Relay) or email ormation@doh.wa.gov.
	Unit Informati	on		
	Additional Care Team Mo	embers		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
Medical Assistant	1	0	0	0
Referral Coordinators	1	0	0	0
Director	1	0	0	0
Telephone Triage	As needed	1	0	0
Central Sterile Support	As needed	As needed	As needed	As needed
Housekeeping	As needed	1	0	0
Phlebotomist	1	1	0	0

							Unit Inforn	natio	n							
								lacic	/11		_	T				_
			_		• •	1		_	c	••••	o. 6	•	51			
			Fac	ctors C	onsidere	ed in the D				Unit	Stan	ıng	Plan)		
						(Checi	k all that a	pply	'):							
			_													
✓ <u></u>						charges, and scheduled r										
 Optimal patient flow is achieved with each Provider panel supported by one (1) Medical Assistant (MA) and 2 examination rooms. Additional MA support is provided as needed. Patient appointments are typically scheduled for 20, 30, or 60 minutes, based on the purpose of the appointment and the needs of the patient. 																
• the H	If the lospital Pati	e sche l ED fo	dule can r timely e	not acc	commodat on and tre	e a patient vatment.	who needs t	o sch	edule	a sam	e day	app				
• the H	If the lospital Pati	e sche l ED fo	dule can r timely e	not acc	commodat on and tre	e a patient vatment.	who needs t	o sch	edule	a sam	e day	app				
• the H	If the lospital Pati	e sche l ED fo	dule can r timely e	not acc	commodat on and tre	e a patient vatment.	who needs t	o sch	edule	a sam	e day	app				

	✓	Skill mi	x															
	•	Eac	h Provi	ider (MD/	/DO; AF	PC) is supported	J with a	t least 1 Me	dical	Assis	tant (M	A).	-					
	•			•		provided as nee					•	•	٧.					
	•	Reg	istered	Nurses	(RN) ar	re available in th	ne clini	cs to assist	as no	eeded	and pr	ovide p	atient	educa	tion (F	Pre-		
	proc	edural/	operat	tive scree	ening, r	ore-procedural/	operat	ive teaching	ړ, pos	t-ope	rative/p	rocedi	ıral fol	low ur	o, Med	icare Wellnes	S	
	visits	s, or Ch	ronic (Care Visit	ເຮ).													_
	•	Reg	istered	Diaticia	ns and	l Diabetic Nurse	: Educa	tion visits a	re av	ailabl	e for sc	hedulii	ng.					_
-																		
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	✓	Level o	f exper	ience of n	ursing a	and patient care s	staff											\Box
	•	1 JJA	1 edica	l Assista	nts and	d Nurses compl	ete a c	linical orien	ıtatio	n, bef	ore wor	king in	depen	dently	` .			
	•	Med	lical A	ssistants	and N	urses have imm	nediate	access to p	rovid	lers w	hile the	clinic	is in op	peratio	on.			
	•	Alls	staff an	ıd Provid	ers hav	ve been trained o	on hov	ı to activate	an er	nerge	ncy res	ponse	should	I the n	eed ar	ise.		
	•	Onl	y minir	nal seda	tion is	allowed in the c	clinic; t	opical or or	al. (1	The pa	itient m	ust be	capab	le of a	norm	al response to	verbal	
	stim	uli).																
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	7	Nood f	- cnoci	:-lizad or	intonci	: a seriement											 	\dashv
_	ا كا					ve equipment												_
_	•					port biopsies, p						able.						
	•	Equ	ipmen	t is sent t	o the H	lospitals Centra	l Sterile	e Departmer	nt for	proce	essing.							

