COVER PAGE

The following is the comprehensive hospital staffing plan for MultiCare Tacoma General/Allenmore Hospitall submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420 for the year 2025 .

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Hospital Staffing Form

Attestation

Date: 12/16/24

I, the undersigned with responsibility for MultiCare Tacoma General/Allenn 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: Eddie Bratko

Hospital Information

			1								
Name of Hospital: MultiCare T	acoma G	eneral Alle	enmore Ho	spital							
Hospital License #: HAC.F	S.000	00176									
Hospital Street Address: 315	Martir	1 Luth	er Kin	g Jr W	/ay						
City/Town: Tacoma State: WA Zip code: 98405											
s this hospital license affiliated with more than one location? Yes No											
If "Yes" was selected, please provi	ide the	1901 S U	e Allenmor Inion Ave WA 98405	***	Ľ "						
Review Type:	✓ Anr	nual	Review Dat	_{e:} 12/4/24	2						
	Update Next Review Date:										
Effective Date: 1/1/25		(4		11							
Date Approved: 12/4/24											

Hospital Information Continued (Optional)

Factors Considered in the Development of the Hospital Staffing Plan (check all that apply): Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations Description: 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:
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
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Description:
· ·
Other
Description:

Signature

CEO & Co-chairs Name:	Signature:	Date:		
Eddie Bratko - President	5-7	12/11/24		
Raylene Alred - Tacoma General Co Chair	Paylie alre	12/13/24		
Michelle Stevenson - Tacoma General Co Chair	While Swens) 12 12 24		
Avery Toerber - Allenmore Co-Chair	and out -	12/11/24		
Collen Blackburn - Allenmore Co-Chair	Calle Elever	12/11/24		
	10.0			

Total Votes									
# of Approvals	# of Denials								
Allenmore - 15	Allenmore - 0								
Tacoma General - 22	Tacoma General - 1								
	- MARIA								
	\$								

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.

Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name	e:		TGH Surgical Intermediate Care								
Unit/ Clinic Type	:					Adult Me	edical Surgio	al			
Unit/ Clinic Addr	ess:	315 Martin Luther King Jr Way, Tacoma 98405									
Average Daily Ce	nsus:	56.79 Maximum # of Beds: 66							66		
Effective as of:						12,	/2/2024				
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)
	0700-1930	12	14	0	7	0	2.55	0.00	1.27	0.00	
	1900-0730	12	14	0	7	0	2.55	0.00	1.27	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
66		0	0	0	0	0	0.00	0.00	0.00	0.00	
00		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.64
	0700-1930	12	14	0	7	0	2.58	0.00	1.29	0.00	
	1900-0730	12	14	0	7	0	2.58	0.00	1.29	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
C.F.		0	0	0	0	0	0.00	0.00	0.00	0.00	
65		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.75
	0700-1930	12	14	0	7	0	2.63	0.00	1.31	0.00	
	1900-0730	12	14	0	7	0	2.63	0.00	1.31	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
CA		0	0	0	0	0	0.00	0.00	0.00	0.00	
64		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.88
	0700-1930	12	14	0	7	0	2.67	0.00	1.33	0.00	
	1900-0730	12	14	0	7	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
63		0	0	0	0	0	0.00	0.00	0.00	0.00	
03		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	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
	0700-1930	12	13	0	7	0	2.52	0.00	1.35	0.00	
	1900-0730	12	13	0	7	0	2.52	0.00	1.35	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
62		0	0	0	0	0	0.00	0.00	0.00	0.00	
62		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.74
	0700-1930	12	13	0	7	0	2.56	0.00	1.38	0.00	
	1900-0730	12	13	0	7	0	2.56	0.00	1.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
64		0	0	0	0	0	0.00	0.00	0.00	0.00	
61		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.87
	0700-1930	12	13	0	7	0	2.60	0.00	1.40	0.00	
	1900-0730	12	13	0	7	0	2.60	0.00	1.40	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	
60		0	0	0	0	0	0.00	0.00	0.00	0.00	
60		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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

	0700-1930	12	13	0	7	0	2.64	0.00	1.42	0.00	
	1900-0730	12	13	0	7	0	2.64	0.00	1.42	0.00	
	2000 0700	0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
59		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.14
	0700-1930	12	13	0	7	0	2.69	0.00	1.45	0.00	
	1900-0730	12	13	0	7	0	2.69	0.00	1.45	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
50		0	0	0	0	0	0.00	0.00	0.00	0.00	
58		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.28
	0700-1930	12	12	0	7	0	2.53	0.00	1.47	0.00	
	1900-0730	12	12	0	7	0	2.53	0.00	1.47	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
57		0	0	0	0	0	0.00	0.00	0.00	0.00	
37		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	0700-1930	12	12	0	7	0	2.57	0.00	1.50	0.00	
	1900-0730	12	12	0	7	0	2.57	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	
56		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.14
	0700-1930	12	12	0	6	0	2.62	0.00	1.31	0.00	
	1900-0730	12	12	0	6	0	2.62	0.00	1.31	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
55		0	0	0	0	0	0.00	0.00	0.00	0.00	
55		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.85
	0700-1930	12	12	0	6	0	2.67	0.00	1.33	0.00	
	1900-0730	12	12	0	6	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
54		0	0	0	0	0	0.00	0.00	0.00	0.00	
34		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	0700-1930	12	12	0	6	0	2.72	0.00	1.36	0.00	
	1900-0730	12	12	0	6	0	2.72	0.00	1.36	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
53		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.15
	0700-1930	12	11	0	6	0	2.54	0.00	1.38	0.00	
	1900-0730	12	11	0	6	0	2.54	0.00	1.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
52		0	0	0	0	0	0.00	0.00	0.00	0.00	
52		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.85
	0700-1930	12	11	0	6	0	2.59	0.00	1.41	0.00	
	1900-0730	12	11	0	6	0	2.59	0.00	1.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
51		0	0	0	0	0	0.00	0.00	0.00	0.00	
21		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	0700-1930	12	11	0	6	0	2.64	0.00	1.44	0.00	
	1900-0730	12	11	0	6	0	2.64	0.00	1.44	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
50		0	0	0	0	0	0.00	0.00	0.00	0.00	
50		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.16
	0700-1930	12	11	0	6	0	2.69	0.00	1.47	0.00	
	1900-0730	12	11	0	6	0	2.69	0.00	1.47	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
40		0	0	0	0	0	0.00	0.00	0.00	0.00	
49		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.33
	0700-1930	12	11	0	6	0	2.75	0.00	1.50	0.00	
	1900-0730	12	11	0	6	0	2.75	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	
48		0	0	0	0	0	0.00	0.00	0.00	0.00	
48		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.50
	0700-1930	12	10	0	6	0	2.55	0.00	1.53	0.00	
	1900-0730	12	10	0	6	0	2.55	0.00	1.53	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
47		0	0	0	0	0	0.00	0.00	0.00	0.00	
47		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.17
	0700-1930	12	10	0	6	0	2.61	0.00	1.57	0.00	
	1900-0730	12	10	0	6	0	2.61	0.00	1.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
46		0	0	0	0	0	0.00	0.00	0.00	0.00	
46		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.35
	0700-1930	12	10	0	5	0	2.67	0.00	1.33	0.00	
	1900-0730	12	10	0	5	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
45		0	0	0	0	0	0.00	0.00	0.00	0.00	
45		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	0700-1930	12	10	0	5	0	2.73	0.00	1.36	0.00	
	1900-0730	12	10	0	5	0	2.73	0.00	1.36	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
4.4		0	0	0	0	0	0.00	0.00	0.00	0.00	
44		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.18

07004000 40 1 40 1 0 1 5 0 0 0 0 1 440 1 0 0	
0700-1930 12 10 0 5 0 2.79 0.00 1.40 0.00	
1900-0730 12 10 0 5 0 2.79 0.00 1.40 0.00	
0 0 0 0 0 0.00 0.00 0.00	_
0 0 0 0 0 0.00 0.00 0.00	_
43 0 0 0 0 0 0.00 0.00 0.00	
0 0 0 0 0 0.00 0.00 0.00	
0 0 0 0 0 0.00 0.00 0.00	
0 0 0 0 0 0.00 0.00 0.00	
0 0 0 0 0 0.00 0.00 0.00	
0 0 0 0 0 0.00 0.00 0.00	8.37
0700-1930 12 9 0 5 0 2.57 0.00 1.43 0.00	
1900-0730 12 9 0 5 0 2.57 0.00 1.43 0.00	
0 0 0 0 0 0.00 0.00 0.00	
0 0 0 0 0 0.00 0.00 0.00	
0 0 0 0 0 0.00 0.00 0.00	
42 0 0 0 0 0 0.00 0.00 0.00 0.00	
0 0 0 0 0 0.00 0.00 0.00	
0 0 0 0 0 0.00 0.00 0.00	
0 0 0 0 0 0.00 0.00 0.00	
0 0 0 0 0 0.00 0.00 0.00	8.00
0700-1930 12 9 0 5 0 2.63 0.00 1.46 0.00	
1900-0730 12 9 0 5 0 2.63 0.00 1.46 0.00	
0 0 0 0 0 0.00 0.00 0.00	
0 0 0 0 0 0.00 0.00 0.00	
0 0 0 0 0 0.00 0.00 0.00	
0 0 0 0 0 0.00 0.00 0.00 0.00	
0 0 0 0 0 0.00 0.00 0.00	
0 0 0 0 0 0.00 0.00 0.00	
0 0 0 0 0 0.00 0.00 0.00	
0 0 0 0 0 0.00 0.00 0.00	8.20
0700-1930 12 9 0 5 0 2.70 0.00 1.50 0.00	



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Unit Information

	Additional Care Team	Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
ROLES THAT SUPPORT THIS DEPT	0700-1930		1900-0730	
Charge RN	2 per shift		2 per shift	2 per shift 24hrs/day
Break Nurse (RN or LPN)	1 break nurse for 7 RNs		1 for 7 RNs	1 for 7 RNs 24 hrs/day
HUCs	2 per shift			2 per shift 12 hrs/day
ROLES THAT SUPPORT THE HOSPITAL				
VAT	Yes	Yes	No	Yes
Tele Transport RN	Yes	Yes	Yes	Yes
Discharge RN	Yes	Yes	No	Yes
STAT RN	Yes	Yes	Yes	Yes
+				

Unit Information

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

Activity such as patient admissions, discharges, and transfers	
Description:	
TGH Surgical Intermediate Care is a 66-bed adult medical surgical unit combined between floors 2, 4, and 5 Rainier.	
l e e e e e e e e e e e e e e e e e e e	

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

Description:

This unit cares for post-surgical patients including urological, trauma, spone, orthopedic, EENT, abdominal, general surgeries, neurology and other general medical patients. 2R receives next-day and GYN post surgical patients and general medical patients.

- --Staffing numbers based on unit geography considerations. This unit is spread between 3 floors in 2,4, and 5 Rainier.
- -- Floors 2,4,5 Rainier are supported by 2 HUCs for 12 hours during the day.
- -- CNA staffing may increase based on number of CORA/COSI/HW patients per shift.
- --One (1) break nurse (RN or LPN) supports 7 RNs; adjusted based on number of nurses on the unit that need break coverage.
- -- When unit census reaches 40, close 2R and consolidate patients in 4R and 5R

☐ Skill mix
Description:
✓ Level of experience of nursing and patient care staff
Description:
10% RNs with >20 years experience, 23% with 5-10 years experience; 67% under 5 years experience When available, staffing is adjusted to ensure experienced RNs are equitably assigned in each floor to support new nurses
Need for specialized or intensive equipment
Description:

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Descr	ription:
TGF	Surgical Intermediate Care is a 66-bed adult medical surgical unit combined between floors 2, 4, and 5 Rainier.
tele and	nas 12 private rooms with remote telemetry monitoring, without dialysis capability. 4R has 19 private rooms with remote metry monitoring capability, four with negative pressure, and 19 rooms with dialysis capability. 5R has 35 beds, with private I semi-private rooms. All rooms have remote telemetry monitoring capability, five with negative pressure, 18 equipped with ing lifts and nine rooms with dialysis capability.
	Other
Descr	iption:



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name	e:		6 Rainier Med Onc								
Unit/ Clinic Type:	:		Inpatient								
Unit/ Clinic Addre	ess:			315	Martin Lu	ther King	Jr Way, Ta	coma WA	98405		
Average Daily Cer	nsus:		31.57			Maxim	um # of Bed	s:	36		
Effective as of:						12,	/2/2024				
Census											
Please select metric type	Shift Type	Shift Length in Hours	ift Length in Hours Min # of RN's Of LPN's CNA's Min # of UAP's Min # of UAP's Min # of HPUS Min # of LPN HPUS HPUS HPUS P				Total Minimum Direct Pt. Care HPUS (hours per unit of service)				
	0700-1930	12	8	0	4	0	2.67	0.00	1.33	0.00	
	1900-0730	12	8	0	4	0	2.67	0.00	1.33	0.00	
		0 0 0 0 0 0 0.00 0.00 0.00					0.00				
		0 0 0 0 0 0.00					0.00	0.00	0.00		
36		0	0	0	0	0	0.00	0.00	0.00	0.00	
30		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	0700-1930	12	7	0	4	0	2.40	0.00	1.37	0.00	
	1900-0730	12	7	0	4	0	2.40	0.00	1.37	0.00	
		0	0	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	
35		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.54
	0700-1930	12	7	0	4	0	2.47	0.00	1.41	0.00	
	1900-0730	12	7	0	4	0	2.47	0.00	1.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
34		0	0	0	0	0	0.00	0.00	0.00	0.00	
34		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.76
	0700-1930	12	7	0	4	0	2.55	0.00	1.45	0.00	
	1900-0730	12	7	0	4	0	2.55	0.00	1.45	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
33		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	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
	0700-1930	12	7	0	4	0	2.63	0.00	1.50	0.00	
	1900-0730	12	7	0	4	0	2.63	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	
22		0	0	0	0	0	0.00	0.00	0.00	0.00	
32		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.25
	0700-1930	12	7	0	4	0	2.71	0.00	1.55	0.00	
	1900-0730	12	7	0	4	0	2.71	0.00	1.55	0.00	
		0	0	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		0	0	0	0	0	0.00	0.00	0.00	0.00	
31		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.52
	0700-1930	12	6	0	3	0	2.40	0.00	1.20	0.00	
	1900-0730	12	6	0	3	0	2.40	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
30		0	0	0	0	0	0.00	0.00	0.00	0.00	
30		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20

	0700-1930	12	6	0	3	0	2.48	0.00	1.24	0.00	
	1900-0730	12	6	0	3	0	2.48	0.00	1.24	0.00	
-	1900-0730	0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
-											
29		0	0	0	0	0	0.00	0.00	0.00	0.00	
-		0	0	0	0	0	0.00	0.00	0.00	0.00	
-		0	0	0	0	0	0.00	0.00	0.00	0.00	
-		0	0	0	0	0	0.00	0.00	0.00	0.00	
-		0	0	0	0	0	0.00	0.00	0.00	0.00	
			0	0	0	0	0.00	0.00	0.00	0.00	7.45
	0700-1930	12	6	0	3	0	2.57	0.00	1.29	0.00	
	1900-0730	12	6	0	3	0	2.57	0.00	1.29	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
28		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.71
	0700-1930	12	6	0	3	0	2.67	0.00	1.33	0.00	
	1900-0730	12	6	0	3	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
27		0	0	0	0	0	0.00	0.00	0.00	0.00	
27		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	0700-1930	12	6	0	3	0	2.77	0.00	1.38	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
26		0	0	0	0	0	0.00	0.00	0.00	0.00	
26		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.31
	0700-1930	12	5	0	3	0	2.40	0.00	1.44	0.00	
	1900-0730	12	5	0	3	0	2.40	0.00	1.44	0.00	
		0	0	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	
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	7.68
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	



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Unit Information

	Additional Care Team	Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
ROLES THAT SUPPORT THIS DEPT				
Charge RN	1 per shift		1 per shift	1 per shift 24hrs/day
Break Nurse (RN or LPN)	1 break nurse for 7 RNs		1 for 7 RNs	1 for 7 RNs 24 hrs/day
HUCs	1 per shift			1 per shift 12 hrs/day
ROLES THAT SUPPORT THE HOSPITAL				
VAT	Yes	Yes	No	Yes
Tele Transport RN	Yes	Yes	Yes	Yes
Discharge RN	Yes	Yes	No	Yes
STAT RN	Yes	Yes	Yes	Yes

Unit Information

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

Activity such as patient admissions, discharges, and transfers
Description:
6 Rainier Med Onc Intermediate Care Unit is a 36-bed unit.
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift Description:
Additional resources utilized for patient acuity with chemo administration. Additional CNA for CORA/COSI as needed/required. One (1) break nurse (RN or LPN) supports 7 RNs; adjusted based on number of nurses on the unit that need break coverage.

