COVER PAGE

The following is the comprehensive hospital staffing plan for Providence Centralia Hospital 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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DOH 346-151 April 2024



Hospital Staffing Form

Attestation

Date: 2/24/2025

I, the undersigned with responsibility for Providence Centralia Hospital 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: Darin Goss

Davin Goss

Hospital Information

Name of Hospital: Providence	Centralia	Hospital			
Hospital License #: HAC.F	S.000	00191			
Hospital Street Address: 914	S. Sc	heube	r Rd		
{City/Town:} Centralia		${_{State:}}W$	A		_{Zip code:} 98531
Is this hospital license affiliated wi	ith more tha	an one locat	ion?	Yes	No
If "Yes" was selected, please provi location name and address	ide the	Providence Regio WA 98531	nal Cancer System	-Centralia 2015 Co	ve SE Lacey, WA 98503 voks Hill Rd, Suite 200, Centralia, derson Dr. Suite 102, Aberdeen, WA
Review Type:	Anı	nual	Review Dat	_{e:} 1/1/25	
Review Type.	Upc	late	Next Reviev	w Date: 1/1	/26
1/1/25 Effective Date:					
Date Approved:					

Hospital Information Continued (Optional)

Factors Considered in the Development of the Hospital Staffing Plan (check all that apply):
Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations
Description:
Terms of applicable collective bargaining agreement
Description:
Relevant state and federal laws and rules including those regarding meal and rest breaks and use of overtime and on-call shifts
Description:
Hospital finances and resources
Description:
Other
Description:

Signature

CEO & Co-chairs Name:	Signature:	Date:
Darin Goss	Parin Goss , a	2/24/2025
Maile Alegria	-6BC240520043404	2/24/2025
Lenna Lizberg	Kund Know RN	2/24/2025
		/

Total V	/otes
# of Approvals	# of Denials
12	0

Access unit staffing matrices here.

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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

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

Unit/ Clinic Name:		Emergency De	partment	t		
Unit/ Clinic Type:		Emergency De	partment	t		
Unit/ Clinic Address:	914 S S	cheuber Rd Ce	ntralia W	A 98531		
Effective as of:		1.1.20	25			
Hours of the day						
Hour of the day	Day of the week	Anticipated # of Visits	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
	Sunday	16	3	0	1	0
	Monday	15	3	0	1	0
	Tuesday	16	3	0	1	0
6:00 AM	Wednesday	17	3	0	1	0
	Thursday	17	3	0	1	0
	Friday	15	3	0	1	0
	Saturday	16	3	0	1	0
	Sunday	16	3	0	1	0
	Monday	15	3	0	1	0
	Tuesday	17	3	0	1	0
7:00 AM	Wednesday	17	3	0	1	0
	Thursday	17	3	0	1	0
	Friday	15	3	0	1	0
	Saturday	16	3	0	1	0
	Sunday	17	4	0	1	0
	Monday	16	4	0	1	0
	Tuesday	17	4	0	1	0
8:00 AM	Wednesday	17	4	0	1	0