	4					the unit such as place	nent of patie	nt roo	ms, treati	ment	areas, r	nursing	statio	ns, med	dication	
		prepara	ition a	reas, and e	equipm	ent										
	•	This	clinic	c is in a M	ledical	Office Building (MOE	3) not on the	Hosp	ital Cam	pus						
	 The clinic designates two exam rooms for each scheduled Provider. There are two (2) Treatment rooms and (1) Procedure room to support minor procedures. 															
There are two (2) Treatment rooms and (1) Procedure room to support minor procedures.																
The department has adequate dedicated Provider and care giver documentation spaces.																
	 The department has adequate dedicated Provider and care giver documentation spaces. There is a dedicated medication room, dirty utility, and clean storage spaces. 															
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Fixed Staffing Matrix

Unit/ Clinic Name:	Prosser Occupationa	l Medicine				
Unit/ Clinic Type:	Outpatient Occupati	ional Medici	ne Clinic			
Unit/ Clinic Address:	713 Memorial Street	t, Prosser W	A 99350			
Effective as of:	3/1/2025					
Day of the week						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Sunday	Closed					
Monday	Days (0800-1700)	8.00	0.00	0.00	0.00	1.00
Tuesday	Days (0800-1700)	8.00	0.00	0.00	0.00	1.00
	172 (2222 237			0.00	0.00	

Made and a	D (0000 4700)	0.00	0.00			
Wednesday	Days (0800-1700)	8.00	0.00	0.00	0.00	1.00
Thursday	Days (0800-1700)	8.00	0.00	0.00	0.00	1.00
Friday	Days (0800-1700)	8.00	0.00	0.00	0.00	1.00
Triday	Days (0800-1700)	8.00	0.00	0.00	0.00	1.00
Saturday	Closed					

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	Unit Informati	on		
	Additional Care Team M	embers		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
Medical Assistant	1	0	0	0
Director	1	0	0	0
Receptionist	1	0	0	0
Scheduler	1	1	0	0
Referral Coordinator	1	0	0	0
Housekeeping	As needed	1	0	0
+		+		

						U	Init Inforn	natio	n										
			Fac	ctors C	Considere	d in the D	evelopme	nt o	f the	Unit	St	affin	g Plar	า					
						(Check	all that a	pply	·):										
V	Acti	vity su	ch as pati	ent adm	nissions, disc	harges, and	transfers												
•			-		•	cheduled n	_			nents.									_
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•		emplo	ovment h	ealth so	creenings, v	vorkplace ir	njury mana	geme	nt, an	d fitne	ess	for du	ıtv exa	minat	tions a	are the l	bulk of		
servi	ces pro	-	-		0 /	•		J	,				,						

	4	Skill mix	ζ														_
\neg	•	The	clinic	is staffed	with M	4D/DO, APC, and MA.											
	•					n an as-needed basis.											
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	V	Level of	exper	rience of n	ursing a	and patient care staff	*		!	'							
	•	All F	rovid	ers and S	taff hav	ve received the approp	riate trainin	gand	competen	CV	asses	sment	for th	e spec	ific care thev	-	
\neg	provi							0		•					,		
	•	All to	esting	must be	doneir	n compliance with the	overseeing	regul	atory body v	wh	ich ma	ay incl	ude, b	ut no	limited to		
	•			•	•	OT), Labor and Industri	, , ,	•		-					, , ,		
	Wasl	hington	State	Departm	ent of F	Health (WSDOH), and/o	or third part	y bus	iness for wl	hoı	m serv	ices a	re pro	vided.			
Ţ																	
	V	Need fo	r spec	ialized or	intensiv	ve equipment	1		!	'							_
\neg	•	Resi	oirato	r fit testin	g equir	pment is utilized.											
\neg	•					e-employment, post-ac	ccident, DO	Γ, or '	for cause"	fol	low up).					
	•	Brea	th Alc	cohol test	ing equ	uipment is available.											
\neg	•	Spir	ometr	y testing	equipm	nent is available.											
\neg																	
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√			and geogr reas, and o		the unit such as	s placeme	ent of patien	t rooi	ns, treatm	nent a	areas, r	ursing	station	ns, med	dication	
•	App	ropria		is desi	nic. gnated for med areas are ava				_			_		rty util	ity.	
	Other															



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Fixed Staffing Matrix

Unit/ Clinic Name:	Prosser Therapy & R	ehab Center				
Unit/ Clinic Type:	Outpatient Rehabilit	tative Servic	e: Physical,	, Occupation	nal, Speech	Therapy
Unit/ Clinic Address:	326 Chardonnay Ave	enue, Prosse	r, WA 9935	0		
Effective as of:	1/24/2025					
Day of the week						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Sunday	Closed					
	_					
Monday	Days (0800-1700)	8.00	0.00	0.00	0.00	1.00
Tuesday	Days (0800-1700)	8.00	0.00	0.00	0.00	1.00
Wednesday	Days (0800-1700)	8.00	0.00	0.00	0.00	1.00
Thursday	Days (0800-1700)	8.00	0.00	0.00	0.00	1.00
Friday	Days (0800-1700)	8.00	0.00	0.00	0.00	1.00
Saturday	Days (0800-1700)	8.00	0.00	0.00	0.00	1.00