✓ Skill mix
Description:
Staffed with charge nurse not assigned to provide direct patient care. Additional resources utilized for residents based on the Transition to Practice Program.
Level of experience of nursing and patient care staff
Description:
Need for specialized or intensive equipment
Description:

√	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment									
Desc	Description:									
Thi	is unit is comprised of two teams and have two nurse's stations, pyxis, and supply rooms.									
	Other									
Desc	cription:									



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name	7 Olympic Medical Care												
Unit/ Clinic Type:		Inpatient											
Unit/ Clinic Addre	ess:		315 Martin Luther King Jr Way, Tacoma WA 98405										
Average Daily Cer	nsus:		15.32			Maxim	um # of Bed	s:	18				
Effective as of:						12,	/2/2024						
Census	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		Total Minimum Direct Pt. Care HPUS (hours per unit of service)		
	0700-1930	12	4	0	2	0	2.67	0.00	1.33	0.00			
	1900-0730	12	4	0	2	0	2.67	0.00	1.33	0.00			
		0	0	0	0	0	0.00	0.00	0.00	0.00			
		0	0	0	0	0	0.00	0.00	0.00	0.00			
18		0	0	0	0	0	0.00	0.00	0.00	0.00			
10		0	0	0	0	0	0.00	0.00	0.00	0.00			

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	0700-1930	12	4	0	2	0	2.82	0.00	1.41	0.00	
	1900-0730	12	4	0	2	0	2.82	0.00	1.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
17		0	0	0	0	0	0.00	0.00	0.00	0.00	
17		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.47
	0700-1930	12	4	0	2	0	3.00	0.00	1.50	0.00	
	1900-0730	12	4	0	2	0	3.00	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	
16		0	0	0	0	0	0.00	0.00	0.00	0.00	
16		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	0700-1930	12	3	0	2	0	2.40	0.00	1.60	0.00	
	1900-0730	12	3	0	2	0	2.40	0.00	1.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
15		0	0	0	0	0	0.00	0.00	0.00	0.00	
15		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	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
	0700-1930	12	3	0	2	0	2.57	0.00	1.71	0.00	
	1900-0730	12	3	0	2	0	2.57	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	
1.4		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	8.57
	0700-1930	12	3	0	2	0	2.77	0.00	1.85	0.00	
	1900-0730	12	3	0	2	0	2.77	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	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
13		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	0700-1930	12	3	0	2	0	3.00	0.00	2.00	0.00	
	1900-0730	12	3	0	2	0	3.00	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	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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



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Unit Information

Additional Care Team Members											
	Shift Coverage										
Occupation	Day	Evening	Night	Weekend							
ROLES THAT SUPPORT THIS DEPT											
Charge RN	1 per shift		1 per shift	1 per shift 24hrs/day							
Break Nurse (RN or LPN)	1 break nurse for 7 RNs		1 for 7 RNs	1 for 7 RNs 24 hrs/day							
HUCs	1 per shift			1 per shift 12 hrs/day							
ROLES THAT SUPPORT THE HOSPITAL											
VAT	Yes	Yes	No	Yes							
Tele Transport RN	Yes	Yes	Yes	Yes							
Discharge RN	Yes	Yes	No	Yes							
STAT RN	Yes	Yes	Yes	Yes							

Unit Information

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

Activity such as patient admissions, discharges, and transfers Description:	
7 Olympic is a 18-bed adult medical care unit.	
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift Description:	
Additional CNA for CORA/COSI as needed/required. One (1) break nurse (RN or LPN) supports 7 RNs; adjusted based on number of nurses ont he unit that need break coverage.	r

✓ Skill mix
Description:
Staffed with charge nurse not assigned to provide direct patient care. Additional resources utilized for residents based on the Transition to Practice Program.
Level of experience of nursing and patient care staff
Description:
Need for specialized or intensive equipment
Description:

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



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name	e:	Tacoma General Hospital										
Unit/ Clinic Type	:	MedSurg ICU/PCU										
Unit/ Clinic Addr	ess:		315 Martin Luther king Jr. Way, Tacoma, WA 98415									
Average Daily Ce	nsus:		36			Maxim	um # of Bed	s:		36		
Effective as of:						12,	/2/2024					
Census	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)	
	0700-1930	12	14	0	3	0	4.67	0.00	1.00	0.00		
	1900-0730	12	14	0	3	0	4.67	0.00	1.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
36		0	0	0	0	0	0.00	0.00	0.00	0.00		
30		0	0	0	0	0	0.00	0.00	0.00	0.00		

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.33
	0700-1930	12	14	0	3	2	4.80	0.00	1.03	0.69	
	1900-0730	12	14	0	3	0	4.80	0.00	1.03	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
35		0	0	0	0	0	0.00	0.00	0.00	0.00	
35		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.34
	0700-1930	12	13	0	3	0	4.59	0.00	1.06	0.00	
	1900-0730	12	13	0	3	0	4.59	0.00	1.06	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
34		0	0	0	0	0	0.00	0.00	0.00	0.00	
34		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.29
	0700-1930	12	13	0	3	0	4.73	0.00	1.09	0.00	
	1900-0730	12	13	0	3	0	4.73	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
33		0	0	0	0	0	0.00	0.00	0.00	0.00	
33		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.64
	0700-1930	12	13	0	3	0	4.88	0.00	1.13	0.00	
	1900-0730	12	13	0	3	0	4.88	0.00	1.13	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22		0	0	0	0	0	0.00	0.00	0.00	0.00	
32		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	0700-1930	12	12	0	3	0	4.65	0.00	1.16	0.00	
	1900-0730	12	12	0	3	0	4.65	0.00	1.16	0.00	
		0	0	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		0	0	0	0	0	0.00	0.00	0.00	0.00	
31		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.61
	0700-1930	12	11	0	3	0	4.40	0.00	1.20	0.00	
	1900-0730	12	11	0	3	0	4.40	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
30		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.20

	0700-1930	12	11	0	3	0	4.55	0.00	1.24	0.00	
	1900-0730	12	11	0	3	0	4.55	0.00	1.24	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
29		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.59
	0700-1930	12	11	0	3	0	4.71	0.00	1.29	0.00	
	1900-0730	12	11	0	3	0	4.71	0.00	1.29	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
28		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	0700-1930	12	11	0	3	0	4.89	0.00	1.33	0.00	
	1900-0730	12	11	0	3	0	4.89	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	
27		0	0	0	0	0	0.00	0.00	0.00	0.00	
21		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.44
		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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Additional Care Team Members								
		Shift Coverage						
Occupation	Day	Evening	Night	Weekend				
STAT RN	Yes	Yes	Yes	Yes				
VAT	Yes	Yes	No	Yes				
Tele transport RN	Yes	Yes	Yes	Yes				
Critical Care Transport RN	Yes	Yes	Yes	Yes				
Clinical Assistant Nurse Manager	Yes	Yes	Yes	Yes				
NAR (CNA in training)	Yes	Yes	Yes	Yes				
Nurse Tech	Yes	Yes	Yes	Yes				
Phelebtomy?	Yes	Yes	Yes	Yes				
Patient Transport Staff?	Yes	Yes	Yes	Yes				
EVS?	Yes	Yes	Yes	Yes				
HUCs	Yes	Yes	No	Yes				
Discharge nurse								
arge Nurse (ICU break Nurse coverage	Yes	Yes	Yes	Yes				

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

Activity such as patient admissions, discharges, and transfers							
Description:							
CNA need will increase based on sitter needs							
RN count includes 2 break nurses							
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift							
Description:							
Staffing number adjusted based on number of ICU patients; max capacity ICU patient is 9							

☑ Skill mix
Description:
Unit is mixed acuity with ICU and PCU RNs Unit has one Grandfathered in LPN who can utilized as break nurse or CNA on the floor or as a constant observer
Level of experience of nursing and patient care staff
Description:
Need for specialized or intensive equipment
Description:

√	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Descr	ription:
	t is split between 2 floors, 18 beds per floor and pending census per floor will impact RN and CNA needs. Each floor has it's n charge nurse and break nurse.
	Other
Descr	ription:



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name	e:	Tacoma General Hospital											
Unit/ Clinic Type:		Nuero Trauma ICU/PCU											
Unit/ Clinic Addre	ess:	315 Martin Luther king Jr. Way, Tacoma, WA 98415											
Average Daily Ce	nsus:		35			Maxim	um # of Bed	s:		39			
Effective as of:						12,	/2/2024						
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)		
	0700-1930	12	21	0	3	0	6.46	0.00	0.92	0.00			
	1900-0730	12	21	0	3	0	6.46	0.00	0.92	0.00			
		0	0	0	0	0	0.00	0.00	0.00	0.00			
		0	0	0	0	0	0.00	0.00	0.00	0.00			
39		0	0	0	0	0	0.00	0.00	0.00	0.00			
33		0	0	0	0	0	0.00	0.00	0.00	0.00			

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.77
	0700-1930	12	20	0	3	0	6.32	0.00	0.95	0.00	
	1900-0730	12	20	0	3	0	6.32	0.00	0.95	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
30		0	0	0	0	0	0.00	0.00	0.00	0.00	
38		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.53
	0700-1930	12	20	0	3	0	6.49	0.00	0.97	0.00	
	1900-0730	12	20	0	3	0	6.49	0.00	0.97	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
27		0	0	0	0	0	0.00	0.00	0.00	0.00	
37		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.92
	0700-1930	12	19	0	3	0	6.33	0.00	1.00	0.00	
	1900-0730	12	19	0	3	0	6.33	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
26		0	0	0	0	0	0.00	0.00	0.00	0.00	
36		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.67
	0700-1930	12	19	0	3	0	6.51	0.00	1.03	0.00	
	1900-0730	12	19	0	3	0	6.51	0.00	1.03	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
35		0	0	0	0	0	0.00	0.00	0.00	0.00	
35		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.09
	0700-1930	12	18	0	3	0	6.35	0.00	1.06	0.00	
	1900-0730	12	18	0	3	0	6.35	0.00	1.06	0.00	
		0	0	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		0	0	0	0	0	0.00	0.00	0.00	0.00	
34		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.82
	0700-1930	12	18	0	3	0	6.55	0.00	1.09	0.00	
	1900-0730	12	18	0	3	0	6.55	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
33		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.27

	0700-1930	12	16	0	3	0	6.00	0.00	1.13	0.00	
	1900-0730	12	16	0	3	0	6.00	0.00	1.13	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
32		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.25
	0700-1930	12	16	0	3	0	6.19	0.00	1.16	0.00	
	1900-0730	12	16	0	3	0	6.19	0.00	1.16	0.00	
		0	0	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		0	0	0	0	0	0.00	0.00	0.00	0.00	
31		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.71
	0700-1930	12	15	0	3	0	6.00	0.00	1.20	0.00	
	1900-0730	12	15	0	3	0	6.00	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
30		0	0	0	0	0	0.00	0.00	0.00	0.00	
30		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
		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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	Additional Care Tea	am Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
NAR to NAC	X	Х	Х	Χ
RN Fellow	X	Х	Х	Х
RN Resident	Х	Х	Х	Х
Repiratory therapy	X	Х	Х	Х
Social work	X			Х
Care Management	X			Х
Physical Therapy	X	Х		Х
Occupational Therapy	X	Х		Х
Speech Therapy	X	Х		Х
Pharmacist critical care	X	Х		
VAT	Х	Х		
Critical Care Transport	Х	Х	Х	Х
Transport RN	Х	Х	Х	Х
Discharge RN	Х			
STAT Nurse	Х			
Charge Nurse	Х			

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

Activity such as patient admissions, discharges, and transfers
Description:
Staffing plan is adjusted based on patient census which is directly affected by admission, discharge, and transfers. This can fluctuate frequently and significantly during the shift.

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

Description:

Nursing care is provided for unstable adult medical, surgical, neuro, and trauma patients. The ICU supports a Level II Trauma system and Comprehensive Stroke Program. Most of the patient population consists of the following:

- Neuro SAH, SDH, Acute Stroke, TPA, Seizure
- Trauma Ortho, Spine, Thoracic
- Sepsis
- DKA
- Drug overdose
- Suicide Ideation

✓ Skill mix
Description:
The condition of the critically ill patient can rapidly change, the charge nurse or nursing leadership will make immediate adjustments to support acuity. Relying on staffing ratios alone can ignore the variance in patient needs and acuity.
ICU care is provided to patients following the American Association of Critical Care Nurses (AACN) Scope & Standards for Acute and Critical Care Nursing Practice.
ICU care is provided to patients following the American Society of Peri-Anesthesia Nurses (ASPAN) to support the immediate care of urgent post surgical patients.
☐ Level of experience of nursing and patient care staff
Description:
✓ Need for specialized or intensive equipment
Description:
Patient care requiring the use of specialized equipmnet including (but not limited to) Continuous Renal Replacment Therapy,
Targeted Temprature Managment, and Rapid Truansfuers (mass transfusion protocol) can rapidly change the acutiy of the unit
and may require additional RNs for patient care.
·

	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment									
Desc	Description:									
,										
	Other									
Desc	ription:									



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name	e:	Tacoma General Hospital Campus Pulse Cardiac Care Unit											
Unit/ Clinic Type:	:	Inpatient Progressive Care Unit LOC											
Unit/ Clinic Addre	ess:	315 Martin Luther King Jr Blvd, 7th Floor Philips Tower, Tacoma WA 98405											
Average Daily Ce	nsus:		8			Maxim	um # of Bed	s:		8			
Effective as of:		2-Dec-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)		
	DAY	12	3	0	0	0	4.50	0.00	0.00	0.00			
	NOC	12	3	0	0	0	4.50	0.00	0.00	0.00			
		0	0	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		0	0	0	0	0	0.00	0.00	0.00	0.00			
8		0	0	0	0	0	0.00	0.00	0.00	0.00			

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	DAY	12	3	0	0	0	5.14	0.00	0.00	0.00	
	NOC	12	3	0	0	0	5.14	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7		0	0	0	0	0	0.00	0.00	0.00	0.00	
7		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	DAY	12	2	0	1	0	4.00	0.00	2.00	0.00	
	NOC	12	2	0	1	0	4.00	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	
6		0	0	0	0	0	0.00	0.00	0.00	0.00	
6		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	2	0	1	0	4.80	0.00	2.40	0.00	
	NOC	12	2	0	1	0	4.80	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	
5		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		T	1	ı	1		•	ı	ī	1 1	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
	DAY	12	2	0	1	0	6.00	0.00	3.00	0.00	
	NOC	12	2	0	1	0	6.00	0.00	3.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
4		0	0	0	0	0	0.00	0.00	0.00	0.00	
4		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	18.00
	DAY	12	2	0	1	0	8.00	0.00	4.00	0.00	
	NOC	12	2	0	1	0	8.00	0.00	4.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
2		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	24.00
		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!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		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!	#DIV/0!



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Additional Care Team Members										
		Shift Coverage								
Occupation	Day	Evening	Night	Weekend						
Charge Nurse as needed	8hrs	8 hrs	8 hrs	24/7 coverage						
Flex/Break Nurse as needed	8hrs	8 hrs	8 hrs	24/7 coverage						
CORA/COSI PCTs as needed	8hrs	8 hrs	8 hrs	24/7 coverage						
Monitor Tech/HUC	8hrs	8 hrs	8 hrs	24/7 coverage						
STAT RN	8hrs	8 hrs	8 hrs	24/7 coverage						
House Supervisor	8hrs	8 hrs	8 hrs	24/7 coverage						
Clinical Expeditor	8hrs	8 hrs	8 hrs	24/7 coverage						
Critical Care RN Transporter	8hrs	8 hrs	8 hrs	24/7 coverage						
RN Transporter	8hrs	8 hrs	8 hrs	24/7 coverage						
PCT Transporter	8hrs	8 hrs	8 hrs	24/7 coverage						
Phlebotomoy	8hrs	8 hrs	8 hrs	24/7 coverage						
Case Manager	8hrs	2-4 hrs	0 hrs	10-12hr /day						
Social Worker	8hrs	8 hrs	8 hrs	24/7 coverage						
IV Therapy	8hrs	4 hrs	0 hrs	12hr /day						
Wound Care	8hrs	2-4 hrs	0 hrs	10-12hr /day						
EVS/Environmental Services	8hrs	8 hrs	8 hrs	24/7 coverage						
PT, OT, ST Therapists	8hrs/Therapist	2-4 hrs/Ther.	0 hrs	10-12hr /day/Therapist						

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

Activity such as patient admissions, discharges, and transfers	
Description:	
Staffing Plan is adaptable based on patient census which is directly affected by admission, discharges, and transfers.	
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift Description:	
CVSS/PHU specializes in the care and treatment of critically ill adults 18 years of age and older with a focus on Cardiac dia and treatments. The following patients are standard to CVSS/PHU but are not limited to: Pre and Post cardiovascular surg patients not requiring invasive hemodynamic monitoring, vascular surgery patients not requiring invasive hemodynamic monitoring, TAVRs, STEMI/NSTEMI, and CHF. Baseline standard of care includes: q4hr vital signs, q4hr assessments, q2hr telemetry documentation, medication administration as Physician ordered, and assist in Patient's Activities of Daily Living needed.	ery

✓ Skill mix
Description:
CVSS/PHU is designated a Progressive Care Unit (PCU) Level of Care. CVSS/PHU Nurses are expected to safely care for patients with respiratory requirements of up to 60% FiO2 or continuous use of Bipap (more than 4 hrs continuously with exemptions for those with baseline overnight Bipap use at home). Medications that CVSS/PHU Nurses may administer are per Hospital Policy (See policy: IV Medications: Appropriate Patient Care Settings in Which to Administer) including: IVP lopressor, diltiazem, Non-DKA Insulin infusion, fixed-rate Dopamine (up to 8mcg/kg/min), etc. CVSS/PHU Nurses may care for but are not limited to: post-surgical patients with chest tubes, wound vacs, central lines, and post-PCI incision sites. Unit specific skill mix will include one Charge Nurse (dependent on patient census), Primary Nurse, and Patient Care Tech (dependent on patient census). CVSS/PHU care is provided to patients following the American Association of Critical Care Nurses (AACN) Scope & Standards for Acute and
✓ Level of experience of nursing and patient care staff
Description:
Staff Nurses will have at minimum graduated with an Associates Degree in Nursing, have passed the NCLEX, and have a vaild-Washington State Recognized Registered Nurse License. New Staff Nurses will have prior Cardiac experience and an orientation prior to working independently on the floor. Patient Care Techs (CNAs) will have recieved CNA training from an accredited program, passed their CNA certification test, and have earned a valid-Washington State Recognized License for CNAs.
✓ Need for specialized or intensive equipment
Description:
Staff RN training may include: Pacemaker Class, Sheath Management, US Guided IVs, and Charge Nurse.