	Thursday	17	4	0	1	0
	Thursday Friday	17	4	0	1	0
	Saturday	10	4	0	1	0
	Saturday	17	4	0	1	0
	Monday	18	5	0	1	0
	Tuesday	19	5	0	1	0
9:00 AM	Wednesday	19	5	0	1	0
5.00 AW	Thursday	19	5	0	1	0
	Friday	19	5	0	1	0
	Saturday	18	5	0	1	0
	Sunday	20	5	1	1	0
	Monday	20	5	1	1	0
	Tuesday	22	5	1	1	0
10:00 AM	Wednesday	23	5	1	1	0
	Thursday	22	5	1	1	0
	Friday	22	5	1	1	0
	Saturday	20	5	1	1	0
	Sunday	20	5	1	1	0
	Monday	26	5	1	1	0
	Tuesday	25	5	1	1	0
11:00 AM	Wednesday	25	5	1	1	0
11.00 AW	Thursday	25	5	1	1	0
	Friday	23	5	1	1	0
	Saturday	24	5	1	1	0
	Sunday	24	6	1	1	0
	Monday	29	6	1	1	0
	Tuesday	28	6	1	1	0
12:00 PM	Wednesday	28	6	1	1	0
	Thursday	27	6	1	1	0
	Friday	26	6	1	1	0
	Saturday	24	6	1	1	0
	Sunday	26	6	1	1	0
	Monday	31	6	1	1	0
	Tuesday	30	6	1	1	0
1:00 PM	Wednesday	30	6	1	1	0
	Thursday	29	6	1	1	0
	Friday	28	6	1	1	0
	Saturday	26	6	1	1	0
	Sunday	27	6	1	1	0
	Monday	32	6	1	1	0
	Tuesday	31	6	1	1	0
2:00 PM	Wednesday	31	6	1	1	0
	Thursday	29	6	1	1	0
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	Saturday	27	6	1	1	0
	Sunday	27	6	1	1	0
	Monday	32	6	1	1	0
	Tuesday	32	6	1	1	0
3:00 PM	Wednesday	32	6	1	1	0
	Thursday	30	6	1	1	0
	Friday	31	6	1	1	0
	Saturday	28	6	1	1	0
	Sunday	27	6	1	1	0
	Monday	32	6	1	1	0
	Tuesday	33	6	1	1	0
4:00 PM	Wednesday	33	6	1	1	0
	Thursday	30	6	1	1	0
	Friday	31	6	1	1	0
	Saturday	28	6	1	1	0
	Sunday	27	6	1	1	0
	Monday	32	6	1	1	0
	Tuesday	33	6	1	1	0
5:00 PM	Wednesday	33	6	1	1	0
	Thursday	31	6	1	1	0
	Friday	32	6	1	1	0
	Saturday	27	6	1	1	0
	Sunday	27	6	1	1	0
	Monday	32	6	1	1	0
	Tuesday	32	6	1	1	0
6:00 PM	Wednesday	33	6	1	1	0
	Thursday	32	6	1	1	0
	Friday	31	6	1	1	0
	Saturday	27	6	1	1	0
	Sunday	27	6	1	1	0
	Monday	32	6	1	1	0
	Tuesday	33	6	1	1	0
7:00 PM	Wednesday	33	6	1	1	0
	Thursday	32	6	1	1	0
	Friday	32	6	1	1	0
	Saturday	28	6	1	1	0
	Sunday	27	6	1	1	0
	Monday	32	6	1	1	0
	Tuesday	32	6	1	1	0
8:00 PM	Wednesday	32	6	1	1	0
	Thursday	31	6	1	1	0
	Friday	31	6	1	1	0
	Saturday	27	6	1	1	0
	Sunday	26	5	1	1	0

	Monday	31	5	1	1	0
	Tuesday	31	5	1	1	0
9:00 PM	Wednesday	31	5	1	1	0
	Thursday	31	5	1	1	0
	Friday	30	5	1	1	0
	Saturday	28	5	1	1	0
	Sunday	25	5	0	1	0
	Monday	29	5	0	1	0
	Tuesday	29	5	0	1	0
10:00 PM	Wednesday	29	5	0	1	0
	Thursday	29	5	0	1	0
	Friday	29	5	0	1	0
	Saturday	27	5	0	1	0
	Sunday	24	5	0	1	0
	Monday	27	5	0	1	0
	Tuesday	27	5	0	1	0
11:00 PM	Wednesday	28	5	0	1	0
	Thursday	26	5	0	1	0
	Friday	27	5	0	1	0
	Saturday	25	5	0	1	0
	Sunday	24	4	0	1	0
	Monday	22	4	0	1	0
	Tuesday	25	4	0	1	0
12:00 AM	Wednesday	25	4	0	1	0
	Thursday	25	4	0	1	0
	Friday	23	4	0	1	0
	Saturday	25	4	0	1	0
	Sunday	22	4	0	1	0
	Monday	21	4	0	1	0
	Tuesday	24	4	0	1	0
1:00 AM	Wednesday	23	4	0	1	0
	Thursday	23	4	0	1	0
	Friday	21	4	0	1	0
	Saturday	23	4	0	1	0
	Sunday	21	4	0	1	0
	Monday	19	4	0	1	0
	Tuesday	22	4	0	1	0
2:00 AM	Wednesday	21	4	0	1	0
	Thursday	22	4	0	1	0
	Friday	20	4	0	1	0
	Saturday	21	4	0	1	0
	Sunday	20	4	0	1	0
	Monday	18	4	0	1	0
	Tuesday	20	4	0	1	0

