COVER PAGE

The following is the comprehensive hospital staffing plan for Snoqualmie Valley 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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Washington State Department of HEALTH

Hospital Staffing Form

Attestation

Date: 12/20/2024

I, the undersigned with responsibility for Name of 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: Renee Jensen, Chief Executive Officer

Hospital Information

Name of Hospital: Snoqualmie Valley Hospital		
Hospital License #:HAC.FS00000195		
Hospital Street Address: 9801 Frontier Ave SE		
City/Town: Snoqualmie	State: WA	Zip code: 98065
Is this hospital license affiliated with more than one location?	☐ Yes	☒ No
If "Yes" was selected, please provide the location name and address		
Review Type:	☒ Annual	Review Date: 6.11.2024
	☐ Update	Next Review Date: 6.11.2025
Effective Date: January 1, 2025		

Signature

CEO & Co-chairs Name:	Signature:	Date:
Renee Jensen, CEO	Renee K Jensen	12/20/2024
Heather Paris, RN Co-Chair	Heather Paris	12/20/2024
Nicole Reid, RN Co-Chair	Nicole reid	12/20/2024

Total Votes	
# of Approvals	# of Denials
10	None

Access unit staffing matrices here.

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Signature: Heather Paris
Heather Paris (Dec 20, 2024 11:54 PST)

Email: heatherp@snoqualmiehospital.org

Signature: Nicole Reid
Nicole Reid (Dec 20, 2024 11:47 PST)
Dec 20, 2024 11:47 PST)

Email: nicoler@snoqualmiehospital.org

Signature: Renee K Jensen
Renee K. Jensen (Dec 20, 2024 12:02 PST)

Email: reneej@snoqualmiehospital.org

Washington State Department of HEALTH

DOH 346-154

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Patient Volume-based Staffing Matrix Formula Template

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

Unit/ Clinic Name:	**Medical Unit**		
Unit/ Clinic Type:	**Second Floor Medical**		
Unit/ Clinic Address:	**9801 Frontier Ave SE Snoqualmie WA 98065**		
Average Daily Census:	**21**	**Maximum # of Beds:**	**25**
Effective as of:	**1-Jul-24**		
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)
	7pm)	12	5	0	5	0	2.40	0.00	2.40	0.00	
	Night(7pm-7am)	12	4	0	4	0	1.92	0.00	1.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

25		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.64
24	Day (7am-7pm)	12	5	0	5	0	2.50	0.00	2.50	0.00	
	Night(7pm-7am)	12	4	0	4	0	2.00	0.00	2.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
23	Day (7am-7pm)	12	5	0	5	0	2.61	0.00	2.61	0.00	
	Night(7pm-7am)	12	4	0	4	0	2.09	0.00	2.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.39
	Day (7am-7pm)	12	5	0	5	0	2.73	0.00	2.73	0.00	

22	Night(7pm-7am)	12	4	0	5	0	2.18	0.00	2.73	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.36
21	Day (7am-7pm)	12	5	0	5	0	2.86	0.00	2.86	0.00	
	Night(7pm-7am)	12	3	0	3	0	1.71	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.14
20	Day (7am-7pm)	12	4	0	4	0	2.40	0.00	2.40	0.00	
	Night(7pm-7am)	12	3	0	3	0	1.80	0.00	1.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	8.40
19	Day (7am-7pm)	12	4	0	4	0	2.53	0.00	2.53	0.00	
	Night(7pm-7am)	12	3	0	3	0	1.89	0.00	1.89	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.84
18	Day (7am-7pm)	12	4	0	4	0	2.67	0.00	2.67	0.00	
	Night(7pm-7am)	12	3	0	3	0	2.00	0.00	2.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.33
17	Day (7am-7pm)	12	4	0	4	0	2.82	0.00	2.82	0.00	
	Night(7pm-7am)	12	3	0	3	0	2.12	0.00	2.12	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.88
16	Day (7am-7pm)	12	4	0	4	0	3.00	0.00	3.00	0.00	
	Night(7pm-7am)	12	3	0	3	0	2.25	0.00	2.25	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.50
15	Day (7am-7pm)	12	3	0	3	0	2.40	0.00	2.40	0.00	
	Night(7pm-7am)	12	3	0	3	0	2.40	0.00	2.40	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
	Day (7am-7pm)	12	3	0	3	0	2.57	0.00	2.57	0.00	
	Night(7pm-7am)	12	2	0	2	0	1.71	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