	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment									
Desc	Description:									
,										
	Other									
Desc	ription:									



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name	Tacoma General Hospital Campus Pulse Cardiac Interm Care												
Unit/ Clinic Type:		Inpatient Progressive Care Unit LOC											
Unit/ Clinic Addre	ess:	315 Martin Luther King Jr Blvd, 8th Floor Philips Tower, Tacoma WA 98405											
Average Daily Cer	nsus:		29			Maxim	um # of Bed	s:	29				
Effective as of:			2-Dec-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		Total Minimum Direct Pt. Care HPUS (hours per unit of service)		
	DAY	12	9	0	3	0	3.72	0.00	1.24	0.00			
	NOC	12	9	0	3	0	3.72	0.00	1.24	0.00			
		0	0	0	0	0	0.00	0.00	0.00	0.00			
		0	0	0	0	0	0.00	0.00	0.00	0.00			
29		0	0	0	0	0	0.00	0.00	0.00	0.00			
29		0	0	0	0	0	0.00	0.00	0.00	0.00			

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.93
	DAY	12	8	0	3	0	3.43	0.00	1.29	0.00	
	NOC	12	8	0	3	0	3.43	0.00	1.29	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
28		0	0	0	0	0	0.00	0.00	0.00	0.00	
28		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.43
	DAY	12	8	0	3	0	3.56	0.00	1.33	0.00	
	NOC	12	8	0	3	0	3.56	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	
27		0	0	0	0	0	0.00	0.00	0.00	0.00	
27		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.78
	DAY	12	8	0	3	0	3.69	0.00	1.38	0.00	
	NOC	12	8	0	3	0	3.69	0.00	1.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
26		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.15
	DAY	12	7	0	3	0	3.36	0.00	1.44	0.00	
	NOC	12	7	0	3	0	3.36	0.00	1.44	0.00	
		0	0	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	
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	9.60
	DAY	12	7	0	3	0	3.50	0.00	1.50	0.00	
	NOC	12	7	0	3	0	3.50	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	
24		0	0	0	0	0	0.00	0.00	0.00	0.00	
24		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	7	0	3	0	3.65	0.00	1.57	0.00	
	NOC	12	7	0	3	0	3.65	0.00	1.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
23		0	0	0	0	0	0.00	0.00	0.00	0.00	
23		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.43

	DAY	12	6	0	2	0	3.27	0.00	1.09	0.00	
	NOC	12	6	0	2	0	3.27	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.73
	DAY	12	6	0	2	0	3.43	0.00	1.14	0.00	
	NOC	12	6	0	2	0	3.43	0.00	1.14	0.00	
21		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
21		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	DAY	12	6	0	2	0	3.60	0.00	1.20	0.00	
	NOC	12	6	0	2	0	3.60	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	5	0	2	0	3.16	0.00	1.26	0.00	
	NOC	12	5	0	2	0	3.16	0.00	1.26	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
19		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	DAY	12	5	0	2	0	3.33	0.00	1.33	0.00	
	NOC	12	5	0	2	0	3.33	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	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
18		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	DAY	12	5	0	1	0	3.53	0.00	0.71	0.00	
	NOC	12	5	0	1	0	3.53	0.00	0.71	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	
17		0	0	0	0	0	0.00	0.00	0.00	0.00	
17		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.47
	DAY	12	4	0	1	0	3.00	0.00	0.75	0.00	
	NOC	12	4	0	1	0	3.00	0.00	0.75	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

46		0	0	0	0	0	0.00	0.00	0.00	0.00	
16		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.50
	DAY	12	4	0	1	0	3.20	0.00	0.80	0.00	
	NOC	12	4	0	1	0	3.20	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
15		0	0	0	0	0	0.00	0.00	0.00	0.00	
15		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	DAY	12	4	0	1	0	3.43	0.00	0.86	0.00	
	NOC	12	4	0	1	0	3.43	0.00	0.86	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
14		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	0.00	0.00	0.00	0.00	0 ==
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.57
	DAY	0 12	0 4	0	1	0	3.69	0.00	0.92	0.00	8.57
	DAY NOC										8.57
		12	4	0	1	0	3.69	0.00	0.92	0.00	8.57
		12 12	4	0	1	0	3.69 3.69	0.00	0.92 0.92	0.00	8.57
13		12 12 0	4 4 0	0 0 0	1 1 0	0 0 0	3.69 3.69 0.00	0.00 0.00 0.00	0.92 0.92 0.00	0.00 0.00 0.00	8.57

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	DAY	12	3	0	1	0	3.00	0.00	1.00	0.00	
	NOC	12	3	0	1	0	3.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	DAY	12	3	0	1	0	3.27	0.00	1.09	0.00	
	NOC	12	3	0	1	0	3.27	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
11		0	0	0	0	0	0.00	0.00	0.00	0.00	
11		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.73
	DAY	12	3	0	1	0	3.60	0.00	1.20	0.00	
	NOC	12	3	0	1	0	3.60	0.00	1.20	0.00	
		0	0	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		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	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	12	3	0	0	0	4.00	0.00	0.00	0.00	
	NOC	12	3	0	0	0	4.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
0		0	0	0	0	0	0.00	0.00	0.00	0.00	
9		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	DAY	12	2	0	0	0	3.00	0.00	0.00	0.00	
	NOC	12	2	0	0	0	3.00	0.00	0.00	0.00	
		0	0	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		0	0	0	0	0	0.00	0.00	0.00	0.00	
8		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.00
	DAY	12	2	0	0	0	3.43	0.00	0.00	0.00	
	NOC	12	2	0	0	0	3.43	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7		0	0	0	0	0	0.00	0.00	0.00	0.00	
,		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.86

	DAY	12	2	0	l o	0	4.00	0.00	0.00	0.00	
	NOC	12	2	0	0	0	4.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
6		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	DAY	12	2	0	0	0	4.80	0.00	0.00	0.00	
	NOC	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	
5		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
5		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	1	0	0	0	3.00	0.00	0.00	0.00	
	NOC	12	1	0	0	0	3.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
4		0	0	0	0	0	0.00	0.00	0.00	0.00	
4		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.00
	DAY	12	1	0	0	0	4.00	0.00	0.00	0.00	
	NOC	12	1	0	0	0	4.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
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	8.00
	DAY	12	1	0	0	0	6.00	0.00	0.00	0.00	
	NOC	12	1	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
2		0	0	0	0	0	0.00	0.00	0.00	0.00	
2		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	1	0	0	0	12.00	0.00	0.00	0.00	
	NOC	12	1	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	
1		0	0	0	0	0	0.00	0.00	0.00	0.00	
1		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	



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Additional Care Team Members										
		Shift Coverage								
Occupation	Day	Evening	Night	Weekend						
Charge Nurse	8hrs	8 hrs	8 hrs	24/7 coverage						
Flex/Break Nurse	8hrs	8 hrs	8 hrs	24/7 coverage						
CORA/COSI PCTs as needed	8hrs	8 hrs	8 hrs	24/7 coverage						
Monitor Tech/HUC	8hrs	8 hrs	8 hrs	24/7 coverage						
STAT RN	8hrs	8 hrs	8 hrs	24/7 coverage						
House Supervisor	8hrs	8 hrs	8 hrs	24/7 coverage						
Clinical Expeditor	8hrs	8 hrs	8 hrs	24/7 coverage						
Critical Care RN Transporter	8hrs	8 hrs	8 hrs	24/7 coverage						
RN Transporter	8hrs	8 hrs	8 hrs	24/7 coverage						
PCT Transporter	8hrs	8 hrs	8 hrs	24/7 coverage						
Phlebotomoy	8hrs	8 hrs	8 hrs	24/7 coverage						
Case Manager	8hrs	2-4 hrs	0 hrs	10-12hr /day						
Social Worker	8hrs	8 hrs	8 hrs	24/7 coverage						
IV Therapy	8hrs	4 hrs	0 hrs	12hr /day						
Wound Care	8hrs	2-4 hrs	0 hrs	10-12hr /day						
EVS/Environmental Services	8hrs	8 hrs	8 hrs	24/7 coverage						
PT, OT, ST Therapists	8hrs/Therapist	2-4 hrs/Ther.	0 hrs	10-12hr/day/Therapist						

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

Activity such as pa	tient admissions, discharges, and transfers
Description:	
Staffing Plan is adaptab	le based on patient census which is directly affected by admissions, discharges, and transfers.
Patient acuity level, in Description:	itensity of care needs, and the type of care to be delivered on each shift
and treatments. The foll not requiring invasive he TAVRs, STEMI/NSTEMI, C	ne care and treatment of critically ill adults 18 years of age and older with a focus on Cardiac diagnoses owing patients are standard to CCU but are not limited to: Pre and Post cardiovascular surgery patients emodynamic monitoring, vascular surgery patients not requiring invasive hemodynamic monitoring, HF, and LVADs. Baseline standard of care includes: q4hr vital signs, q4hr assessments, q2hr telemetry tion administration as Physician ordered, and assist in Patient's Activities of Daily Living as needed.

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Description:

CCU is designated a Progressive Care Unit (PCU) Level of Care. CCU Nurses are expected to safely care for patients with respiratory requirements of up to 60% FiO2 or continuous use of Bipap (more than 4 hrs continuously with exemptions for those with baseline overnight Bipap use at home). Medications that CCU Nurses may administer are per Hospital Policy (See policy: IV Medications: Appropriate Patient Care Settings in Which to Administer) including: IVP lopressor, diltiazem, Non-DKA Insulin infusion, fixed-rate Dopamine (up to 8mcg/kg/min), etc. CCU Nurses may care for but are not limited to: post-surgical patients with chest tubes, wound vacs, central lines, and posts. Unit specific skill mix will include one Charge Nurse, one Break Nurse (dependent on patient census), Primary Nurses for Patient Care, Patient Care Tech (dependent on patient census), and Monitor Tech/HUC (dependent on patient census). CCU care is provided to patients following the American Association of Critical Care Nurses

✓ Level of experience of nursing and patient care staff

Description:

Staff Nurses will have at minimum graduated with an Associates Degree in Nursing, have passed the NCLEX, and have a vaild-Washington State Recognized Registered Nurse License. Staff Nurses will also have prior Cardiac experience or have completed a Residency or Fellowship Program within CCU prior to working independently on the floor after orientation. Patient Care Techs (CNAs) will have recieved CNA training from an accredited program, passed their CNA certification test, and have earned a valid-Washington State Recognized License for CNAs.

✓ Need for specialized or intensive equipment

Description:

Special education for RN staff includes LVAD training. Additional training may also include: Pacemaker Class, Sheath Management, US Guided IVs, and Charge Nurse.

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



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name	e:		Tacoma General Hospital Campus Pulse Cardiovascular ICU								
Unit/ Clinic Type:	e: Inpatient Crit					nt Critica	al Care Unit	Unit LOC			
Unit/ Clinic Addre	ess:	315 Martin Luther King Jr Blvd, 8					Floor Philip	s Tower,	Tacoma W	/A 98405	3
Average Daily Cer	Census: 13					Maxim	um # of Bed	s:		13	
Effective as of:		2-Dec-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		Total Minimum Direct Pt. Care HPUS (hours per unit of service)
	DAY	12	7	0	1	0	6.46	0.00	0.92	0.00	
	NOC	12	7	0	1	0	6.46	0.00	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
13		0	0	0	0	0	0.00	0.00	0.00	0.00	
13		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.77
	DAY	12	6	0	1	0	6.00	0.00	1.00	0.00	
	NOC	12	6	0	1	0	6.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.00
	DAY	12	6	0	1	0	6.55	0.00	1.09	0.00	
	NOC	12	6	0	1	0	6.55	0.00	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
11		0	0	0	0	0	0.00	0.00	0.00	0.00	
11		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.27
	DAY	12	5	0	1	0	6.00	0.00	1.20	0.00	
	NOC	12	5	0	1	0	6.00	0.00	1.20	0.00	
		0	0	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		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
	DAY	12	5	0	0	0	6.67	0.00	0.00	0.00	
	NOC	12	5	0	0	0	6.67	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
0		0	0	0	0	0	0.00	0.00	0.00	0.00	
9		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.33
	DAY	12	4	0	0	0	6.00	0.00	0.00	0.00	
	NOC	12	4	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	0.00	0.00	0.00	0.00	
8		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	4	0	0	0	6.86	0.00	0.00	0.00	
	NOC	12	4	0	0	0	6.86	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7		0	0	0	0	0	0.00	0.00	0.00	0.00	
,		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.71

	DAY	1 42	۱ ،	l o	Ι ,	0	6.00	I 0.00	l	I 0.00	
	DAY	12	3	0	0	0	6.00	0.00	0.00	0.00	
	NOC	12	3	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	
6		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	3	0	0	0	7.20	0.00	0.00	0.00	
	NOC	12	3	0	0	0	7.20	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
-		0	0	0	0	0	0.00	0.00	0.00	0.00	
5		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
	DAY	12	2	0	0	0	6.00	0.00	0.00	0.00	
	NOC	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	
4		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	2	0	0	0	8.00	0.00	0.00	0.00	
	NOC	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
3		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	DAY	12	1	0	0	0	6.00	0.00	0.00	0.00	
	NOC	12	1	0	0	0	6.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
2		0	0	0	0	0	0.00	0.00	0.00	0.00	
2		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	1	0	0	0	12.00	0.00	0.00	0.00	
	NOC	12	1	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	
1		0	0	0	0	0	0.00	0.00	0.00	0.00	
1		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	



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Unit Information

Additional Care Team Members											
	Shift Coverage										
Occupation	Day	Evening	Night	Weekend							
Charge Nurse	8hrs	8 hrs	8 hrs	24/7 coverage							
Flex/Break Nurse	8hrs	8 hrs	8 hrs	24/7 coverage							
CORA/COSI PCTs as needed	8hrs	8 hrs	8 hrs	24/7 coverage							
Monitor Tech/HUC	8hrs	8 hrs	8 hrs	24/7 coverage							
STAT RN	8hrs	8 hrs	8 hrs	24/7 coverage							
House Supervisor	8hrs	8 hrs	8 hrs	24/7 coverage							
Clinical Expeditor	8hrs	8 hrs	8 hrs	24/7 coverage							
Critical Care RN Transporter	8hrs	8 hrs	8 hrs	24/7 coverage							
RN Transporter	8hrs	8 hrs	8 hrs	24/7 coverage							
PCT Transporter	8hrs	8 hrs	8 hrs	24/7 coverage							
Phlebotomoy	8hrs	8 hrs	8 hrs	24/7 coverage							
Case Manager	8hrs	2-4 hrs	0 hrs	10-12hr /day							
Social Worker	8hrs	8 hrs	8 hrs	24/7 coverage							
IV Therapy	8hrs	4 hrs	0 hrs	12hr /day							
Wound Care	8hrs	2-4 hrs	0 hrs	10-12hr /day							
EVS/Environmental Services	8hrs	8 hrs	8 hrs	24/7 coverage							
PT, OT, ST Therapists	8hrs/Therapist	2-4 hrs/Ther.	0 hrs	10-12hr/day/Therapist							

Unit Information

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

~	Activity such as patient admissions, discharges, and transfers
Desc	ription:
Sta	ffing Plan is adaptable based on patient census which is directly affected by admission, discharges, and transfers.

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

Description:

The CVICU specializes in the care and treatment of critically ill adults 18 years of age and older with a focus on Cardiac diagnoses and treatments. CVICU is a 13-bed unit providing care 24/7/365. The following patients are standard to CVICU but are not limited to:

- Immediate post-operative surgical patients requiring invasive hemodynamic monitoring and treatment;
- High-acuity vascular surgery patients requiring hemodynamic monitoring and treatment;
- Endovascular and open aortic/abdominal aneurysm repair;
- Post-AMI and post-arrest treatment, including therapeutic temperature management;
- Cardiac assist device insertion, monitoring, and management including: Intra-aortic Balloon Pump, Impella, LVAD,

✓ Skill mix

Description:

CVICU is designated a Critical Care Unit (CCU, aka ICU) Level of Care. CVICU Nurses are expected to safely care for patients with ventilator support requirements. Medications that CVICU Nurses may administer are per Hospital Policy (See policy: IV Medications: Appropriate Patient Care Settings in Which to Administer). CVICU Nurses can care for and are not limited to: Intra-aortic Balloon Pump, Impella, LVAD, Centrimag, ECMO/ECLS (Cardiopulmonary bypass support); and other interventional devices such as Continuous Renal Replacement Therapy. Unit specific skill mix will include one Charge Nurse, one Break Nurse (dependent on patient census), Primary Nurses for Patient Care, Patient Care Tech (dependent on patient census), and Monitor Tech/HUC (dependent on patient census). ICU care is provided to patients following the American Association of Critical Care Nurses (AACN) Scope & Standards for Acute and Critical Care Nursing Practice. ICU Care is also provided in accordance with

Level of experience of nursing and patient care staff

Description:

Staff Nurses will have at minimum graduated with an Associates Degree in Nursing, have passed the NCLEX, and have a vaild-Washington State Recognized Registered Nurse License. Staff Nurses will also have prior Cardiac ICU experience or have completed a Residency or Fellowship Program within CVICU prior to working independently on the floor after orientation. Patient Care Techs (CNAs) will have recieved CNA training from an accredited program, passed their CNA certification test, and have earned a valid-Washington State Recognized License for CNAs.