3:00 AM	Wednesday	20	4	0	1	0
	Thursday	20	4	0	1	0
	Friday	19	4	0	1	0
	Saturday	20	4	0	1	0
	Sunday	18	3	0	1	0
	Monday	17	3	0	1	0
	Tuesday	19	3	0	1	0
4:00 AM	Wednesday	19	3	0	1	0
	Thursday	19	3	0	1	0
	Friday	17	3	0	1	0
	Saturday	19	3	0	1	0
	Sunday	17	3	0	1	0
	Monday	16	3	0	1	0
	Tuesday	17	3	0	1	0
5:00 AM	Wednesday	17	3	0	1	0
	Thursday	18	3	0	1	0
	Friday	16	3	0	1	0
	Saturday	17	3	0	1	0



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		Night	х			х	х		х	х					
mbers	Shift Coverage	Evening	×	×	х	x	×		×	×	x				
Additional Care Team Members		Day	x	×	х	×	×	х	×	×	×				
		Occupation	Respiratory Therapy	Case Management	Therapy Services	Laboratory	Imaging	Dietary	Sitter	Charge RN	Triage RN				ED



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Patient Volume-based Staffing Matrix Formula Template

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient

care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit/ Clinic Name:	me:					Family I	Family Birth Center				
Unit/ Clinic Type:	pe:					Family I	Family Birth Center				
Unit/ Clinic Address:	dress:				914 S Sch	ieuber R	914 S Scheuber Rd Centralia WA 98531	WA 98531			
Average Daily Census:	Census:		S			Maximu	Maximum # of Beds:	:0		10	
Effective as of:						1	1.1.25				
Census											
# of Rooms	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total MinimumMin # ofDirect Pt. CareUAPHPUS (hoursHPUSper unit ofservice)
Ç	Day (6a-6p)	12	5	0	1	0	6.00	0.00	1.20	0.00	1 10
DT	Night (6p-6a)	12	5	0	1	0	6.00	0.00	1.20	0.00	14.4U
c	Day (6a-6p)	12	4	0	1	0	5.33	0.00	1.33	0.00	CC C1
n	Night (6p-6a)	12	4	0	1	0	5.33	0.00	1.33	0.00	CC.C1
0	Day (6a-6p)	12	4	0	1	0	6.00	0.00	1.50	0.00	15.00
0	Night (6p-6a)	12	4	0	1	0	6.00	0.00	1.50	0.00	DD.CT

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1.71	1.71	2.00	2.00	2.40	2.40	3.00	3.00	4.00	4.00	6.00	6.00	12.00	12.00
00.0	00.0	0.00	00.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6.86	6.86	6.00	6.00	7.20	7.20	6.00	6.00	8.00	8.00	6.00	6.00	12.00	12.00
0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	4	3	3	3	3	2	2	2	2	1	1	1	1
12	12	12	12	12	12	12	12	12	12	12	12	12	12
Day (6a-6p)	Night (6p-6a)												
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		Weekend	Х	Х	Х	Х	Х	Х						
		Night	Х		Х		Х	Х						
mbers	Shift Coverage	Evening	×	×	×		×	х						
Additional Care Team Members		Day	×	×	×	×	×	x						
		Occupation	Respiratory Therapy	Case Management	Laboratory	Dietary	Anesthesia	Charge RN						FBC



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Patient Volume-based Staffing Matrix Formula Template