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	Unit Informati	on		
	Additional Care Team M	embers		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
P:hysical Therapists/Assistants	1	0	0	0
Clinic Manager	1	0	0	0
Receptionist	1	0	0	0
Scheduler	1	0	0	0
Referral Coordinator	1	0	0	0
Housekeeping	As needed	1	0	0
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				Fac	ctors C	Considered in the D				Unit	St	atting	g Plar	1				
						(Check	all that a	pply	'):									
	V	Acti	vity su	ch as pati	ent adm	issions, discharges, and	transfers											
	•	This	is an	outpatier	nt clinic	with pre-scheduled n	on-emergei	nt app	oointn	nents.								
	•					depending on the ther	apy being p	rovid	led.									_
	•	Wall	kin ca	re is not p	orovide	d in this clinic.												
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		Patient	acuity	level, inte	ensity of	care needs, and the typ	e of care to	be de	livered	on ea	ch	shift				l		
	•	Pati	ents n	resenting	with a	n unanticipated critica	lly acute co	nditi	on ar	trans	:fe	rred to	the H	nsnita	l FD f	nr evaluation	and	
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	V	Skill mi	x														
	•	The	clinic	is staffed	d with T	herapists and Therap	y Assistant	s.									
	•					dical assistants supp											
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	7	Level o	f expei	rience of n	ursing a	and patient care staff											
	•		+	+	-	y Assistants have rece	eived the ar	nronr	iate tr	aining	and co	mnete	ncv as	SASSM	nent for the sn	ecific	
	care	they pr			ПСТАР	y Assistants nave reco		ргорг	iate ti	инны	ana cc	mpete	iicy as	1303311	icition the sp	CCITIC	
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	V	Need fo	or spec	ialized or	intensiv	re equipment											
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	•					available for limited		arcia	ру эсі	VICCO IC	, i caai	iy avait	abte.				
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	preparation															
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•			_	d for ea	ach kind of	f therapy pro	vided eithe	r in a	n opei	n gym o	r in a	private	room	depen	ding on the th	erapy
and	needs of t															
•	Care g	giver	docume	ntation	areas are	available th	roughout tl	ne cli	nic (bo	oth fixed	and	mobile	·).			
	Other															
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Fixed Staffing Matrix

Unit/ Clinic Name:	Prosser Family Practice &	Women's He	alth Clinic			
Unit/ Clinic Type:	Rural Health Family Practi	ice Clinic				
Unit/ Clinic Addres	336 Chardonnay Ave Suite	e A & B, Pross	er WA 993!	50		
Effective as of:	1/26/2025					
Day of the week						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Sunday	Days (0800-1700)	8.00	1.00	0.00	0.00	1.00
Monday	Days (0800-1700)	8.00	1.00	0.00	0.00	1.00
Tuesday	Days (0800-1700)	8.00	1.00	0.00	0.00	1.00
Wednesday	Days (0800-1700)	8.00	1.00	0.00	0.00	1.00
Thursday	Days (0800-1700)	8.00	1.00	0.00	0.00	1.00
Friday	0000 4700	0.00	1.00	0.00	0.00	1.00
Friday	Days (0800-1700)	8.00	1.00	0.00	0.00	1.00
Saturday	Days (0800-1700)	8.00	1.00	0.00	0.00	1.00