✓ Need for specialized or intensive equipment

Description:

Special education for RN staff includes Intra-aortic Balloon Pump, Impella, LVAD, Centrimag, ECMO/ECLS (Cardiopulmonary bypass support); and other interventional devices such as Continuous Renal Replacement Therapy. Additional training may also include: Pacemaker Class, Sheath Management, US Guided IVs, and Charge Nurse.

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



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name	: :	Tacoma General Emergency Department													
Unit/ Clinic Type:			Inpatient Holding Area												
Unit/ Clinic Addre	ess:	315 Martin Luther King Jr Way, Tacoma WA 98405													
Average Daily Cer	nsus:		17			Maxim	um # of Bed	s:	21						
Effective as of:			12/2/2024												
Census															
Please select metric type	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min#of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)				
	Days	12	5	0	2	0	2.86	0.00	1.14	0.00					
	Nights	12	5	0	2	0	2.86	0.00	1.14	0.00					
		0	0	0	0	0	0.00	0.00	0.00	0.00					
		0	0	0	0	0	0.00	0.00	0.00	0.00					
21		0	0	0	0	0	0.00	0.00	0.00	0.00					
21		0	0	0	0	0	0.00	0.00	0.00	0.00					

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	Days	12	5	0	2	0	3.00	0.00	1.20	0.00	
	Nights	12	5	0	2	0	3.00	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	Days	12	4	0	2	0	2.53	0.00	1.26	0.00	
	Nights	12	4	0	2	0	2.53	0.00	1.26	0.00	
		0	0	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		0	0	0	0	0	0.00	0.00	0.00	0.00	
19		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.58
	Days	12	4	0	2	0	2.67	0.00	1.33	0.00	
	Nights	12	4	0	2	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
18		0	0	0	0	0	0.00	0.00	0.00	0.00	
18		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	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
	Days	12	4	0	2	0	2.82	0.00	1.41	0.00	
	Nights	12	4	0	2	0	2.82	0.00	1.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
47		0	0	0	0	0	0.00	0.00	0.00	0.00	
17		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.47
	Days	12	4	0	2	0	3.00	0.00	1.50	0.00	
	Nights	12	4	0	2	0	3.00	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	
4.5		0	0	0	0	0	0.00	0.00	0.00	0.00	
16		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	Days	12	4	0	2	0	3.20	0.00	1.60	0.00	
	Nights	12	4	0	2	0	3.20	0.00	1.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
45		0	0	0	0	0	0.00	0.00	0.00	0.00	
15		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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

	Days	12	3	0	2	0	2.57	0.00	1.71	0.00	
	Nights	12	3	0	2	0	2.57	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	
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	8.57
	Days	12	3	0	2	0	2.77	0.00	1.85	0.00	
	Nights	12	3	0	2	0	2.77	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	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
13		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	Days	12	3	0	2	0	3.00	0.00	2.00	0.00	
	Nights	12	3	0	2	0	3.00	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	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	Days	12	3	0	1	0	3.27	0.00	1.09	0.00	
	Nights	12	3	0	1	0	3.27	0.00	1.09	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
44		0	0	0	0	0	0.00	0.00	0.00	0.00	
11		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.73
	Days	12	2	0	1	0	2.40	0.00	1.20	0.00	
	Nights	12	2	0	1	0	2.40	0.00	1.20	0.00	
		0	0	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		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20
	Days	12	2	0	1	0	2.67	0.00	1.33	0.00	
	Nights	12	2	0	1	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
9		0	0	0	0	0	0.00	0.00	0.00	0.00	
9		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	Days	12	2	0	1	0	3.00	0.00	1.50	0.00	
	Nights	12	2	0	1	0	3.00	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	
8		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	Days	12	2	0	0	0	3.43	0.00	0.00	0.00	
	Nights	12	2	0	0	0	3.43	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7		0	0	0	0	0	0.00	0.00	0.00	0.00	
/		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.86
	Days	12	2	0	0	0	4.00	0.00	0.00	0.00	
	Days Nights	12 12	2	0	0	0	4.00 4.00	0.00	0.00	0.00	
									-		
		12	2	0	0	0	4.00	0.00	0.00	0.00	
-		12 0	2	0	0	0	4.00 0.00	0.00	0.00	0.00	
6		12 0 0	2 0 0	0 0 0	0 0 0	0 0 0	4.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	
6		12 0 0 0	2 0 0 0	0 0 0	0 0 0	0 0 0	4.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	
6		12 0 0 0 0	2 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	4.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	
6		12 0 0 0 0 0	2 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	4.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	
6		12 0 0 0 0 0 0	2 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	4.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	8.00
6		12 0 0 0 0 0 0 0	2 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	4.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 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		12 0 0 0 0 0 0 0	2 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	4.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 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		12 0 0 0 0 0 0 0 0	2 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	4.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 #DIV/0!	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 #DIV/0!	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 #DIV/0!	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 #DIV/0!	
6		12 0 0 0 0 0 0 0 0 0	2 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	4.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 #DIV/0! #DIV/0!	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 #DIV/0!	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 #DIV/0!	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 #DIV/0!	
6		12 0 0 0 0 0 0 0 0 0	2 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	4.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 #DIV/0! #DIV/0!	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 #DIV/0! #DIV/0!	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 #DIV/0! #DIV/0!	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 #DIV/0! #DIV/0!	



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Fixed Staffing Matrix

Unit/ Clinic Name:	Tacoma General Hospital Emergency Department Emergency Department						
Unit/ Clinic Type:							
Unit/ Clinic Address:	315 Marting	Luther King W	ay Tacom	na, WA 9	8405		
Effective as of:		12/2/20)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	
	Day	12	11	0	3	4	
	Mid	12	5	0	1	1	
	Eve	12	10	0	3	3	
Monday							

				l		
	Day	12	11	0	3	4
	Mid	12	5	0	1	1
	Eve	12	10	0	3	3
Tuesday						
Tuesuay						
	Day	12	11	0	3	4
	Mid	12	5	0	1	1
	Eve	12	10	0	3	3
Wednesday						
wednesday						
	Day	12	11	0	3	4
	Mid	12	5	0	1	1
	Eve	12	10	0	3	3
Thursday						
Thursday						

			T	Г	1	
	_					
	Day	12	11	0	3	4
	Mid	12	5	0	1	1
	Eve	12	10	0	3	3
Friday						
Tilday						
	Day	12	11	0	3	4
	Mid	12	5	0	1	1
	Eve	12	10	0	3	3
Saturday						
	Day	12	11	0	3	4
	Mid	12	5	0	1	1
	Eve	12	10	0	3	3
Sunday						
			1			
			+			



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Unit Information

	Additional Care Team Members							
	Shift Coverage							
Occupation	Day	Evening	Night	Weekend				
CORA/COSI	Ad hoc	Ad hoc	Ad hoc	Ad hoc				
Transporter	Ad hoc	Ad hoc	Ad hoc	Ad hoc				
Social Work	Ad hoc	Ad hoc	Ad hoc	Ad hoc				
Case Mangement	Ad hoc	Ad hoc	Ad hoc	Ad hoc				
Security	Ad hoc	Ad hoc	Ad hoc	Ad hoc				
Charge Nurse	Ad hoc	Ad hoc	Ad hoc	Ad hoc				
Break Nurse	Ad hoc	Ad hoc	Ad hoc	Ad hoc				

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:
The emergency department averages a daily census of 150 patients and 20% daily admission rate. Contributing to an average 28 transitional patients holding daily in the ED.
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift
Description:
Tacoma General Emergency Department is a Level II trauma center that provides comprehensive care to a diverse patient population with varying levels of acuity. We dynamically adjust our staffing to meet the specific care needs of the patient. Additionally, consideration is given to inpatient holding that contributes to increased census resulting in staffing changes as needed.

☐ Skill mix
Description:
The emergency department employs skilled emergency trained staff to care for emergency patients. As needed inpatient resources are utilized to treat transitional patients to ensure comprehensive care. Staffing for inpatient holds is determined by minmium requirements to meet level of patient care needs.
Level of experience of nursing and patient care staff
Description:
Need for specialized or intensive equipment
Description:

	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Desc	ription:
as	e emergency department has 43 care spaces dedicated to treating patients seeking emergency care. The emergency department a 21 bed care space that co-horts transitional patients awaiting bed placement. This co-hort space utlize the expertise of patient resources to optimize patient care and safety.
	Other
Desc	ription:



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Fixed Staffing Matrix

Unit/ Clinic Name:	TG Family Birth Center						
Unit/ Clinic Type:		Birth Ce	nter				
Unit/ Clinic Address:	315 Martin Lu	ither King Jr W	/ay, Taco	ma WA 9	8405		
Effective as of:		12/2/20	024				
Metric:							
Please select metric type	Please select	Please select	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	
	0700-1930		14	2	1	0	
	1930-0700		14	2	1	0	
Sunday							
,							

Monday 14				I	1	
Tuesday 1930-0700 14 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
Tuesday 1930-0700 14 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
Tuesday 1930-0700 14 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
Tuesday 1930-0700 14 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
Monday		0700-1930	14	2	1	0
Tuesday 0700-1930 14 2 1 0 1930-0700 14 2 1 0 0700-1930 14 2 1 0 1930-0700 14 2 1 0 1930-0700 14 2 1 0		1930-0700	14	2	1	0
Tuesday 0700-1930						
Tuesday 0700-1930						
Tuesday 0700-1930						
Tuesday 0700-1930 14 2 1 0 1930-0700 14 2 1 0 1930-0700 14 2 1 0	Monday					
1930-0700 14 2 1 0 Tuesday 0700-1930 14 2 1 0 1930-0700 14 2 1 0						
Tuesday 0700-1930 14 2 1 0 1930-0700 14 2 1 0 1930-0700 14 2 1 0						
1930-0700 14 2 1 0 Tuesday 0700-1930 14 2 1 0 1930-0700 14 2 1 0						
Tuesday 0700-1930 14 2 1 0 1930-0700 14 2 1 0 1930-0700 14 2 1 0						
1930-0700 14 2 1 0 Tuesday 0700-1930 14 2 1 0 1930-0700 14 2 1 0		0700-1930	14	2	1	0
Tuesday 0700-1930 14 2 1 0 1930-0700 14 2 1 0			!			
0700-1930 14 2 1 0 1930-0700 14 2 1 0		1330 0700				
0700-1930 14 2 1 0 1930-0700 14 2 1 0						
0700-1930 14 2 1 0 1930-0700 14 2 1 0						
1930-0700 14 2 1 0	Tuesday					
1930-0700 14 2 1 0						
1930-0700 14 2 1 0						
1930-0700 14 2 1 0						
1930-0700 14 2 1 0						
1930-0700 14 2 1 0						
Wedneday		1930-0700	14	2	1	0
Wedneday						
Wedneday						
Treatheady	Wedneday					
	vvcuncuay					

	l				
	0700-1930	14	2	1	0
	1930-0700	14	2	1	0
_, ,					
Thursday					
	-				
	0700-1930	14	2	1	
	1930-0700			1	0
	1930-0700	14	1	1	0
	l				
Friday					
,					
	0700-1930	14	2	1	0
	1930-0700	14	1	1	0
Saturday					
	-				
	<u> </u>				
	-				



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Unit Information

Additional Care Team Members							
		Shift Coverage					
Occupation	Day	Evening	Night	Weekend			
HUC	x1 plus x1 32hrs/wk		x1	x1 24/7			
VAT	x1		x1	x1			
Resouce RN(hospital)	x1		x1	x1			
House Supervisor	x1		x1	x1			
Ultrasound Tech	x1		x1	x1			
Charge Nurse/CANM	x1		x1	x1			
Resource RN (unit-based)	x1		x1	x1			

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:
Unit staff admits, transfers and dicharges all patients and newborns.
☐ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift
Description:
The unit is staffed to AWHONN guidelines. Staffing is flexed up and down from the fixed stafffing numbers depending on census and aquity. Care on unit includes all low and high risk pregnancies.

☐ Skill mix
Description:
Combination of RN's, LPN's, CNA's, HUC's and NT's. LPN's primary role functions are as the scrub nurse in the OR and the transition nurse for newborns. CNA's primary roles are to act as a patient transporter, support the OR's and other unit tasks as assigned.
Level of experience of nursing and patient care staff
Description:
57% of the RN staff has less than 3 years of experience.
Need for specialized or intensive equipment
Description:

Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medi preparation areas, and equipment	cation
Description:	
15 labor, 12 high risk antepartum, 4 OBED's and 3 OR's that are located on 2nd floor Rainier and Pavilion.	
Other	
Description:	



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name	e:	TG Women and Newborn											
Unit/ Clinic Type:		Inpatient											
Unit/ Clinic Addre	ess:	315 Martin Luther King Jr Way, Tacoma WA 98405											
Average Daily Cer	nsus:		11.57			Maxim	um # of Bed	s:		22			
Effective as of:						12,	/2/2024						
Census													
Please select metric type	Shift Type	Shift Length in Hours	Shift Length in Min # of Min # Min # of							Total Minimum Direct Pt. Care HPUS (hours per unit of service)			
	0700-1930	12	6	2	1	0	1.80	0.60	0.30	0.00			
	1930-0730	12	6	2	1	0	1.80	0.60	0.30	0.00			
		0 0 0 0 0 0.00 0.00 0.00											
		0	0 0 0 0 0 0.00 0.00 0.00										
40		0	0	0	0	0	0.00	0.00	0.00	0.00			
40		0	0	0	0	0	0.00	0.00	0.00	0.00			

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
				0	0	0					
		0	0	0	0	0	0.00	0.00	0.00	0.00	F 40
	5.41/					_					5.40
	DAY	12	6	2	1	0	1.85	0.62	0.31	0.00	
	NOC	12	6	2	1	0	1.85	0.62	0.31	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
39		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.54
	DAY	12	6	2	1	0	1.89	0.63	0.32	0.00	
	NOC	12	6	2	1	0	1.89	0.63	0.32	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
38		0	0	0	0	0	0.00	0.00	0.00	0.00	
36		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.68
	DAY	12	6	2	1	0	1.95	0.65	0.32	0.00	
	NOC	12	6	2	1	0	1.95	0.65	0.32	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
27		0	0	0	0	0	0.00	0.00	0.00	0.00	
37		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	5.84
	DAY	12	6	2	1	0	2.00	0.67	0.33	0.00	
	NOC	12	6	2	1	0	2.00	0.67	0.33	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	
26		0	0	0	0	0	0.00	0.00	0.00	0.00	
36		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.00
	DAY	12	6	2	1	0	2.06	0.69	0.34	0.00	
	NOC	12	6	2	1	0	2.06	0.69	0.34	0.00	
		0	0	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	
35		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.17
	DAY	12	6	2	1	0	2.12	0.71	0.35	0.00	
	NOC	12	6	2	1	0	2.12	0.71	0.35	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
2.4		0	0	0	0	0	0.00	0.00	0.00	0.00	
34		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.35