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient

care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit/ Clinic Name:	me:					Med	Medical East				
Unit/ Clinic Type:	pe:					Σ	Medical				
Unit/ Clinic Address:	dress:				914 S Sch	ieuber R	914 S Scheuber Rd Centralia WA 98531	WA 9853:			
Average Daily Census:	Census:		14			Maximu	Maximum # of Beds:	::		20	
Effective as of:						1	1.1.25				
Census											
# of Rooms	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Min # of Direct Pt. Care UAP HPUS (hours HPUS per unit of service)
Ċ	Day (6a-6p)	12	4	0	1	0	2.40	0.00	09.0	0.00	00 0
70	Night (6p-6a)	12	4	0	1	0	2.40	0.00	0.60	0.00	0.00
10	Day (6a-6p)	12	4	0	1	0	2.53	0.00	0.63	0.00	E CO
6T	Night (6p-6a)	12	4	0	0	0	2.53	0.00	0.00	0.00	0.00
10	Day (6a-6p)	12	4	0	1	0	2.67	0.00	0.67	0.00	900
OT	Night (6p-6a)	12	4	0	0	0	2.67	0.00	0.00	0.00	0.00

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0.71	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	00.0	0.00	0.00	0.00	0.00	0.00	00.0	0.00	0.00	0.00	0.00	0.00
2.82	2.82	3.00	2.25	3.20	2.40	2.57	2.57	2.77	2.77	3.00	2.00	2.18	2.18	2.40	2.40	2.67	2.67	3.00	3.00	3.43	1.71	2.00	2.00	2.40	2.40	3.00	3.00	4.00	4.00	6.00	6.00
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	4	4	3	4	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1
12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
Day (6a-6p)	Night (6p-6a)																														
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		Weekend	X	Х	Х		Х	Х	Х					
		Night	×				х	х	х					
mbers	Shift Coverage	Evening	×	×	×		×	×	×					
Additional Care Team Members		Day	×	×	x	x	×	х	х					
		Occupation	Respiratory Therapy	Case Management	Therapy Services	Dietary	Laboratory	Imaging	Charge RN					ME



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Patient Volume-based Staffing Matrix Formula Template

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient

care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit/ Clinic Name:	me:					S	Surgical				
Unit/ Clinic Type:	pe:					S	Surgical				
Unit/ Clinic Address:	dress:				914 S Sch	euber R	914 S Scheuber Rd Centralia WA 98531	WA 98531	_		
Average Daily Census:	Census:		12			Maximu	Maximum # of Beds:	:s		21	
Effective as of:						1	1.1.25				
Census											
# of Rooms	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Min # of Direct Pt. Care UAP HPUS (hours HPUS per unit of service)
Ċ	Day (6a-6p)	12	4	0	1	0	2.29	0.00	0.57	0.00	ц 1
17	Night (6p-6a)	12	4	0	1	0	2.29	0.00	0.57	0.00	т/.с
00	Day (6a-6p)	12	4	0	1	0	2.40	0.00	0.60	0.00	00 9
07	Night (6p-6a)	12	4	0	1	0	2.40	0.00	0.60	0.00	0.00
0	Day (6a-6p)	12	4	0	1	0	2.53	0.00	0.63	0.00	653
6T	Night (6p-6a)	12	4	0	0	0	2.53	0.00	0.00	0.00	0.00

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0.67	0.00	0.71	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	00.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2.67	2.67	2.82	2.82	3.00	2.25	3.20	2.40	2.57	2.57	2.77	2.77	3.00	2.00	2.18	2.18	2.40	2.40	2.67	2.67	3.00	3.00	3.43	1.71	2.00	2.00	2.40	2.40	3.00	3.00	4.00	4.00
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)
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mbers	Shift Coverage	Evening	×	×	x		×	x	×					
Additional Care Team Members		Day	×	×	×	X	×	×	×					
		Occupation	Respiratory Therapy	Case Management	Therapy Services	Dietary	Laboratory	Imaging	Charge RN					Surgical



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Patient Volume-based Staffing Matrix Formula Template