14		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.57
13	Day (7am-7pm)	12	3	0	3	0	2.77	0.00	2.77	0.00	
	Night(7pm-7am)	12	2	0	2	0	1.85	0.00	1.85	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.23
12	Day (7am-7pm)	12	3	0	3	0	3.00	0.00	3.00	0.00	
	Night(7pm-7am)	12	2	0	2	0	2.00	0.00	2.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.00
	Day (7am-7pm)	12	3	0	3	0	3.27	0.00	3.27	0.00	

11	Night(7pm-7am)	12	2	0	2	0	2.18	0.00	2.18	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.91
10	Day (7am-7pm)	12	2	0	2	0	2.40	0.00	2.40	0.00	
	Night(7pm-7am)	12	2	0	2	0	2.40	0.00	2.40	0.00	
			0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
9	Day (7am-7pm)	12	2	0	2	0	2.67	0.00	2.67	0.00	
	Night(7pm-7am)	12	1	0	1	0	1.33	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
8	Day (7am-7pm)	12	2	0	2	0	3.00	0.00	3.00	0.00	
	Night(7pm-7am)	12	1	0	1	0	1.50	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.00
7	Day (7am-7pm)	12	2	0	2	0	3.43	0.00	3.43	0.00	
	Night(7pm-7am)	12	1	0	1	0	1.71	0.00	1.71	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.29
6	Day (7am-7pm)	12	2	0	2	0	4.00	0.00	4.00	0.00	
	Night(7pm-7am)	12	1	0	1	0	2.00	0.00	2.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
5	Day (7am-7pm)	12	2	0	0	0	4.80	0.00	0.00	0.00	
	Night(7pm-7am)	12	2	0	0	0	4.80	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
4	Day (7am-7pm)	12	2	0	0	0	6.00	0.00	0.00	0.00	
	Night(7pm-7am)	12	2	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
	Day (7am-7pm)	12	2	0	0	0	8.00	0.00	0.00	0.00	
	Night(7pm-7am)	12	2	0	0	0	8.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

3		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	16.00
2	Day (7am-7pm)	12	2	0	0	0	12.00	0.00	0.00	0.00	
	Night(7pm-7am)	12	2	0	0	0	12.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	24.00
1	Day (7am-7pm)	12	2	0	0	0	24.00	0.00	0.00	0.00	
	Night(7pm-7am)	12	2	0	0	0	24.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	48.00
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Nurse Manager	x			
Wound RN	x			
HUCs	x		x	x
Therapists	x		x	x
Endoscopy RN	x			
Clinical Educator RN	x			
Emergency Dept. RN	x		x	x
Standby shift RN	x		x	x
Infection Prevention RN	x			
Hospitalist/ARNP/ED MD	x		x	x
Pharmacist	x			x
Sitters	x		x	x
Imaging Tech	x		x	x
Lab-Phlebotomist	x		x	x

Unit Information

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

☑ Activity such as patient admissions, discharges, and transfers

Description:

Surge in admissions or discharges in process; mix of new graduate staff, staff in training, and # of any observation or acute inpatients. Increased acuity of patients which requires additional staff for training of new skills.

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

Description:

Standby RN, sitters, additional staff may be scheduled during periods of high Staff illness (influenza season), surge in census, or increase in acuity of patients. Unit is having increased admissions from the Emergency Department which is also changing the patient mix of more acute vs. sub acute type patients.

☑ Skill mix

Description:

Staffing can be adjusted to accommodate preceptors for students; new graduates or staff in clinical rotations

☑ Level of experience of nursing and patient care staff

Description:

ED RN staff are able to assist in RR, code, critical drips, IV access as needed, as well as supporting the ongoing training and skills development of nursing.

☑ Need for specialized or intensive equipment

Description:

Increase staffing as needed with telemetry patients or higher acuity

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

Description:

☑ Other

Description:

Assure adequate staffing to be in compliance with meal and rest breaks as required by RCW 49.12.480

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Fixed Staffing Matrix

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

Unit/ Clinic Name:	**Emergency Department**
Unit/ Clinic Type:	Emergency Department
Unit/ Clinic Address:	**9801 Frontier Ave SE Snoqualmie WA 98065**
Effective as of:	**1-Jul-24**
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(7am-7pm)	12	2	0	0	3
	Day(1pm-11:30pm)	10	1	0	2	3
	Night(7pm-7am)	12	2	0	2	3