	DAY	12	6	2	1	0	2.18	0.73	0.36	0.00	
	NOC	12	6	2	1	0	2.18	0.73	0.36	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
33		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.55
	DAY	12	6	2	1	0	2.25	0.75	0.38	0.00	
	NOC	12	6	2	1	0	2.25	0.75	0.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
32		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.75
	DAY	12	6	2	1	0	2.32	0.77	0.39	0.00	
	NOC	12	6	2	1	0	2.32	0.77	0.39	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
31		0	0	0	0	0	0.00	0.00	0.00	0.00	
31		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.97
	DAY	12	5	2	1	0	2.00	0.80	0.40	0.00	
	NOC	12	5	2	1	0	2.00	0.80	0.40	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	
30		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.40
	DAY	12	5	2	1	0	2.07	0.83	0.41	0.00	
	NOC	12	5	2	1	0	2.07	0.83	0.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
29		0	0	0	0	0	0.00	0.00	0.00	0.00	
29		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.62
	DAY	12	5	2	1	0	2.14	0.86	0.43	0.00	
	NOC	12	5	2	1	0	2.14	0.86	0.43	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
28		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.86
	DAY	12	5	2	1	0	2.22	0.89	0.44	0.00	
	NOC	12	5	2	1	0	2.22	0.89	0.44	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
27		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.11
	DAY	12	5	2	1	0	2.31	0.92	0.46	0.00	
	NOC	12	5	2	1	0	2.31	0.92	0.46	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
26		0	0	0	0	0	0.00	0.00	0.00	0.00	
26		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.38
	DAY	12	5	2	1	0	2.40	0.96	0.48	0.00	
	NOC	12	5	2	1	0	2.40	0.96	0.48	0.00	
		0	0	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	
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	7.68
	DAY	12	4	2	1	0	2.00	1.00	0.50	0.00	
	NOC	12	4	2	1	0	2.00	1.00	0.50	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	
									0.00		
24		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.00
	DAY	12	4	2	1	0	2.09	1.04	0.52	0.00	
	NOC	12	4	2	1	0	2.09	1.04	0.52	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22		0	0	0	0	0	0.00	0.00	0.00	0.00	
23		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.30
	DAY	12	4	2	1	0	2.18	1.09	0.55	0.00	
	NOC	12	4	2	1	0	2.18	1.09	0.55	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22		0	0	0	0	0	0.00	0.00	0.00	0.00	
22		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.64
	DAY	12	4	2	1	0	2.29	1.14	0.57	0.00	
	NOC	12	4	2	1	0	2.29	1.14	0.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
21		0	0	0	0	0	0.00	0.00	0.00	0.00	
21		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	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
	DAY	12	4	2	1	0	2.40	1.20	0.60	0.00	
	NOC	12	4	2	1	0	2.40	1.20	0.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	DAY	12	4	1	1	0	2.53	0.63	0.63	0.00	
	NOC	12	4	1	1	0	2.53	0.63	0.63	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
40		0	0	0	0	0	0.00	0.00	0.00	0.00	
19		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.58
	DAY	12	4	1	1	0	2.67	0.67	0.67	0.00	
	NOC	12	4	1	1	0	2.67	0.67	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
18		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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

	DAY	12	4	1	1	0	2.82	0.71	0.71	0.00	
	NOC	12	4	1	1	0	2.82	0.71	0.71	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	
17		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.47
	DAY	12	4	1	1	0	3.00	0.75	0.75	0.00	
	NOC	12	4	1	1	0	3.00	0.75	0.75	0.00	
		0	0	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		0	0	0	0	0	0.00	0.00	0.00	0.00	
16		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	DAY	12	4	1	1	0	3.20	0.80	0.80	0.00	
	NOC	12	4	1	1	0	3.20	0.80	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
15		0	0	0	0	0	0.00	0.00	0.00	0.00	
13		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	4	1	1	0	3.43	0.86	0.86	0.00	
	NOC	12	4	1	1	0	3.43	0.86	0.86	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
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	10.29
	DAY	12	4	1	1	0	3.69	0.92	0.92	0.00	
	NOC	12	4	1	1	0	3.69	0.92	0.92	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
13		0	0	0	0	0	0.00	0.00	0.00	0.00	
13		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.08
	DAY	12	4	1	1	0	4.00	1.00	1.00	0.00	
	NOC	12	4	1	1	0	4.00	1.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	4	1	1	0	4.36	1.09	1.09	0.00	
	NOC	12	4	1	1	0	4.36	1.09	1.09	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

44		0	0	0	0	0	0.00	0.00	0.00	0.00	
11		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.09
	DAY	12	4	1	1	0	4.80	1.20	1.20	0.00	
	NOC	12	4	1	1	0	4.80	1.20	1.20	0.00	
		0	0	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		0	0	0	0	0	0.00	0.00	0.00	0.00	
10		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
											- 10 10
	DAY	12	3	1	1	0	4.00	1.33	1.33	0.00	2 11 10
	DAY NOC	12 12	3	1	1	0	4.00 4.00	1.33 1.33	1.33 1.33	0.00	
	ļ										
	ļ	12	3	1	1	0	4.00	1.33	1.33	0.00	
0	ļ	12 0	3	1 0	1 0	0	4.00 0.00	1.33 0.00	1.33 0.00	0.00	
9	ļ	12 0 0	3 0 0	1 0 0	1 0 0	0 0	4.00 0.00 0.00	1.33 0.00 0.00	1.33 0.00 0.00	0.00 0.00 0.00	
9	ļ	12 0 0 0	3 0 0	1 0 0	1 0 0	0 0 0	4.00 0.00 0.00 0.00	1.33 0.00 0.00 0.00	1.33 0.00 0.00 0.00	0.00 0.00 0.00 0.00	
9	ļ	12 0 0 0 0	3 0 0 0	1 0 0 0 0	1 0 0 0	0 0 0 0	4.00 0.00 0.00 0.00 0.00	1.33 0.00 0.00 0.00 0.00	1.33 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	
9	ļ	12 0 0 0 0 0	3 0 0 0 0	1 0 0 0 0	1 0 0 0 0	0 0 0 0 0	4.00 0.00 0.00 0.00 0.00 0.00	1.33 0.00 0.00 0.00 0.00 0.00	1.33 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	
9	ļ	12 0 0 0 0 0 0	3 0 0 0 0 0	1 0 0 0 0 0 0	1 0 0 0 0 0 0	0 0 0 0 0 0	4.00 0.00 0.00 0.00 0.00 0.00	1.33 0.00 0.00 0.00 0.00 0.00 0.00	1.33 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	13.33
9	ļ	12 0 0 0 0 0 0 0	3 0 0 0 0 0 0	1 0 0 0 0 0 0	1 0 0 0 0 0 0	0 0 0 0 0 0	4.00 0.00 0.00 0.00 0.00 0.00 0.00	1.33 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1.33 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	
9	NOC	12 0 0 0 0 0 0 0	3 0 0 0 0 0 0 0	1 0 0 0 0 0 0 0	1 0 0 0 0 0 0 0	0 0 0 0 0 0 0	4.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1.33 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1.33 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	
9	NOC	12 0 0 0 0 0 0 0 0	3 0 0 0 0 0 0 0	1 0 0 0 0 0 0 0 0	1 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	4.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 4.50	1.33 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1.50	1.33 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1.50	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	
9	NOC	12 0 0 0 0 0 0 0 0 0	3 0 0 0 0 0 0 0 0 3 3	1 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	4.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 4.50 4.50	1.33 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1.50 1.50	1.33 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1.50	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	
9	NOC	12 0 0 0 0 0 0 0 0 0 12 12 0	3 0 0 0 0 0 0 0 0 3 3	1 0 0 0 0 0 0 0 0 1 1	1 0 0 0 0 0 0 0 0 1 1	0 0 0 0 0 0 0 0	4.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 4.50 4.50 0.00	1.33 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1.50 1.50 0.00	1.33 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1.50 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	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	15.00
	DAY	12	3	1	0	0	5.14	1.71	0.00	0.00	
	NOC	12	3	1	0	0	5.14	1.71	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
7		0	0	0	0	0	0.00	0.00	0.00	0.00	
7		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.71
	DAY	12	2	1	0	0	4.00	2.00	0.00	0.00	
	NOC	12	2	1	0	0	4.00	2.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
6		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	2	1	0	0	4.80	2.40	0.00	0.00	
	NOC	12	2	1	0	0	2.67	1.33	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
5		0	0	0	0	0	0.00	0.00	0.00	0.00	
5		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	11.20
	DAY	12	2	1	0	0	6.00	3.00	0.00	0.00	
	NOC	12	2	1	0	0	6.00	3.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
4		0	0	0	0	0	0.00	0.00	0.00	0.00	
4		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	18.00
	DAY	12	1	1	0	0	4.00	4.00	0.00	0.00	
	NOC	12	1	1	0	0	4.00	4.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
2		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	16.00
	DAY	12	1	1	0	0	6.00	6.00	0.00	0.00	
	NOC	12	1	1	0	0	6.00	6.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
2		0	0	0	0	0	0.00	0.00	0.00	0.00	
2		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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

	DAY	12	1	1	0	0	12.00	12.00	0.00	0.00	
	NOC	12	1	1	0	0	12.00	12.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
4		0	0	0	0	0	0.00	0.00	0.00	0.00	
1		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
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	Additional Care Team Members											
		Shift Coverage										
Occupation	Day	Evening	Night	Weekend								
CHARGE/CANM	1		1	SAME								
HUC	1	1	1	SAME								

Activity such as patient admissions, discharges, and transfers
Description:
☐ Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift
Description:

Skill mix
Description:
Nursing staff experience from 40 years to a new resident
Level of experience of nursing and patient care staff
Description:
Same as above
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
Descri	ption:
II	
	Other
Descri	ption:
II	



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Fixed Staffing Matrix

Unit/ Clinic Name:	Tacoma General Operating Room												
Unit/ Clinic Type:		Operating	Room										
Unit/ Clinic Address:	315 Martin Luther King Jr Way. Tacoma WA 98405												
Effective as of:	2-Dec-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							
	Day	12	7	0	0	0							
	Day	10	0	0	0	0							
	Night	12	3	0	0	0							
	Night	10	0	0	0	0							
Sunday	Day	8	1	0	0	0							
Sullday													

	Day	8	18	0	0	0
	Day	10	14	0	0	0
	Day	12	10	0	0	0
	Evening	8	1	0	0	0
N.A. ara allana	Evening	10	2	0	0	0
Monday	Evening	12	2	0	0	0
	Night	8	1	0	0	0
	Night	10	0	0	0	0
	Night	12	2	0	0	0
	Day	8	18	0	0	0
	Day	10	14	0	0	0
	Day	12	10	0	0	0
	Evening	8	1	0	0	0
Tuesday	Evening	10	2	0	0	0
Tuesday	Evening	12	2	0	0	3
	Night	8	1	0	0	0
	Night	10	0	0	0	0
	Night	12	2	0	0	0
	Day	8	18	0	0	0
	Day	10	14	0	0	0
	Day	12	10	0	0	0
	Evening	8	2	0	0	0
NA/ - alia alea i	Evening	10	1	0	0	0
Wednesday	Evening	12	3	0	0	0
	Night	8	1	0	0	0
	Night	10	0	0	0	0

	Night	12	2	0	0	0
	Day	8	18	0	0	0
	Day	10	14	0	0	0
	Day	12	10	0	0	0
	Evening	8	1	0	0	0
Thursday	Evening	10	2	0	0	0
Thursday	Evening	12	3	0	0	0
	Night	8	1	0	0	0
	Night	10	0	0	0	0
	Night	12	2	0	0	0
	Day	8	18	0	0	0
	Day	10	14	0	0	0
	Day	12	10	0	0	0
	Evening	8	1	0	0	0
Friday	Evening	10	1	0	0	0
riiuay	Evening	12	2	0	0	0
	Night	8	1	0	0	0
	Night	10	0	0	0	0
	Night	12	2	0	0	0
	Day	8	1	0	0	0
	Day	10	0	0	0	0
	Day	12	7	0	0	0
	Night	10	0	0	0	0
Saturday	Night	12	3	0	0	0
Saturday						



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(Washington Relay) or email doh.information@doh.wa.gov.

Additional Care Team Members							
		Shift Coverage					
Occupation	Day	Evening	Night	Weekend			
Anesthesia Assistant	1	0	0	0			
Perioperative Services Technician	7	2	1	3			
Control Desk Specialist	3	1	0	1			
Surgical Technologist	23	4	2	6			
Charge Nurse	1	0	0	1			
Resource RN	2	0	0	0			
							

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

Activity such as patient admissions, discharges, and transfers

Description:

Considered number of rooms required to be staffed - then utilized operating room scheduled block matrix to determine amount of staffing required as day progresses. Operating room staff does not admit nor discharge patients. They only transfer in patients from other locations within the hospital. We staff our operating room nurses and surgical technologists per AORN guidelines. No operating room nurse may care for multiple patients at any time. To maintain WAC guidelines regarding trauma services, on all shifts, a trauma nurse must be available for surgery within 20 minutes of declaration they are needing an operating, which means on all shifts, we must provide unincumbered staffing in the event a patient needs emergency surgery. On all nights and weekends, all staffed shift work is supplemented by call teams if increased emergent procedures arise.

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

Description:

Certain procedures require increased staffing. The numbers provided do not include specialty procedures that require additional circulating nurses or surgical technicians. These procedures may include but are not limited to cardiac procedures, GYN procedures requiring additional scrubbed personnel and specialty neurosurgery procedures. We would need to flex to add additional staffed based on how the surgical schedule is built. As outlined above, night shift staffing is determined by urgent and emergent procedures with an additional team available to provide trauma coverage.

Description:	
	DRN (association of operating room nurses) the skill mix is 60% RNs and 40% surgical technicians. A numb of RNs possess the ability to scrub into surgical procedures. We mirror those ratios in our OR.
Level of experie	nce of nursing and patient care staff
Description:	
•	ized or intensive equipment
Description:	for and used increases, the technology required for each ourgon, also increases. Cortain equipment require
an unincumbered This is also a requ	of procedures increases, the technology required for each surgery also increases. Certain equipment requir RN to run these machines - certain neurosurgery, sinus procedures and urological procedures to name a feat rement for certain scrubbed personnel during intensive GYN procedures. We would need to flex up on staffind the scheduled in the sequence of the scheduled.

√	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Desc	cription:
Wh add	e staff 3 different locations all within the Tacoma General Hospital - one of which is a free standing Ambulatory surgery space. nile it is only 3 operating rooms, it needs to be staffed with a separate charge nurse since it is freestanding. It also requires ditional support staff to accomodate lab runs, equipment needs, etc since all specimens/labs/equipment is within the main spital.
	Other
Desc	cription:



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Fixed Staffing Matrix

Unit/ Clinic Name:	Tacoma General Hospital Main Campus Pre Post Procedure Recovery						
Unit/ Clinic Type:	PRE/POST PROCEDURE RECOVERY SASS						
Unit/ Clinic Address:	315 Martin Luther King, Jr. Way Tacoma WA 98405						
Effective as of:	12/2/2024						
	•						
Day of the week	Day of the week	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	
	Monday	10	14		2		

	1	1		1
		1		
	+	+ +		
Tuesday	10	14	2	
	†	† †		
		+		
		1		
	1			
	+	+ +		
		-		
Wednesday	10	14	2	
Wednesday	10	17		
		+ +		
	<u> </u>	+ +		
		+ +	- 	
Thursday	10	14	2	
	1			
	-	1		
	1			
	†	1		

		1	1	1		
	Friday	10	14		2	
	<u> </u>					
	Saturday	12	2		1	
	Sunday	12	2		1	



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(Washington Relay) or email doh.information@doh.wa.gov.

Additional Care Team Members							
	Shift Coverage						
Occupation	Day	Evening	Night	Weekend			
Health Unit Coordinator	1 Monday - Friday (12 hours)						
Charge Nurse	1 Monday - Friday (12 hours)	1 Mon- Fri					

Activity such as patient admissions, discharges, and transfers
Description:
This unit includes 15 bays, located on the 6th floor phillips wing. SASS specializes in the admision of surgical patients coming from home and occasionally on hold for OR from the ER. SASS also specializes in Phase 2 recovery/ Discharge of patients once Phase 1/PACU level of care is completed and transfer criteria are met after surgery. Patients consist of OR, IR, Endo, CT, MRI and Radiology.
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift Description:
Patients in this area are stable, not on cardiac monitor and either awaiting surgery with minimal interventions needed or awaiting discharge home after surgery with minimal interventions needed. Intensity of care is variable depending on the type of surgeries and volumes on that particular day.

✓ Skill mix
Description:
Nurses on this unit all have critical care background as well as maintain current ACLS, BLS certifications. Nurses are able to maintain skill set necessary for pre-operative preparation and education as well as phase 2 post operative recovery and patient education.
✓ Level of experience of nursing and patient care staff
Description:
All nurses on this unit have experience in critical care units, with several years of experience working as Registered Nurses. The patient care staff are well experienced and have been established in their role for aat least 5 years.
☐ 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
Desc	ription:
	e unit is essentially an open unit, with patient bays devied by curtains for privacy. The unit consist of 1 HUC desk, 1 nurses tion, 1 break room, restrooms, a medicaton room with pyxis as well as two supply rooms.
	Other
Desc	ription:



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Fixed Staffing Matrix

Unit/ Clinic Name:	Tacoma General Hospital Main Campus Post Anesthesia Care Unit							
Unit/ Clinic Type:	Post Anesthesia Care (PACU)							
Unit/ Clinic Address:	315 Martin Luther King, Jr. Way Tacoma WA 98405							
Effective as of:	12/2/2024							
Day of the week								
Day of the week	Day of the week	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's		
	Monday	10	15		2			

Tuesday	10	15	2	
Wadnasday	10	15	2	
Wednesday	10	15	2	
Thursday	10	15	2	

	1	1	1		
Friday	10	15		2	
·					
Saturday	12	2		1	
Sunday	12	2		1	



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(Washington Relay) or email doh.information@doh.wa.gov.

Additional Care Team Members							
	Shift Coverage						
Occupation	Day	Evening	Night	Weekend			
Health Unit Coordinator	1- Monda-Friday (12 hours)						
Charge Nurse	1 Sunday - Saturday	1 Mon- Fri					
Flex Nurse	1 Monday, Tuesday, Wednesday						

Description	n:
availabl	ts has a highly variable patient census and length of stay based on type of surgery, patient status as well as hospital roon lilty in order to transfer patient out to next level of care. This unit must remained adequately staffed in order to support cases scheduled into available surgery blocks.
✓ Patie	ent acuity level, intensity of care needs, and the type of care to be delivered on each shift n:
anesthe	ecializes in the recovery and immediate care required for those directly out of surgery having undergone general sia or monitored anesthesia care. Patients consists of ICU level of care to Ambulatory level of care and include OR, IR, F, Radiology and MRI.