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient

care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit/ Clinic Name:	me:					Medi	Medical South				
Unit/ Clinic Type:	pe:					ž	Medical				
Unit/ Clinic Address:	dress:				914 S Sch	ieuber R	914 S Scheuber Rd Centralia WA 98531	WA 98531			
Average Daily Census:	Census:		20			Maximu	Maximum # of Beds:	:5		27	
Effective as of:						1	1.1.25				
Census											
# of Rooms	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Min # of Direct Pt. Care UAP HPUS (hours HPUS per unit of service)
1	Day (6a-6p)	12	5	0	4	0	2.22	0.00	1.78	0.00	
17	Night (6p-6a)	12	5	0	4	0	2.22	0.00	1.78	0.00	Ø.UU
36	Day (6a-6p)	12	4	0	4	0	1.85	0.00	1.85	0.00	06 2
07	Night (6p-6a)	12	4	0	4	0	1.85	0.00	1.85	0.00	00.1
JE	Day (6a-6p)	12	4	0	4	0	1.92	0.00	1.92	0.00	7 60
C7	Night (6p-6a)	12	4	0	4	0	1.92	0.00	1.92	0.00	00.7

	8.00	0 75	0.30	7 64	1.04	000	8.UU	06 2	1.20	7 60	00.1	00 0	0.00	77 0	0.47	7 EO	06.7	000	8.UU	U U U	0.80	00	070	00	0.00	0 20	0.3D	0 80	0.00	CC 1	/.33
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2.00	2.00	2.09	2.09	1.64	1.64	1.71	1.71	1.80	1.80	1.89	1.89	2.00	2.00	2.12	2.12	1.50	1.50	1.60	1.60	1.71	1.71	1.85	1.85	2.00	2.00	2.00	2.00	2.00	2.00	1.00	1.00
0.00	0.00	00.0	00.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00.0	0.00	00.0	0.00	00.0	0.00	00.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2.00	2.00	2.09	2.09	2.18	2.18	2.29	2.29	1.80	1.80	1.89	1.89	2.00	2.00	2.12	2.12	2.25	2.25	2.40	2.40	1.71	1.71	1.85	1.85	2.00	2.00	2.18	2.18	2.40	2.40	2.67	2.67
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	4	4	4	3	3	З	3	3	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	4	4	4	4	4	4	4	3	3	3	8	3	3	8	3	3	8	£	8	2	2	2	2	2	2	2	2	2	2	2	2
12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
Day (6a-6p)	Night (6p-6a)																														
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1.00	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	00.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00.0	0.00
3.00	1.50	1.71	1.71	2.00	2.00	2.40	2.40	3.00	3.00	4.00	4.00	6.00	6.00	12.00	12.00
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	1	1	1	1	1	1	1	1	1	1	T	1	T	1	1
12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)
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Additional Care Team Members	Shift Coverage	Occupation Day Evening Night Weekend	Respiratory Therapy x x x x x	Case Management x x x	Therapy Services x x x	Environmental Services x x x x x	Laboratory x x x x	Imaging x x x x x	Virtual RN x x X X	Charge RN x x x x					MS
		Occupatio	Respiratory Th	Case Manage	Therapy Serv	Environmental S	Laborator	Imaging	Virtual RN	Charge RN					SM



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Patient Volume-based Staffing Matrix Formula Template

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient

care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit/ Clinic Name:	me:					rogressi	Progressive Care Unit	Ŀ,			
Unit/ Clinic Type:	pe:					Tel	Telemetry				
Unit/ Clinic Address:	dress:				914 S Sch	euber R	914 S Scheuber Rd Centralia WA 98531	WA 98531	_		
Average Daily Census:	Census:		18			Maximu	Maximum # of Beds:	:5		27	
Effective as of:						1	1.1.25				
Census											
# of Rooms	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Min # of Direct Pt. Care UAP HPUS (hours HPUS per unit of service)
L C	Day (6a-6p)	12	7	0	2	0	3.11	0.00	0.89	0.00	
77	Night (6p-6a)	12	7	0	1	0	3.11	0.00	0.44	0.00	00.7
36	Day (6a-6p)	12	7	0	2	0	3.23	0.00	0.92	0.00	7 0E
707	Night (6p-6a)	12	7	0	1	0	3.23	0.00	0.46	0.00	0.0
36	Day (6a-6p)	12	7	0	1	0	3.36	0.00	0.48	0.00	7 60
C7	Night (6p-6a)	12	7	0	1	0	3.36	0.00	0.48	0.00	00.7