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	Unit Informati	on		
	Additional Care Team M	embers		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
Medical Assistant	1	0	0	0
Director	1	0	0	0
Receptionist	1	0	0	0
Scheduler	1	1	0	0
Referral Coordinator	1	0	0	0
Housekeeping	As needed	1	0	0
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			Fac	ctors C	onside			evelopme			Unit	Stai	ting	g Pla	1					
						(CI	heck	all that a	pply):										
V	Act	ivity su	ch as pati	ent adm	issions,	discharges,	, and t	ransfers												
•	ıs. Addi	itional	MA supp	ort is p	rovided	as neede	ed.	ler panel sı			·					. ,				
need	s of the	-	•	113 410	іурісацу	/ schedule	ed for :	20, 30, or 6	0 mir	utes,	based	on t	he p	urpos	se of th	ie app	ooin	ıtmeı	nt and	the
		patier	nt.											urpos	se of th	ie app	ooin	itmei	nt and	the
	Patient	patier	level, inte	ensity of	f care ne	eds, and th	ne type	e of care to	be de	ivered	on ead	ch sh	ift							
• the F	Patient If th	acuity e sche	level, inte	ensity of not acc	f care ne	eds, and th date a pati treatment.	ne type ient w		be del	ivered edule	on ead	ch sh e da	ift y ap	point	ment,	the pa	atie	ntis	referre	ed to
• the F	Patient If th Hospita Pati	acuity e sche	level, inte	ensity of not acc	f care ne	eds, and th date a pati treatment.	ne type ient w	e of care to ho needs to	be del	ivered edule	on ead	ch sh e da	ift y ap	point	ment,	the pa	atie	ntis	referre	ed to
• the F	Patient If th Hospita Pati	acuity e sche	level, inte	ensity of not acc	f care ne	eds, and th date a pati treatment.	ne type ient w	e of care to ho needs to	be del	ivered edule	on ead	ch sh e da	ift y ap	point	ment,	the pa	atie	ntis	referre	ed to

	V	Skill mix	(
	•	Each	n Provi	ider (MD/	DO; AF	PC) is supported v	vith a	t least 1 Me	dical	Assistant (MA).						
	•			•		provided as need				•			٧.					
	•	Regi	stered	Nurses	(RN) ar	e available in the	clini	cs to assist	as n	eeded and	prov	vide p	atient	educa	ation (Pre-		
	-		-			ore-procedural/o _l	perat	ive teaching	, pos	st-operative	e/pr	ocedu	ıral fol	low u	p, Med	licare Wellnes	ss	
	visits	s, or Chi	onic (Care Visit	s).													
	7	Level of	exper	ience of n	ursing a	and patient care sta	aff									I		
	•		•			d Nurses complet		linical orien	tatio	n hefore w	nrk	ing in	denen	dently	,	1		
	•					urses have imme						_						
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Fixed Staffing Matrix

Unit/ Clinic Name:	Benton City Clir	nic				
Unit/ Clinic Type:	Rural Health Fa	mily Practic	e Clinic			
Unit/ Clinic Address:	701 Dale Avenu	ie, Benton C	ity, WA 99	320		
Effective as of:	1/26/2025					
Day of the week						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Sunday	Closed					
Monday	Day Shift (0800- 1700)	8.00	1.00	0.00	0.00	1.00
Tuesday	Day Shift (0800- 1700)	8.00	1.00	0.00	0.00	1.00
Wednesday	Day Shift (0800- 1700)	8.00	1.00	0.00	0.00	1.00
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Thursday	Day Shift (0800- 1700)	8.00	1.00	0.00	0.00	1.00
F : 1	Day 5h:ft (0000					
Friday	Day Shift (0800- 1700)	8.00	1.00	0.00	0.00	1.00
	<u> </u>					
Saturday	Closed					
	<u> </u>					

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	Unit Informati	on			
	Additional Care Team Me	embers			
		Shift Coverage	_		
Occupation	Day	Evening	Night	Weekend	
RN	1	0	0	0	
Clinic Director	1	0	0	0	
Receptionist	1	0	0	0	
Scheduler	1	0	0	0	
Referral Coordinator	1	0	0	0	
Housekeeping	As needed	1	0	0	
Phlebotomist	1	0	0	0	

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Skill mix Each Provider (MD/DO; APC) is supported with at least 1 Medical Assistant (MA). Additional MA support is provided as needed to support patient care and patient flow. Registered Nurses (RN) are available in the clinics to assist as needed and provide patient education (Preprocedural/operative screening, pre-procedural/operative teaching, post-operative/procedural follow up, Medicare Wellness visits, or Chronic Care Visits). Level of experience of nursing and patient care staff All Medical Assistants and Nurses complete a clinical orientation, before working independently. Medical Assistants and Nurses have immediate access to providers while the clinic is in operation. All staff and Providers have been trained on how to activate an emergency response should the need arise. Only minimal sedation is allowed in the clinic; topical or oral. (The patient must be capable of a normal response to verbal stimuli). Need for specialized or intensive equipment Casting and Splinting equipment is available. Sterile instruments to support biopsies and wound care is available. (Equipment is sent to the Hospitals Central Sterile Department for processing). An emergency response box is readily available.																		
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Fixed Staffing Matrix