Skill mix Description:	
All nurses on this unit must have critical care experience and all are ACLS, BLS certified. Nurses are experienced management, maintaining hemodynamic stability, pain management and management of possible post operat	-
✓ Level of experience of nursing and patient care staff	
Description:	
All nurses on this unit have critical care experience and have been Registered Nurses for over 5 years with the exe graduating through our fellowship program. Annual competency assessments are completed.	eption of nurses
✓ Need for specialized or intensive equipment	
Description:	
All patients must remain on cardiac monitors. Some patient require more invasive monitoring such as arterial li EVDs, CSF monitoring, lumbar drains etc.	ines, chest tubes,

Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, r preparation areas, and equipment	nedication
Description:	
This unit includes 16 bays, located on the 5th floor Phillips wing. There are 3 main corridors for patient care more than 2 patients at a time based on ASPAN standards.	. A nurse will take no
Other	
Description:	



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Fixed Staffing Matrix

Unit/ Clinic Name:	Post Anesthesia Care Baker						
Unit/ Clinic Type:	Tacoma General Hospita	al Campus Pre-	Post Ane	sthesia (Care - Bak	er ASC	
Unit/ Clinic Address:	316 Martin Lu	316 Martin Luther King, Jr. Way Tacoma WA 98405					
Effective as of:		12/2/20)24				
Day of the week							
Day of the week	Day of the week	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	
	Monday	10	10		2		

		1		
		+ +		
Tuesday	10	10	2	
		† †		
		+		
		1		
	†	 		
Wednesday	10	10	2	
Wednesday	10	10	2	
		+ +		
		+ +		
	†	 		
Thursday	10	10	2	
	†	 		
		 		
		 		
	+	+ +		

Friday	8	3	1	
Saturday - closed				
·				
Sunday - closed				
,				



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Additional Care Team Members							
	Shift Coverage						
Occupation	Day	Evening	Night	Weekend			
Health Unit Coordinator	1- Monday -Friday (8 hours)						
Charge Nurse	1- Monday - Friday (8 Hours)	1 - Mon- Thur					
Resource Nurse	1 Monday, Tuesday, Thursday, Friday						
Flex Nurse	1 Thursday, Friday						
		1					

Activity such as patient admissions, discharges, and transfers
Description:
This unit is an ambulatory surgery center that acts as an adjunct to our main OR at TG. This unit treats not only ambulatory patients but TG inpatient/GI patients. This unit specializes in the admission and discharge as well as recovery and all immediate care required for those directly our of surgery having gone under general anesthesia or monitored anesthesia care (MAC). Patient consist of OR, GI, Pain and Endo.
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift
Description:
Patient acuity and intensity of needs is that of an ambulatory surgical center. Patients must be ASA 3 or less, BMI of less than 50, and no patients with severe unoptimized systemic disease states. Nurses take no more than 3 admits at a time, no more than 2 phase 1 patients at a time and no more than 3 discharges at a time per ASPAN standards.

✓ Skill mix
Description:
All nurses in this department are ACLS, BLS and CAPA/CPAN certified. Nurses in the unit are proficient in pre-operative admission as well as phase1 and phase2 recovery following surgery.
✓ Level of experience of nursing and patient care staff
Description:
Nurses in this unit are experienced RNs with years of perioperative experience or critical care experience.
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
Descri	ption:
II	
	Other
Descri	ption:
II	



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Fixed Staffing Matrix

Unit/ Clinic Name:	TG/AH Endoscopy							
Unit/ Clinic Type:	Endoscopy (GI and Pulmonary)/ Pain Procedures							
Unit/ Clinic Address:	316 Martin Luther King Jr Way, Tacoma WA 98405							
Effective as of:	2-Dec-24							
Day of the week	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	8	0	0	0	0		
	Day	10	0	0	0	0		
	Night	12	0	0	0	0		
	Night	0	0	0	0	0		
Sunday	Day	0	0	0	0	0		
Sulluay								

	Day	8	7	1	0	1
		10	4	1	0	1 0
	Day	10	0			
	Day		_	0	0	0
	Evening	0	0	0	0	0
Monday	Night	0	0	0	0	0
				ı		
	Day	8	7	1	0	1
	Day	10	3	1	0	0
	Day	12	0	0	0	0
	Evening	0	0	0	0	0
Tuesday	Night	0	0	0	0	0
Tuesuay						
		•	•	•		•
	Day	8	6	1	0	1
	Day	10	3	1	0	0
	Day	12	0	0	0	0
	Evening	8	0	0	0	0
	Night	8	0	0	0	0
Wednesday	Ĭ Š					
			1		1	
			1	1		

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			+			
	D	0		1		
	Day	8	8	1	0	1
	Day	10	3	1	0	0
	Day	12	0	0	0	0
Thursday	Evening	8	0	0	0	0
	Night	8	0	0	0	0
,						
			_			
	Day	8	9	1	0	1
	Day	10	2	1	0	0
	Day	12	0	0	0	0
	Evening	8	0	0	0	0
5.1	Night	8	0	0	0	0
Friday						
	Day	8	0	0	0	0
	Day	10	0	0	0	0
	Day	12	0	0	0	0
	Night	10	0	0	0	0
	Night	12	0	0	0	0
Saturday	111811		+ -			
			+			
			+			



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Additional Care Team Members								
		Shift Coverage						
Occupation	Day	Evening	Night	Weekend				
SPD Tech (scope washers)	X3 (varying start times 08, 00830, 0900)	0	0	0				
Front desk/ scheduler	Mon- Fri 07-1530							
	-							

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

Activity such as patient admissions, discharges, and transfers
Description:
Endoscopy room scheduled block matrix to determine amount of staffing may change throughout the day to accommodate inpatient addons. Endoscopy staff may admit or discharge patients. No Endoscopy procedure room nurse may care for multiple patients at any time. On all nights and weekends, all procedures are covered by call teams which consist of two nurses (one of which can be an LPN), and one SPD (scope washer).

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

Description:

Certain procedures require increased staffing. The numbers provided do not include specialty procedures that require additional circulating nurses or surgical technicians. These procedures may include but are not limited to ERCP and Computer assisted navigation bronchoscopy. We would need to flex to add additional staff based on how the procedural schedule is built. Endoscopy team accommodates procedures done at numerous campuses in procedure rooms, operating rooms, as well as bedside. The patient acuity includes outpatients, medsurge, as well as critical ICU patients.

Description:	
Most staff RNs are cross admit and tech only.	s trained to admit, circulate,tech procedures, recover, sedate as well as wash scopes. LPNs are trained t
Level of experience of the contract of the	f nursing and patient care staff
Description:	
✓ Need for specialized	or intensive equipment
Description:	niterisive equipment
•	cedures increases, the technology required for each procedure also increases. Certain equipment
requires nurses to assis	st that have extra therapeutic endoscopy training as in ERCP with Spy scope, Bronchoscopy with compute N). We would need to flex up on staffing based on these procedures - there is unpredicibility of when the

\checkmark	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Desc	ription:
Alle	r procedures are done in Baker Center Endoscopy, Baker Center OR, Tacoma General OR, Patient bedside, Allenmore GI lab, enmore OR, Allenmore ICU. Our equipment and teams are being utilized by other specialties outside of Gastroenterology and Imonary, like trauma surgeons, thoracic surgeons, and bariatric surgeons.
	Other
Desc	ription:



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Fixed Staffing Matrix

Unit/ Clinic Name:	Tacoma General Cath Lab							
Unit/ Clinic Type:	Procedure							
Unit/ Clinic Address:	315 Martin Luther King Jr Way, Tacoma General WA 98405							
Effective as of:	Dec-24							
Day of the week	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	10	6					
-								
Monday								

			1	I	I	1
	Day	10	6			
Tuesday						
Tuesday						
	Day	10	6			
Wednesday						
Wednesday						
	Day	10	6			
Thursday						

	Day	10	6		
	Buy	10			
Friday					
Closed					
Closed					
Closed					



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Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
CV Techs	13 tech a day					
		+				

Activity such as patient admissions, discharges, and transfers
Description:
The CCL consists of 4 labs plus 1 hybrid lab/room. Adult patients needing cardiac diagnostic or interventional procedure. (LHC/RHC, CTO intervention, ASD/PFO, IABP, TAVR, Watchman, Mitral Clip, Pacer/ICD/CRTP/CRTD/SICD/EVICD, RFCA)
Pediatric patients needing congenital cath diagnostic or interventional procedures)
Patients needing vascular diagnostic or interventional procedure. (AARO, endovascular AAA, fistulagram, carotid stents, thrombolytic therapy for peripheral vascular and pulmonary embolism)
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift
Description:
Intra procedural care is provided to patients following the AORN standards at a minimum of 1:1.
 CCL room staffing is as follows, however, due to the acuity of the patient, additional staff may be necessary Standard CCL case 1 RN, 2 CVT's, total of three staff (RN committed to patient care/conscious sedation). Complicated CCL case 2 RN's, 2 CVT's

Skill mix
Description:
Level of experience of nursing and patient care staff
Description:
Critical Care
Need for specialized or intensive equipment
Description:
Ballon pump, impella, EKOS, P

	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Descri	iption:
	Other
Descri	iption:
11	call team for after hours and weekend emergency cases. Monday-Friday call 1630-0600. Late call shift Monday-Friday
1630	0-2200. Weekends and holidays call 0600-0600. Call team consists of 1 nurse and 2 CV techs.



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Fixed Staffing Matrix

Unit/ Clinic Name:	TG Cardiovascular Admission Recovery Unit						
Unit/ Clinic Type:	procedural						
Unit/ Clinic Address:	31	315 MLK Jr. Way Tacoma WA					
Effective as of:		Dec-24					
Room assignment							
Day of the week	Please select	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	
		8-Jan	2		1		
	Day	10	1				
		12	7	1			
Monday							

		1	I	I	1	1
	Day	8	2		1	
	/	10	2		_	
-		12	7	1		
		12	,	1		
Tuesday						
,						
	Day	8	2		1	
		10	1		1	
		12	7	1		
Wednesday						
	Day	8	1		1	
		10	2		1	
Thursday		12	7	1		

			1	I	I I	
	Day	8	1		1	
		10	2		1	
		12	7	1		
Friday						



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Additional Care Team Members							
	Shift Coverage						
Occupation	Day	Evening	Night	Weekend			
HUC	4 days/week 10 hours						

Activity such as patient admissions, discharges, and transfers
Description:
CVAR is an ambulatory outpatient unit that includes 22 bays/rooms consisting of 12 ambulatory bays, 6 semi-private rooms and 4 Phase 1 PACU bays located on 7 Phillip. Procedures include TEE, Cardioversions, Loop Record Insertions and Bone Marrow Biopsies. Patients consist of OR, Cath Lab, IR, Vascular, Oncology, MRI, and CT. This unit is designed for patients requiring an extended recovery post procedure.
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift
Description:

Skill mix
Description:
Level of experience of nursing and patient care staff
Description:
Outpatient procedural RN/LPN
Need for specialized or intensive equipment
Description:
POCT

	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Desc	ription:
	Other
Desc	ription:
Ca	ll team M-F 1830-0000



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Fixed Staffing Matrix

Unit/ Clinic Name:	Interventional Radiology					
Unit/ Clinic Type:	Interventional Radiology					
Unit/ Clinic Address:	315 MLK Jr Way, Tacoma, WA					
Effective as of:	12/2/2024					
Metric:						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
	Day	8	6	0	0	0
Monday						
ivioriudy						

	Day	8	6	0	0	0
Tuesday						
Tuesday						
	Day	8	6	0	0	0
Wednesday						
	Day	8	7	0	0	0
	,					
Thursday						

	_			_		
	Day	8	6	0	0	0
Friday						
Friday						
			 			
	On call only	24	2	_	0	
	On call only	24		0	U	0
Saturday						
Saturday						
	On call only	24	2	0	0	0
	221	†	- -	<u> </u>		J
Sunday						
		 				



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	Additional Care Tea	am Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
Interventional Radiology Technologists	Χ			
IR Coordinator	Х			
EVS	Х			
Imaging lobby ISR	Х			
Respiratory therapy	Х			
IV therapy	Х			
Pathology Technologists	Х			
Anesthesiologists	Х			
Radiology Technologists	Х			

Activity such as patient admissions, discharges, and transfers
Description:
TG IR is a procedural unit that includes 2 biplane suites, as well as 2 holding bays. We utilize CT and US guidance for procedures. The following procedures are frequently encountered in our IR: port placement and removals, paracentesis, thoracentesis, nephrostomy tube placement, gastrostomy tube placement and exchange, percutaneous biopsies, transcatheter arterial embolizations, dialysis catheter placement, CT and US guided biopsies and drain placements. Neuro IR procedures include acute stroke intervention, carotid stenting, aneurysm/tumor/AVM/epistaxis embolizations.
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift
Description:
We serve all patients acuity types from elective outpatients to IR/NIR emergencies and traumas. We see all acuity levels of inpatients.

☐ Skill mix
Description:
RN only
Level of experience of nursing and patient care staff
Description:
All RN staff must have a minimum of 3 years of critical care, ED or procedural experience.
Need for specialized or intensive equipment
Description:
We support all imaging modalities as needed- including CT, MRI, Nuclear Medicine. We perform procedures using fluoroscopy, US or CT guidance.

	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Descr	ription:
CVA	are a procedural unit only, located on the 2nd floor. We do not have an admit/recovery unit included. We partner with the AR (7th floor)for our short stay patients. Our outpatients enter and exit via the radiology lobby on the 3rd floor. We utilize the cedural CT scanner located on the 3rd floor.
	Other
	iption:
11	do not utilize house transport for our patient population, but instead transport all of our own patients. We are staffed 0-1700 Mon-Fri and are on call after hours, weekends, and holidays for emergent IR/NIR cases.



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Fixed Staffing Matrix

Unit/ Clinic Name:	TG/AH Inpatient Wound Care						
Unit/ Clinic Type:	TG/AH Inpatient Wound Care						
Unit/ Clinic Address:	315 Martin Luther King Jr Way						
Effective as of:	2-Dec-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	
	Day	8	2	0	0	0	
-							
-							
Monday							

	Day	8	2	0	0	0
Tuesday						
Tuesday						
	Day	8	2	0	0	0
Wednesday						
	Day	8	2	0	0	0
Thursday						

			1			
	_			_		
	Day	8	2	0	0	0
Friday						
Triday						
	Day	8	1	0	0	0
Saturday						
			_	_	_	_
	Day	8	1	0	0	0
Sunday						



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	Additional Care Tean	n Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
Assistant Nurse Manager	Х			

Activity such as patient admissions, discharges, and transfers
Description:
Patients admitted to the hospital with complex wounds or ostomies may be referred to the Wound Care department for assessment and treatment recommendations
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift
Description:
The wound care nurses work only day shift. This is a consulting team only, the wound staff assess the wounds, document, photograph and classify wounds and expedite treatment orders that are completed by the staff nurses.

☐ Skill mix
Description:
Backfill could be a trained LPN or RN from the Wound Team.
Level of experience of nursing and patient care staff
Description:
RNs are required to have wound certification within 1 year of hire and maintain this while working in this department
☐ Need for specialized or intensive equipment
Description:
No specialized equipment in this department. Wound care does assist with Negative Pressure Wound Therapy (NPWT) treatments and use of the NPWT equipment, these are housed in supply chain and delivered to the patient on their assigned units

	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Desci	ription:
Inp	patient wound care see patients in their hospital rooms.
	Other
Desci	ription:
nur Rot	y shift listed without specific hours, all nurses work within day shift relm, variable start times (between 0630-0800). Some rses work 10 hr shifts, but because backfill may be with 8 hr shift staff we have listed 8 hrs as the minimum required staffing. utine M-F staffing includes an LPN and CNA, however for PTO or unexpected time off these positions are not backfilled. ANM some direct care responsibility and shares oversight of both OP and IP wound departments.



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Fixed Staffing Matrix

Unit/ Clinic Name:	TG Outpatient Wound Clinic						
Unit/ Clinic Type:		Wound C	linic				
Unit/ Clinic Address:	315 Martin	Luther King Jr W	/ay, Taco	ma WA 9	8405		
Effective as of:		2-Dec-	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	
	Day (0700-1730)	10	1	1	0	0	
Monday							
Monday							

	Day (0700-1730)	10	1	1	0	0
Tuesday						
	D (0700 4730)	10	1			
	Day (0700-1730)	10	1	1	0	0
Wednesday						
	Day (0700-1730)	10	1	1	0	0
Thursday						

	Closed	0	0	0	0	0
	0.0000					
e · i						
Friday						
	Closed	0	0	0	0	0
Saturday						
,						
	Closed	0	0	0		0
	Closed	U	U	0	0	0
Sunday						



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Additional Care Team Members							
	Shift Coverage						
Occupation	Day	Evening	Night	Weekend			
Front Desk Specialist	Χ						
ARNP	Χ						
Assistanct Nurse Manager	Χ						

Activity such as patient admissions, discharges, and transfers
Description:
This is an outpatient clinic, patients are seen at scheduled appointment time and seen in serial appointments until wounds are healed or care is established elsewhere.
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift
Description:
patients are seen in this outpatient clinic weekly to monthly for assessment and orders for wound care at home between visits. Complex and chronic wounds are served in the provider run clinic. Treatments including, but not limited to; debridement, negative pressure wound therapy, advance wound modalities and basic wound dressings may be performed.