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0.50	0.50	0.52	0.52	0.55	0.55	0.57	0.57	0.60	0.60	0.63	0.63	0.67	0.00	0.71	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	00.0	00.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3.50	3.00	3.65	3.13	3.27	2.73	3.43	2.86	3.00	3.00	3.16	3.16	3.33	3.33	3.53	2.82	3.75	3.00	3.20	3.20	3.43	2.57	2.77	2.77	3.00	3.00	3.27	3.27	3.60	2.40	2.67	2.67
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	9	7	9	9	5	9	5	5	5	5	5	5	5	5	4	5	4	4	4	4	3	3	3	3	3	3	3	3	2	2	2
12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
Day (6a-6p)	Night (6p-6a)																														
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0.00	0.00	0.00	0.00	00.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00.0	0.00
3.00	3.00	3.43	1.71	2.00	2.00	2.40	2.40	3.00	3.00	4.00	4.00	6.00	6.00	12.00	12.00
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1
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Day (6a-6p)	Night (6p-6a)														
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Additional Care Team Members	Shift Coverage	Evening Night Weekend				x			x x x					
Ac		Occupation	Respiratory Therapy	Case Management	Therapy Services	Dietary	Laboratory	Imaging	Charge RN					PCU



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Patient Volume-based Staffing Matrix Formula Template

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient

care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit/ Clinic Name:	me:					Critica	Critical Care Unit				
Unit/ Clinic Type:	pe:					Critica	Critical Care Unit				
Unit/ Clinic Address:	dress:				914 S Sch	neuber R	914 S Scheuber Rd Centralia WA 98531	WA 9853:			
Average Daily Census:	Census:		4			Maximu	Maximum # of Beds:	:5		9	
Effective as of:						1	1.1.25				
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	Min # of Direct Pt. Care UAP HPUS (hours HPUS per unit of service)
(Day (6a-6p)	12	З	0	0	0	6.00	0.00	0.00	0.00	
٥	Night (6p-6a)	12	3	0	0	0	6.00	0.00	0.00	0.00	12.UU
L	Day (6a-6p)	12	3	0	0	0	7.20	0.00	0.00	0.00	07 77
n	Night (6p-6a)	12	3	0	0	0	7.20	0.00	0.00	0.00	14.4U
~	Day (6a-6p)	12	2	0	0	0	6.00	0.00	0.00	0.00	12.00
4	Night (6p-6a)	12	2	0	0	0	6.00	0.00	0.00	0.00	

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0.00	0.00	00.0	0.00	00.0	00.0
8.00	8.00	12.00	12.00	24.00	24.00
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
2	2	2	2	2	2
12	12	12	12	12	12
Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)	Day (6a-6p)	Night (6p-6a)
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		Weekend	Х	Х	Х	Х	Х	Х	Х					
		Night	х			Х	Х	Х						
mbers	Shift Coverage	Evening	x	Х	X	Х	Х	х						
Additional Care Team Members		Day	x	x	x	x	x	x	x					
		Occupation	Respiratory Therapy	Case Management	Therapy Services	Tele ICU	Laboratory	Imaging	Dietary					ccu



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Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:	me:				Ро	st Anest	Post Anesthesia Care Unit	Jnit			
Unit/ Clinic Type:	pe:				Ро	st Anest	Post Anesthesia Care Unit	Jnit			
Unit/ Clinic Address:	dress:				914 S Sch	ieuber R	914 S Scheuber Rd Centralia WA 98531	WA 98531			
Average Daily Census:	Census:		NA			Maximu	Maximum # of Beds:			4	
Effective as of:						1	1.1.25				
# of Rooms											
# of Rooms	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Min # of Direct Pt. Care UAP HPUS (hours HPUS per unit of service)
4	Day (8a-6p)	10	с	0	0	0	7.50	0.00	0.00	0.00	7.50
3	Day (8a-6p)	10	2	0	0	0	6.67	0.00	0.00	0.00	6.67
2	Day (8a-6p)	10	2	0	0	0	10.00	0.00	0.00	0.00	10.00
1	Day (8a-6p)	10	2	0	0	0	20.00	0.00	0.00	0.00	20.00