Tuesday	Day(7am-7pm)	12	2	0	0	3
	Day(1pm-11:30pm)	10	1	0	0	3
	Night(7pm-7am)	12	2	0	0	3
Wednesday	Day(7am-7pm)	12	2	0	0	3
	Day(1pm-11:30pm)	10	1	0	0	3
	Night(7pm-7am)	12	2	0	0	3
Thursday	Day(7am-7pm)	12	2	0	0	3
	Day(1pm-11:30pm)	10	1	0	0	3
	Night(7pm-7am)	12	2	0	0	3

Friday	Day(7am-7pm)	12	2	0	0	3
	Day(1pm-11:30pm)	10	1	0	0	3
	Night(7pm-7am)	12	2	0	0	3
Saturday	Day(7am-7pm)	12	2	0	0	3
	Day(1pm-11:30pm)	10	1	0	0	3
	Night(7pm-7am)	12	2	0	0	3
Sunday	Day(7am-7pm)	12	2	0	0	3
	Day(1pm-11:30pm)	10	1	0	0	3
	Night(7pm-7am)	12	2	0	0	3
				0		

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Nurse Manager	x			
Wound RN	x			
HUCs	x		x	x
Therapists	x		x	x
Endoscopy RN	x			
Clinical Educator RN	x			
Emergency Dept. RN	x		x	x
Standby shift RN	x		x	x
Infection Prevention RN	x			
Hospitalist/ARNP/ED MD	x		x	x
Pharmacist	x			x
Sitters	x		x	x
Imaging Tech	x		x	x
Lab-Phlebotomist	x		x	x

Unit Information

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

☑ Activity such as patient admissions, discharges, and transfers

Description:

Increasing volumes in ED are admitting more patients to the Medical Unit as well as increase in transfers to area hospitals. This requires staffing levels to support the increasing daily # of patients seen.

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

Description:

ED is seeing increased acuity of patients presenting to the ED for care

☑ Skill mix

Description:

Staffing may be adjusted and increased in order to train and orient new staff

☑ Level of experience of nursing and patient care staff

Description:

Staffing may increase to support newly trained staff

☐ Need for specialized or intensive equipment

Description:

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

Description:

☑ Other

Description:

Staffing levels will be maintained in order to ensure staff are able to take meal and rest breaks as required by law.

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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:	**Endoscopy Unit**		
Unit/ Clinic Type:	**Endoscopy Department**		
Unit/ Clinic Address:	**9801 Frontier Ave SE Snoqualmie, WA 98065**		
Average Daily Census:	**6**	**Maximum # of Beds:**	**4**
Effective as of:	**1/1/2025**		
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	8.00	2.00	0.00	1.00	0.00	16.00	0.00	8.00	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	0.00	0.00	0.00	0.00	0.00	0.00	
2		8.00	2.00	0.00	1.00	0.00	8.00	0.00	4.00	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	0.00	0.00	0.00	0.00	0.00	0.00	
3		8.00	2.00	0.00	1.00	0.00	5.33	0.00	2.67	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	0.00	0.00	0.00	0.00	0.00	0.00	
4		8.00	2.00	0.00	2.00	0.00	4.00	0.00	4.00	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	0.00	0.00	0.00	0.00	0.00	0.00	
5		8.00	3.00	0.00	2.00	0.00	4.80	0.00	3.20	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	0.00	0.00	0.00	0.00	0.00	0.00	
6		8.00	3.00	0.00	2.00	0.00	4.00	0.00	2.67	0.00	6.67
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

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Unit Information

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Nurse Manager	x			
Wound RN	x			
HUCs	x		x	x
Therapists	x		x	x
Endoscopy RN	x			
Clinical Educator RN	x			
Emergency Dept. RN	x		x	x
Standby shift RN	x		x	x
Infection Prevention RN	x			
Hospitalist/ARNP/ED MD	x		x	x
Pharmacist	x			x
Sitters	x		x	x
Imaging Tech	x		x	x
Lab-Phlebotomist	x		x	x

Unit Information

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

☑ Activity such as patient admissions, discharges, and transfers

Description:

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

Description:

Additional nursing staff can be added in the event of changes in acuity of patients in Endo. Resource staff can be pulled from other nursing departments.

☑ Skill mix

Description:

If new staff are being trained, staffing is adjusted in order to assure there is appropriate resources for training.

☑ Level of experience of nursing and patient care staff

Description:

Staffing will accommodate the need to train or orient new staff to the unit

☐ Need for specialized or intensive equipment

Description:

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

Description:

☑ Other

Description:

If additional procedure days are added to the schedule staffing will be increased in order to accommodate more patients. Staffing levels will be such that staff are able to take meal and rest breaks as required by law.