✓ Skill mix
Description:
RNs and LPNs are used interchangeably in the OP clinic; so backfill could be with either resulting in all LPN or all RN staff on any given day. The number of nurses fluctuate based on patient volumes.
☐ Level of experience of nursing and patient care staff
Description:
This clinic is staffed by physician, ARNP, RN, LPN staff.
Need for specialized or intensive equipment
Description:
No specialized equipment

	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment						
Descr	Description:						
ANN	ANM has some direct care responsibility and shares oversight of both OP and IP wound departments						
	Other						
Descr	iption:						



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Fixed Staffing Matrix

Unit/ Clinic Name:	TG Multicare Cancer Institute						
Unit/ Clinic Type:		Infusion (Clinic				
Unit/ Clinic Address:	1003 Se	outh 5th St Tac	coma, WA	98405			
Effective as of:		12/2/20)24				
Hours of the day							
Day of the week	Day of the week	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	
	Day	8	7	1	1	0	
	Day	10	4	0	0	0	
Monday							

	Day	8	7	1	1	0
	Day	10	4	0	0	0
Tuesday						
Tuesday						
	Day	8	7	1	1	0
	Day	10	4		0	0
Wedneday						
	Day	8	7	1	1	0
	Day	10	4		0	0
Thomas						
Thursday						

			I			
	-	_				
	Day	8	7	1	1	
	Day	10	4		0	0
Friday						
		+				
	Day	8	3	1	0	0
	Day	8	3	1	0	0
Saturday						
Suturday						
	Closed					
Sunday						



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Additional Care Team Members							
		Shift Coverage					
Occupation	Day	Evening	Night	Weekend			
Medical Assistants	0730-1800						
LPNS	0730-1800						

Activity such as patient admissions, discharges, and transfers	
Description:	
N/A	
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift	
Description:	
We have an infusion template that schedules patients in EPIC to manage the type of regimens and acuity for each day.	

☐ Skill mix
Description:
All Infusion RNs are required to obtain ONS Immunotherapy/Chemotherapy certification, encouraged to obtain OCN as well. Prefer to have oncology experience, and at least 1-2 years of nursing experience is required.
Level of experience of nursing and patient care staff
Description:
We have a range for novice nurses to expert nurses. We do not accept resident nurses in our setting.
Need for specialized or intensive equipment
Description:
N/A

	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Descr	ription:
Pyx	usion Suites are all located in the same area of the clinic with 5 infusion suites with 6 chairs in each suite. Every suite has a is machine located in the suite and have preparation areas in the suite. The pharmacist and pharmacy hood is located in the ne area. The pharmacist delivery any medication compounded in the hood to each infusion suite.
	Other
Descr	ription:



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Fixed Staffing Matrix

Unit/ Clinic Name:	Gig Harbor Multicare Cancer Institute					
Unit/ Clinic Type:	Infusion Clinic					
Unit/ Clinic Address:	4545 Point Fosdick Dr. Suite 215 Gig Harbor Wa 98335					
Effective as of:	12/2/2024					
Hours of the day						
Day of the week	Day of the week	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
	Day	8	4	1	0	0
	Day	8	1	0	0	0
Monday						
ivioriday						

			1			
	Day	8	4	1	0	0
	Day	8	1	0	0	0
- .						
Tuesday						
	Day	8	4	1	0	0
	Day	8	1	0	0	0
Wedneday						
	Day	8	4	1	0	0
	Day	8	1	0	0	
	1		1			
Thursday						
			1			

	Day	8	4	1	0	0
	Day	8	1	0	0	
Friday						
Tiluay						
	Closed					
Saturday			+			
				-		
	Closed					
	Closed					
Sunday						



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Additional Care Team Members							
	Shift Coverage						
Occupation	Day	Evening	Night	Weekend			
Medical Assistants	0730-1800						
Receptionist/Scheduler	0800-1630	0	0	0			
Receptionist/Scheduler	0830-1700	0	0	0			

Activity such as patient admissions, discharges, and transfers	
Description:	
N/A	
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift Description:	
We have an infusion template that schedules patients in EPIC to manage the type of regimens and acuity for each day.	

✓ Skill mix
Description:
All Infusion RNs are required to obtain ONS Immunotherapy/Chemotherapy certification, encouraged to obtain OCN as well. Prefer to have oncology experience, and at least 1-2 years of nursing experience is required.
✓ Level of experience of nursing and patient care staff
Description:
We have a range for novice nurses to expert nurses. We do not accept resident nurses in our setting.
Need for specialized or intensive equipment
Description:
N/A

√	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Desc	cription:
pha	usion Suite holds 10 infusion chairs. The space houses a Pyxis medication delivery machine located in the nurses station. The armacist and pharmacy hood is located in the same area. The pharmacist delivery any medication compounded in the hood to infusion suite.
	Other
Desc	cription:



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Fixed Staffing Matrix

Unit/ Clinic Name:	Puyallup Multicare Cancer Institute					
Unit/ Clinic Type:	Infusion Clinic					
Unit/ Clinic Address:	400 15th Ave SE Puyallup, WA 98372					
Effective as of:	12/2/2024					
Hours of the day						
Day of the week	Day of the week	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
	0730-1600	8	2	1	1	0
	0800-1630	8	6	1	1	0
	0830-1700	8	2	0	0	0
Monday						

			1	l		
	_	+	+			
	0730-1600	8	2	1	1	0
	0800-1630	8	6	1	1	0
	0830-1700	8	2	0	0	0
Torredoor						
Tuesday						
	Day	8	10	2	1	0
	0730-1600	8	2	1	1	0
	0800-1630	8	7	1	1	0
	0830-1700	8	2	0	0	0
Wedneday						
			1			
			+			
	0730-1600	8	2	1	1	0
	0800-1630	8	6	1	1	0
	0830-1700	8	2	0	0	0
	3333 2733	+	 		Ů	
			+			
Thursday		+	+			
			+			

			1	l		
			-			
	0730-1600	8	2	1	1	0
	0800-1630	8	6	1	1	0
	0830-1700	8	2	0	0	0
- · ·						
Friday						
	0000 1630	8	5	4	1	
	0800-1630	8	5	1	1	0
			-			
Saturday						
outur uu y						
	0800-1630	8	4	1	1	0
Sunday						
			+			
			1			
			+			
		+	+			
	<u> </u>					



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(Washington Relay) or email doh.information@doh.wa.gov.

Additional Care Team Members					
	Shift Coverage				
Occupation	Day	Evening	Night	Weekend	
Medical Assistants	0830-1700				
Receptionist/Scheduler	0730- 1600				
Receptionist/Scheduler	0800-1630			0800-1630	
Receptionist/Scheduler	0830-1700				
Nurse Navigator	0830-1700				
Courrier	0830-1700				
Infusion Scheduler	0730-1600				
Medical Providers	0830-1700				
APP	0830-1700				

Activity such as patient admissions, discharges, and transfers
Description:
Patient check in, patient preparation for appointment, labs, observation after medication or transfusion
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift
Description:
Acuity levels vary based on the type of infusion or treatment patient is receiving at our facility. Sometimes it is as simple as a maintenance port flush to plans as complicated as sensitivity testing and administration of a research drug. We currently assign patients out to each RN and try to keep acuities at 15 or less, however run about 17-19 on a regular basis. We have a fast track area, that is run by our LPNs and it entails appointments that are an hour or less long. On the clinic side, we have 3 providers and 2 APPs. Providers can see up to 32 patients each day, APPs can see up to 12, but also cover our inpatient services.

☐ Skill mix
Description:
Skill sets range from non-clinical (front desk staff and schedulers), to clinical staff (MA's) in the back office who directly with providers, LPNs in our fast track area, and RN's in our infusion area.
Level of experience of nursing and patient care staff
Description:
We have a mix of new staff and experienced staff members who have been with our organization for 15 years or more.
☐ Need for specialized or intensive equipment
Description:
None None

	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Desc	cription:
sm	tient rooms are towards the southeastern side of the building. We currently have 14 exam rooms (7 in each hallway) and 2 hall MA stations. Our fast track area is on the southwestern corner of our building and currently has 6 chairs. Our infusion ite is in the northern part of the building and we currently have 22 chairs in that area.
	Other
Desc	cription:



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Fixed Staffing Matrix

Unit/ Clinic Name:	Auburn Hematology Oncology Infusion					
Unit/ Clinic Type:	Outpatient Infusion					
Unit/ Clinic Address:	121 N Division St Suite 200 Auburn WA					
Effective as of:	12/2/2024					
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	8	6	1	1	0
-						
-						
Monday						
Ivioliday						

	Day	8	6	1	1	0
Tuesday						
	Day	8	6	1	1	0
	Buy		 			- 0
Wednesday						
	Day	8	6	1	1	0
						_
Thursday						
			<u> </u>			

	Day	8	6	1	1	0
	- ,					
Friday						



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(Washington Relay) or email doh.information@doh.wa.gov.

Additional Care Team Members					
	Shift Coverage				
Occupation	Day	Evening	Night	Weekend	
Receoptionist/Scheduler	0730-1600	0	0	0	
Receoptionist/Scheduler	0800-1630	0	0	0	
Receoptionist/Scheduler	0800-1630	0	0	0	
Receoptionist/Scheduler	0830-1700	0	0	0	
Receoptionist/Scheduler	0830-1700	0	0	0	

	Activity such as patient admissions, discharges, and transfers
Descript	tion:
N/A	
✓ Pa	atient acuity level, intensity of care needs, and the type of care to be delivered on each shift tion:
We ha	ave an infusion template that schedules patients in EPIC to manage the type of regimens and acuity for each day.

✓ Skill mix
Description:
All Infusion RNs are required to obtain ONS Immunotherapy/Chemotherapy certification, encouraged to obtain OCN as well. Prefer to have oncology experience, and at least 1-2 years of nursing experience is required.
✓ Level of experience of nursing and patient care staff
Description:
We have a range for novice nurses to expert nurses. We do not accept resident nurses in our setting.
Need for specialized or intensive equipment
Description:
N/A

√	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Desc	ription:
The	usion suite holds 21 chairs and 1 bed. The spaces houses a Pyxis medication delivery machine located at the nurses station. e pharamcy with pharmacist and pharacy hood is located in the same are. The pharmacist delivers any medication mpounded in the hood to the infusion suite.
	Other
Desc	ription:



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name	: :			Tacor	na Genera	al Adoles	scent Behav	ioral Hea	lth Unit			
Unit/ Clinic Type:					Beha	vioral H	ealth- Adole	escents				
Unit/ Clinic Addre	ess:				316 S c	outh I Sti	eet, Tacom	a 98405				
Average Daily Cer	nsus:		24			Maxim	um # of Bed	ls:		27		
Effective as of:			12/2/2024									
Census												
Please select metric type	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min#of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)	
	0700-1100	4	4	0	5	0	0.59	0.00	0.74	0.00		
	1100-1500	4	4	0	5	0	0.59	0.00	0.74	0.00		
	1500-1900	4	4	0	5	0	0.59	0.00	0.74	0.00		
	1900-2300	4	4	0	3	0	0.59	0.00	0.44	0.00		
27	2300-0300	4	4	0	3	0	0.59	0.00	0.44	0.00		
21	0300-0700	4	4	0	3	0	0.59	0.00	0.44	0.00		

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.11
	0700-1100	4	4	0	5	0	0.62	0.00	0.77	0.00	
	1100-1500	4	4	0	5	0	0.62	0.00	0.77	0.00	
	1500-1900	4	4	0	5	0	0.62	0.00	0.77	0.00	
	1900-2300	4	4	0	3	0	0.62	0.00	0.46	0.00	
26	2300-0300	4	4	0	3	0	0.62	0.00	0.46	0.00	
26	0300-0700	4	4	0	3	0	0.62	0.00	0.46	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.38
	0700-1100	4	4	0	5	0	0.64	0.00	0.80	0.00	
	1100-1500	4	4	0	5	0	0.64	0.00	0.80	0.00	
	1500-1900	4	4	0	5	0	0.64	0.00	0.80	0.00	
	1900-2300	4	4	0	3	0	0.64	0.00	0.48	0.00	
25	2300-0300	4	4	0	3	0	0.64	0.00	0.48	0.00	
25	0300-0700	4	4	0	3	0	0.64	0.00	0.48	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.68
	0700-1100	4	3	0	5	0	0.50	0.00	0.83	0.00	
	1100-1500	4	3	0	5	0	0.50	0.00	0.83	0.00	
	1500-1900	4	3	0	5	0	0.50	0.00	0.83	0.00	
	1900-2300	4	4	0	3	0	0.67	0.00	0.50	0.00	
24	2300-0300	4	4	0	3	0	0.67	0.00	0.50	0.00	
24	0300-0700	4	4	0	3	0	0.67	0.00	0.50	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	7.50
	0700-1100	4	3	0	4	0	0.52	0.00	0.70	0.00	
	1100-1500	4	3	0	4	0	0.52	0.00	0.70	0.00	
	1500-1900	4	3	0	4	0	0.52	0.00	0.70	0.00	
	1900-2300	4	3	0	3	0	0.52	0.00	0.52	0.00	
22	2300-0300	4	3	0	3	0	0.52	0.00	0.52	0.00	
23	0300-0700	4	3	0	3	0	0.52	0.00	0.52	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	6.78
	0700-1100	4	3	0	4	0	0.55	0.00	0.73	0.00	
	1100-1500	4	3	0	4	0	0.55	0.00	0.73	0.00	
	1500-1900	4	3	0	4	0	0.55	0.00	0.73	0.00	
	1900-2300	4	3	0	3	0	0.55	0.00	0.55	0.00	
22	2300-0300	4	3	0	3	0	0.55	0.00	0.55	0.00	
22	0300-0700	4	3	0	3	0	0.55	0.00	0.55	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.09
	0700-1100	4	3	0	4	0	0.57	0.00	0.76	0.00	
	1100-1500	4	3	0	4	0	0.57	0.00	0.76	0.00	
	1500-1900	4	3	0	4	0	0.57	0.00	0.76	0.00	
	1900-2300	4	3	0	3	0	0.57	0.00	0.57	0.00	
21	2300-0300	4	3	0	3	0	0.57	0.00	0.57	0.00	
21	0300-0700	4	3	0	3	0	0.57	0.00	0.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.43

	0700-1100	4	3	0	4	0	0.60	0.00	0.80	0.00	
	1100-1500	4	3	0	4	0	0.60	0.00	0.80	0.00	
	1500-1900	4	3	0	4	0	0.60	0.00	0.80	0.00	
	1900-2300	4	3	0	3	0	0.60	0.00	0.60	0.00	
	2300-0300	4	3	0	3	0	0.60	0.00	0.60	0.00	
20	0300-0700	4	3	0	3	0	0.60	0.00	0.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.80
	0700-1100	4	3	0	4	0	0.63	0.00	0.84	0.00	
	1100-1500	4	3	0	4	0	0.63	0.00	0.84	0.00	
	1500-1900	4	3	0	4	0	0.63	0.00	0.84	0.00	
	1900-2300	4	3	0	3	0	0.63	0.00	0.63	0.00	
10	2300-0300	4	3	0	3	0	0.63	0.00	0.63	0.00	
19	0300-0700	4	3	0	3	0	0.63	0.00	0.63	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.21
	0700-1100	4	3	0	4	0	0.67	0.00	0.89	0.00	
	1100-1500	4	3	0	4	0	0.67	0.00	0.89	0.00	
	1500-1900	4	3	0	4	0	0.67	0.00	0.89	0.00	
	1900-2300	4	3	0	3	0	0.67	0.00	0.67	0.00	
18	2300-0300	4	3	0	3	0	0.67	0.00	0.67	0.00	
10	0300-0700	4	3	0	3	0	0.67	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.67
	0700-1100	4	3	0	3	0	0.71	0.00	0.71	0.00	
	1100-1500	4	3	0	3	0	0.71	0.00	0.71	0.00	

	1500-1900	4	3	0	3	0	0.71	0.00	0.71	0.00	
	1900-2300	4	3	0	3	0	0.71	0.00	0.71	0.00	
	2300-0300	4	3	0	3	0	0.71	0.00	0.71	0.00	
17	0300-0700	4	3	0	3	0	0.71	0.00	0.71	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	8.47
	0700-1100	4	3	0	3	0	0.75	0.00	0.75	0.00	
	1100-1500	4	3	0	3	0	0.75	0.00	0.75	0.00	
	1500-1900	4	3	0	3	0	0.75	0.00	0.75	0.00	
	1900-2300	4	3	0	3	0	0.75	0.00	0.75	0.00	
4.5	2300-0300	4	3	0	2	0	0.75	0.00	0.50	0.00	
16	0300-0700	4	3	0	2	0	0.75	0.00	0.50	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	8.50
	0700-1100	4	3	0	3	0	0.80	0.00	0.80	0.00	
	1100-1500	4	3	0	3	0	0.80	0.00	0.80	0.00	
	1500-1900	4	3	0	3	0	0.80	0.00	0.80	0.00	
	1900-2300	4	3	0	2	0	0.80	0.00	0.53	0.00	
15	2300-0300	4	3	0	2	0	0.80	0.00	0.53	0.00	
13	0300-0700	4	3	0	2	0	0.80	0.00	0.53	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.80
	0700-1100	4	2	0	3	0	0.57	0.00	0.86	0.00	
	1100-1500	4	2	0	3	0	0.57	0.00	0.86	0.00	
	1500-1900	4	2	0	3	0	0.57	0.00	0.86	0.00	
	1900-2300	4	2	0	3	0	0.57	0.00	0.86	0.00	