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Additional Care Leam Members	Shift Coverage	Day	x	Anesthesia Provider x	RNs from OR or OPS x														PACU	Occupation Occupation Anesthesia Provider Anesthesia Provider Anesthesi Provider Anesthesia Provider <t< th=""><th></th><th>Evening</th><th>Night Night</th><th>Meekend</th><th></th></t<>		Evening	Night Night	Meekend	
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Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:	ime:					Opera	Operating Room				
Unit/ Clinic Type:	pe:					Opera	Operating Room				
Unit/ Clinic Address:	dress:				914 S Sch	leuber R	914 S Scheuber Rd Centralia WA 98531	WA 98531			
Average Daily Census:	Census:		AN			Maximu	Maximum # of Beds:	::		4	
Effective as of:						1	1.1.25				
# of Rooms											
# of Rooms	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total MinimumMin # ofDirect Pt. CareUAPHPUS (hoursHPUSper unit ofservice)
	Day (7a-3p)	∞	3	0	0	0	6.00	0.00	0.00	0.00	00
4	Day (7a-5p)	10	8	0	0	2	20.00	0.00	0.00	5.00	31.00
ç	Day (7a-3p)	8	3	0	0	0	8.00	0.00	0.00	0.00	00 10
C	Day (7a-5p)	10	5	0	0	2	16.67	0.00	0.00	6.67	CC.LC
ſ	Day (7a-3p)	8	3	0	0	0	12.00	0.00	0.00	0.00	
7	Day (7a-5p)	10	3	0	0	1	15.00	0.00	0.00	5.00	00.2C
Ţ	Day (7a-3p)	8	3	0	0	0	24.00	0.00	0.00	0.00	00 00
4	Day (7a-5p)	10	0	0	0	1	0.00	0.00	0.00	10.00	34.00



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Additional Care Team Members	Shift Coverage	Occupation Day Evening Night Weekend	x	Anesthesia Providers x															OR
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DOH 346-154

Fixed Staffing Matrix

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

Unit/ Clinic Name:		Ambulatory (Care Unit			
Unit/ Clinic Type:	Pre/Post-Op, Endo	, Infusion, Vaso	ular Acce	ess, Pre-A	Admit Clin	ic
Unit/ Clinic Address:	914 S. S	cheuber Rd Ce	ntralia, W	/A 98531	L	
Effective as of:		1.1.2	5			
Day of the week						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
	Day (5:30am-1:30pm)	8	1	0	0	0
	Day (6am-2pm)	8	1	0	0	0
	Day (6am-6pm)	12	2	0	0	0
	Day (7am-3pm)	8	1	0	0	0
Monday	Day (7am-5pm)	10	0	0	0	1
	Day (7am-7pm)	12	3	0	0	0
	Day (8am-4pm)	8	2	0	0	1
	Day (8am-8pm)	12	1	0	0	0
	Eve (12pm-8pm)	8	1	0	0	0
	Day (5:30am-1:30pm)	8	1	0	0	0
	Day (6am-2pm)	8	1	0	0	0
	Day (6am-6pm)	12	2	0	0	0
	Day (7am-3pm)	8	1	0	0	0
Tuesday	Day (7am-5pm)	10	0	0	0	1
	Day (7am-7pm)	12	3	0	0	0
Tuesday	Day (8am-4pm)	8	2	0	0	1
	Day (8am-8pm)	12	1	0	0	0
	Eve (12pm-8pm)	8	1	0	0	0