Unit/ Clinic Name:	Grandview Clinic					
Unit/ Clinic Type:	Rural Health Family Pra	actice Clinic				
Unit/ Clinic Address:	1003 Wallace Way, Gra	andview, W	A 98930			
Effective as of:	1/26/2025					
Day of the week						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Sunday	Closed					
Monday	Days (0800 to 1700)	8.00	1.00	0.00	0.00	1.00
Tuesday	Days (0800 to 1700)	8.00	1.00	0.00	0.00	1.00
Wednesday	Days (0800 to 1700)	8.00	1.00	0.00	0.00	1.00
Thursday	D (0000 t 4700)	0.00	1.00			
Thursday	Days (0800 to 1700)	8.00	1.00	0.00	0.00	1.00
Friday	Days (0800 to 1700)	8.00	1.00	0.00	0.00	1.00
Triday	Days (0000 to 1700)	0.00	1.00	0.00	0.00	1.00
Saturday	Closed					
5000.007	Closed					

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	Unit Information	on		
	Additional Care Team Me	embers Shift Coverage		
_		I Coverage	T	
Occupation	Day	Evening	Night	Weekend
Medical Assistant	1	0	0	0
Clinic Director or Lead	1	0	0	0
Receptionist	1	0	0	0
Scheduler	1	1	0	0
Referral Coordinator	1	0	0	0
Housekeeping	As needed	1	0	0
Telephone Triage	As needed	0	0	0
Phlebotomist	1	0	0	0

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	•			•		provided as needed							٧.					
	•	Regi	stered	Nurses	(RN) ar	re available in the c	lini	cs to assist	as n	eeded and	prov	vide p	atient	educa	ition (Pre-		
	-		-			ore-procedural/ope	erati	ive teaching	, pos	t-operative	e/pr	ocedu	ıral fol	low u	p, Med	licare Wellnes	ss	_
	visits	s, or Chi	ronic (Care Visit	s).													
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	7	Level of	exper	ience of n	ursing a	and patient care staff	f	1			ļ							
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	7	Need fo	r speci	ialized or	intensiv	⊥ ve equipment									ļ			_
						ipment is available												_
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Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment															
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Appropriate space is designated for medication preparation, testing, clean utility storage, and dirty utility. Care giver desumentation areas are available throughout the clinic (both fixed and mobile).															
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Fixed Staffing Matrix

Unit/ Clinic Name:	Dermatology Clinic					
Unit/ Clinic Type:	Outpatient Dermatology	Clinic				
Unit/ Clinic Address:	701 Dale Ave, Benton Cit	y, WA 9932	0			
Effective as of:	1/24/2025					
Day of the week						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Sunday	Closed					
Monday	Days (0800-1700)	8.00	1.00	0.00	0.00	1.00
Tuesday	Days (0800-1700)	8.00	1.00	0.00	0.00	1.00
Wednesday	Days (0800-1700)	8.00	1.00	0.00	0.00	1.00
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Thursday	Days (0800-1700)	8.00	1.00	0.00	0.00	1.00
Friday	Davis (0000 1700)	0.00	1.00	0.00	0.00	1.00
Filluay	Days (0800-1700)	8.00	1.00	0.00	0.00	1.00
Saturday	Closed					
Saturday	Ciosea					

Washington State Department of HEALTH OH 346-154			format, call 1- hearing o (Wash	t this document in another -800-525-0127. Deaf or hard of customers, please call 711 nington Relay) or email formation@doh.wa.gov.
	Unit Informat	ion		
	Additional Care Team M	embers		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
Medical Assistant	1	0	0	0
Clinic Manager	1	0	0	0
Receptionist	1	0	0	0
Scheduler	1	0	0	0
Referral Coordinator	1	0	0	0
Housekeeping	As needed	1	0	0

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