	Day (5:30am-1:30pm)	8	1	0	0	0
	Day (6am-2pm)	8	1	0	0	0
	Day (6am-6pm)	12	2	0	0	0
	Day (7am-3pm)	8	1	0	0	0
Wednesday	Day (7am-5pm)	10	0	0	0	1
	Day (7am-7pm)	12	3	0	0	0
	Day (8am-4pm)	8	2	0	0	1
	Day (8am-8pm)	12	1	0	0	0
	Eve (12pm-8pm)	8	1	0	0	0
	Day (5:30am-1:30pm)	8	1	0	0	0
	Day (6am-2pm)	8	1	0	0	0
	Day (6am-6pm)	12	2	0	0	0
	Day (7am-3pm)	8	1	0	0	0
Thursday	Day (7am-5pm)	10	0	0	0	1
	Day (7am-7pm)	12	3	0	0	0
	Day (8am-4pm)	8	2	0	0	1
	Day (8am-8pm)	12	1	0	0	0
	Eve (12pm-8pm)	8	1	0	0	0
	Day (5:30am-1:30pm)	8	1	0	0	0
	Day (6am-2pm)	8	1	0	0	0
	Day (6am-6pm)	12	2	0	0	0
	Day (7am-3pm)	8	1	0	0	0
Friday	Day (7am-5pm)	10	0	0	0	1
	Day (7am-7pm)	12	3	0	0	0
	Day (8am-4pm)	8	2	0	0	1
	Day (8am-8pm)	12	1	0	0	0
	Eve (12pm-8pm)	8	1	0	0	0
Saturday	Closed					
Sunday	Closed					



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Additional Care Team Members	Shift Coverage	Weekend	Х	Х	Х	Х							
		Night	Х	Х	Х								
		Evening	×	×	x								
		Day	X	×	×	×							
		Occupation	Respiratory Therapy	Laboratory	Imaging	Dietary							ACU



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DOH 346-154

Fixed Staffing Matrix

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

Unit/ Clinic Name:	Providence Regional Cancer System - Aberdeen												
Unit/ Clinic Type:		Infusion Se	rvices										
Unit/ Clinic Address:	954 Anderson Dr. Suite 102, Aberdeen, WA 98520												
Effective as of:		1.1.202	25										
Day of the week													
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's							
Monday	Day (8am-4pm)	8	3	0	0	0							
Tuesday	Day (8am-4pm)	8	3	0	0	0							
Wednesday	Day (8am-4pm)	8	3	0	0	0							
Thursday	Day (8am-4pm)	8	3	0	0	0							
Friday	Day (8am-4pm)	8	3	0	0	0							
Saturday	Closed												
Sunday	Closed												



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Additional Care Team Members	Shift Coverage	Day Evening Night Weekend									
Additi		Occupation	None								PRCS-A



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Fixed Staffing Matrix

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

Unit/ Clinic Name:	Providence Regional Cancer System - Centralia												
Unit/ Clinic Type:		Infusion Se	ervices										
Unit/ Clinic Address:	2015 Cooks Hill Rd, Suite 200, Centralia, WA 98531												
Effective as of:		1.1.20	25										
Day of the week													
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's							
Monday	Day (8am-4pm)	8	3	0	0	0							
Tuesday	Day (8am-4pm)	8	3	0	0	0							
Wednesday	Day (8am-4pm)	8	3	0	0	0							
Thursday	Day (8am-4pm)	8	3	0	0	0							
Friday	Day (8am-4pm)	8	3	0	0	0							
Saturday	Closed												
Sunday	Closed												



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Additional Care Team Members		Weekend									
		Night									
	Shift Coverage	Evening									
		Day									
		Occupation	None								PRCS-C



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DOH 346-154

Fixed Staffing Matrix

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

Unit/ Clinic Name:	Providence Regional Cancer System - Lacey												
Unit/ Clinic Type:		Infusion Se	ervices										
Unit/ Clinic Address:	4525 3rd Ave SE, Suite 200 Lacey WA 98503												
Effective as of:		1.1.2	5										
Day of the week													
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's							
Monday	Day (8am-4pm)	8	8	0	0	0							
Tuesday	Day (8am-4pm)	8	8	0	0	0							
Wednesday	Day (8am-4pm)	8	8	0	0	0							
Thursday	Day (8am-4pm)	8	8	0	0	0							
Friday	Day (8am-4pm)	8	8	0	0	0							
Saturday	Closed												
Sunday	Closed												



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Additional Care Leam Members	Shift Coverage	Day Evening Night Weekend									
Additiona		Occupation	None								PRCS-L