	2300-0300	4	2	0	2	0	0.57	0.00	0.57	0.00	
14	0300-0700	4	2	0	2	0	0.57	0.00	0.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	0700-1100	4	2	0	3	0	0.62	0.00	0.92	0.00	
	1100-1500	4	2	0	3	0	0.62	0.00	0.92	0.00	
	1500-1900	4	2	0	3	0	0.62	0.00	0.92	0.00	
	1900-2300	4	2	0	3	0	0.62	0.00	0.92	0.00	
42	2300-0300	4	2	0	2	0	0.62	0.00	0.62	0.00	
13	0300-0700	4	2	0	2	0	0.62	0.00	0.62	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.62
	0700-1100	4	2	0	3	0	0.67	0.00	1.00	0.00	
	1100-1500	4	2	0	3	0	0.67	0.00	1.00	0.00	
	1500-1900	4	2	0	3	0	0.67	0.00	1.00	0.00	
	1900-2300	4	3	0	3	0	1.00	0.00	1.00	0.00	
42	2300-0300	4	2	0	2	0	0.67	0.00	0.67	0.00	
12	0300-0700	4	2	0	2	0	0.67	0.00	0.67	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.67
	0700-1100	4	2	0	2	0	0.73	0.00	0.73	0.00	
	1100-1500	4	2	0	2	0	0.73	0.00	0.73	0.00	
	1500-1900	4	2	0	2	0	0.73	0.00	0.73	0.00	
	1900-2300	4	2	0	2	0	0.73	0.00	0.73	0.00	
11	2300-0300	4	2	0	2	0	0.73	0.00	0.73	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	8.73
	0700-1100	4	2	0	2	0	0.80	0.00	0.80	0.00	
	1100-1500	4	2	0	2	0	0.80	0.00	0.80	0.00	
	1500-1900	4	2	0	2	0	0.80	0.00	0.80	0.00	
	1900-2300	4	2	0	2	0	0.80	0.00	0.80	0.00	
10	2300-0300	4	2	0	2	0	0.80	0.00	0.80	0.00	
10	0300-0700	4	2	0	2	0	0.80	0.00	0.80	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	9.60
	0700-1100	4	2	0	2	0	0.89	0.00	0.89	0.00	
	1100-1500	4	2	0	2	0	0.89	0.00	0.89	0.00	
	1500-1900	4	2	0	2	0	0.89	0.00	0.89	0.00	
	1900-2300	4	2	0	2	0	0.89	0.00	0.89	0.00	
•	2300-0300	4	2	0	2	0	0.89	0.00	0.89	0.00	
9	0300-0700	4	2	0	2	0	0.89	0.00	0.89	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	10.67
	0700-1100	4	2	0	2	0	1.00	0.00	1.00	0.00	
	1100-1500	4	2	0	2	0	1.00	0.00	1.00	0.00	
	1500-1900	4	2	0	2	0	1.00	0.00	1.00	0.00	
	1900-2300	4	2	0	2	0	1.00	0.00	1.00	0.00	
0	2300-0300	4	2	0	2	0	1.00	0.00	1.00	0.00	
8	0300-0700	4	2	0	2	0	1.00	0.00	1.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	12.00
	0700-1100	4	2	0	2	0	1.14	0.00	1.14	0.00	
	1100-1500	4	2	0	2	0	1.14	0.00	1.14	0.00	
	1500-1900	4	2	0	2	0	1.14	0.00	1.14	0.00	
	1900-2300	4	2	0	2	0	1.14	0.00	1.14	0.00	
7	2300-0300	4	2	0	2	0	1.14	0.00	1.14	0.00	
7	0300-0700	4	2	0	2	0	1.14	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	13.71
	0700-1100	4	2	0	2	0	1.33	0.00	1.33	0.00	
	1100-1500	4	2	0	2	0	1.33	0.00	1.33	0.00	
	1500-1900	4	2	0	2	0	1.33	0.00	1.33	0.00	
	1900-2300	4	2	0	2	0	1.33	0.00	1.33	0.00	
C	2300-0300	4	2	0	2	0	1.33	0.00	1.33	0.00	
6	0300-0700	4	2	0	2	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	16.00
	0700-1100	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	1100-1500	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	1500-1900	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	1900-2300	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	2300-0300	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0300-0700	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

0700-1100	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
1100-1500	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
1500-1900	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
1900-2300	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
2300-0300	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
0300-0700	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
0700-1100	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
1100-1500	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
1500-1900	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
1900-2300	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
2300-0300	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
0300-0700	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	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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	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 Tea	am Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
HUC	8hr			Yes
CNA= MHT (mental Health Tech)	12hr			Yes
Social Workers (SW)	8hr			Yes
Inpatient Therapist (Ther)	8hr			Yes
Psychologist (Psy)	10hr			
Creative Arts Therapist (CAT)	8hr			Yes
(non-patient assignments at identified d	12hr			Yes
Resource RN (no patient assignments)	12hr			Yes
Resource MHT (no patient assignments)	12 hr			Yes

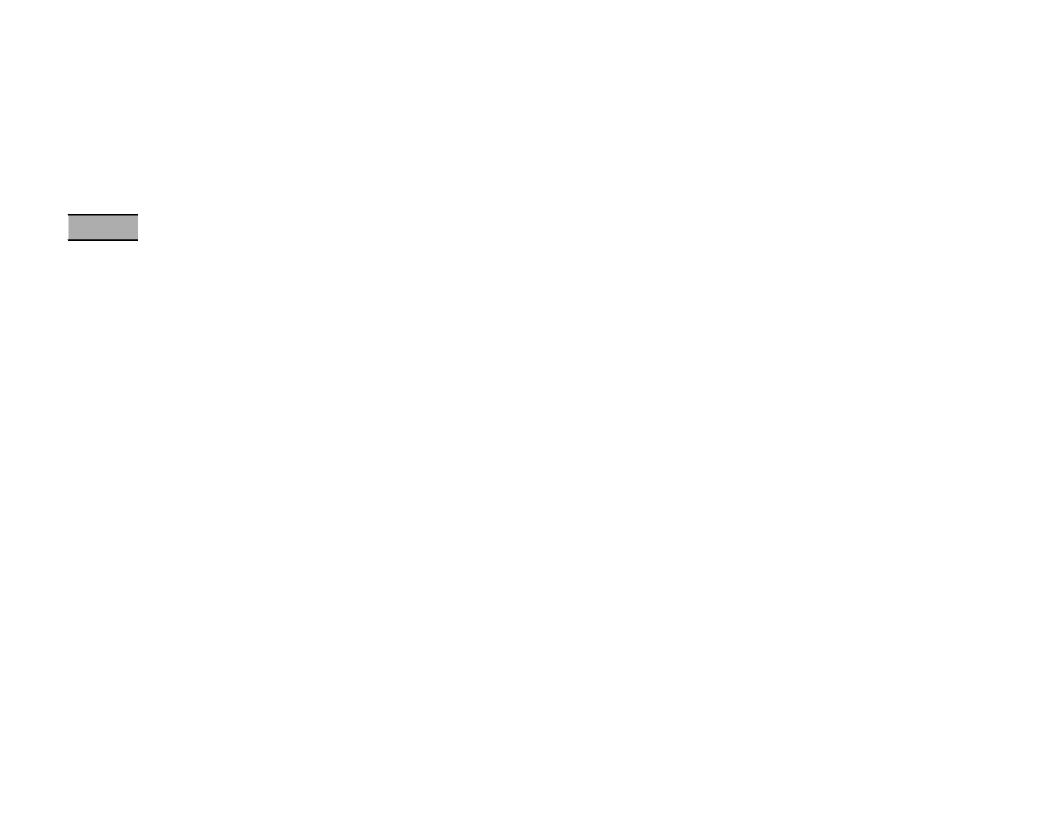
Unit Information

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

Activity such as patient admissions, discharges, and transfers	
Description:	
The ABHU is a fast pace unit with 3-5 discharges and admissions a day.	
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift Description:	
We require all adolescents admitted to the unit to be with staff at all times; staff have visualization of the patients at all	time

Skill mix scription:	
ne staffing matrix is built off of a multidisciplinary team approach which includes nurses, mental health technicia roviders, and social workers. Charge nurse does not have patient assignments in census between 18 and 24 for da nift Charge RN always has a case load. Resource RN and MHT are unassigned to specific patient aissgnments.	
Level of experience of nursing and patient care staff	
cription:	
Need for specialized or intensive equipment	
scription:	

V	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment								
Desc	Description:								
Th	e unit is structures to run the patients in "pods" and/or 4 seperate groups.								
	Other								
Desc	cription:								
	ch patient has an individualized care plan and additional orders can be obtained based on needs and overall safety (i.e. L tht and/or constant observer).								





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Fixed Staffing Matrix

Unit/ Clinic Name:	Federal Way Off Campus ED									
Unit/ Clinic Type:	Emergency Department									
Unit/ Clinic Address:	29805 Pacific Highway S, Federal Way WA 98003									
Effective as of:	12/2/2024									
Day of the week										
Day of the week	Shift Type	Shift Length in Min # of RN's		Min # of LPN's	Min # of CNA's	Min # of UAP's				
	Day (0700-1930)	12	3	1						
	Day/Mid (1100-2330)	12	2	1						
	Evening/Night (15-0330)	12	3	2						
	Nights (1900-0730)	12	2	1						
Monday										

					1
	-				
	- ()		_		
	Day (0700-1930)	12	3	1	
	Day/Mid (1100-2330)	12	2	1	
	Evening/Night (15-0330)	12	3	2	
	Nights (1900-0730)	12	2	1	
Tuesday					
rucsuay					
	Day (0700-1930)	12	3	1	
	Day/Mid (1100-2330)	12	2	1	
	Evening/Night (15-0330)	12	3	2	
	Nights (1900-0730)	12	2	1	
Wednesday					
	Day (0700-1930)	12	3	1	
	Day/Mid (1100-2330)	12	2	1	
	Evening/Night (15-0330)	12	3	2	
	Nights (1900-0730)	12	2	1	
	3 (11111)				
Thursday					
			ļ.		

			T		
	Day (0700 4030)	42	2	4	
	Day (0700-1930)	12	3	1	
	Day/Mid (1100-2330)	12	2	1	
	Evening/Night (15-0330)	12	3	2	
	Nights (1900-0730)	12	2	1	
Friday					
Triday					
	Day (0700-1930)	12	3	1	
	Day/Mid (1100-2330)	12	2	1	
	Evening/Night (15-0330)	12	3	2	
	Nights (1900-0730)	12	2	1	
Saturday					
	Day (0700-1930)	12	3	1	
	Day/Mid (1100-2330)	12	2	1	
	Evening/Night (15-0330)	12	3	2	
	Nights (1900-0730)	12	2	1	
	MIRING (1300-0730)	14	 	1	
Sunday			1		
			1		
	 				
			1		



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name:		AH MedSurg ICU										
Unit/ Clinic Type:			Intensive Care Unit									
Unit/ Clinic Addre	ess:		1901 S Union Ave, Tacoma, WA 98405									
Average Daily Cer	nsus:		5.37			Maxim	um # of Bed	s:	6			
Effective as of:						4-	Dec-24					
Census												
Please select metric type	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min#of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS		Total Minimum Direct Pt. Care HPUS (hours per unit of service)	
	Day	12	3	0	0	0	6.00	0.00	0.00	0.00		
	Night	12	3	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		
6		0	0	0	0	0	0.00	0.00	0.00	0.00		
0		0	0	0	0	0	0.00	0.00	0.00	0.00		

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	3	0	0	0	7.20	0.00	0.00	0.00	
	Night	12	3	0	0	0	7.20	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
r		0	0	0	0	0	0.00	0.00	0.00	0.00	
5		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	14.40
	Day	12	2	0	0	0	6.00	0.00	0.00	0.00	
	Night	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	
4		0	0	0	0	0	0.00	0.00	0.00	0.00	
4		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	2	0	0	0	8.00	0.00	0.00	0.00	
	Night	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	
		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	
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	16.00
	Day	0	2	0	0	0	0.00	0.00	0.00	0.00	
	Night	0	2	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
2		0	0	0	0	0	0.00	0.00	0.00	0.00	
2		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	0.00
	Day	0	2	0	0	0	0.00	0.00	0.00	0.00	
	Night	0	2	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
1		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	0.00
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		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
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Unit Information

Additional Care Team Members										
	Shift Coverage									
Occupation	Day	Evening	Night	Weekend						
RT	X	Х	Х	Х						
Phlebotomy	Х	Х	Х	Х						
Monitor Tech	х	Х	Х	Х						
PT, OT, Speech	х	Х		Х						
Wound care	х			Х						
Nutrition	х	Х	Х	Х						
CNA	х	Х	Х	Х						

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:
The AH Intensive Care Unit (ICU) supports patients who are 18 years and older. Average age of the patient population is between 60 and 90 years old.
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift
Description:
This unit supports 6 adult intensive care beds and provides patient care 24/7/365 dats a year. The unit is compromised of cardiac and respiratory-related illnesses and injuries, diagnoses related to infectios disease and/or processes including pancreatitis, illnesses related to diabetes or post-operative care patients.

☐ Skill mix	_
Description:	
	ļui
Level of experience of nursing and patient care staff Description:	7
Experience, background, or education in critical care for all nursing and patient care staff.	
	J
Need for specialized or intensive equipment	_
Description:	

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



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name:		Allenmore 2West MedSurg Interm Care										
Unit/ Clinic Type:	Unit/ Clinic Type:		Progressive Care Unit									
Unit/ Clinic Addre	ess:		1901 S Union Ave, Tacoma, WA 98405									
Average Daily Cer	nsus:		27			Maxim	um # of Bed	s:	29			
Effective as of:						4-	Dec-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		Total Minimum Direct Pt. Care HPUS (hours per unit of service)	
	day	12	3	0	1	0	3.00	0.00	1.00	0.00		
	night	12	3	0	1	0	3.00	0.00	1.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
		0	0	0	0	0	0.00	0.00	0.00	0.00		
12		0	0	0	0	0	0.00	0.00	0.00	0.00		
12		0	0	0	0	0	0.00	0.00	0.00	0.00		

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	day	12	3	0	2	0	2.77	0.00	1.85	0.00	
	night	12	3	0	2	0	2.77	0.00	1.85	0.00	
13		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
13	13 day night day night day night	0	0	0	0	0	0.00	0.00	0.00	0.00	
13		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	day	12	3	0	2	0	2.57	0.00	1.71	0.00	
14	night	12	3	0	2	0	2.57	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	
14		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	8.57
	day	12	4	0	2	0	3.20	0.00	1.60	0.00	
	night	12	4	0	2	0	3.20	0.00	1.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
15		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	9.60
	day	12	4	0	2	0	3.00	0.00	1.50	0.00	
	night	12	4	0	2	0	3.00	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	
4.6		0	0	0	0	0	0.00	0.00	0.00	0.00	
16		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	day	12	4	0	2	0	2.82	0.00	1.41	0.00	
	night	12	4	0	2	0	2.82	0.00	1.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
47		0	0	0	0	0	0.00	0.00	0.00	0.00	
17		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.47
	day	12	4	0	2	0	2.67	0.00	1.33	0.00	
	night	12	4	0	2	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
40		0	0	0	0	0	0.00	0.00	0.00	0.00	
18		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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

		1 42	l -	۱ ۵	۱ .	0	2.46	I	1 4 2 6	I	
	day	12	5	0	2	0	3.16	0.00	1.26	0.00	
	night	12	5	0	2	0	3.16	0.00	1.26	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
19		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	day	12	5	0	2	0	3.00	0.00	1.20	0.00	
	night	12	5	0	2	0	3.00	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	day	12	5	0	2	0	2.86	0.00	1.14	0.00	
	night	12	5	0	2	0	2.86	0.00	1.14	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
21		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	day	12	5	0	3	0	2.73	0.00	1.64	0.00	
	night	12	5	0	3	0	2.73	0.00	1.64	0.00	
			!								

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
23		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.73
	day	12	5	0	3	0	2.61	0.00	1.57	0.00	
	night	12	5	0	3	0	2.61	0.00	1.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22		0	0	0	0	0	0.00	0.00	0.00	0.00	
23		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.35
	day	12	6	0	3	0	3.00	0.00	1.50	0.00	
	night	12	6	0	3	0	3.00	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	
24		0	0	0	0	0	0.00	0.00	0.00	0.00	
24		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	day	12	6	0	3	0	2.88	0.00	1.44	0.00	
	night	12	6	0	3	0	2.88	0.00	1.44	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	8.64
	day	12	6	0	3	0	2.77	0.00	1.38	0.00	
	night	12	6	0	3	0	2.77	0.00	1.38	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
26		0	0	0	0	0	0.00	0.00	0.00	0.00	
26		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.31
	day	12	6	0	3	0	2.67	0.00	1.33	0.00	
	night	12	6	0	3	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
27		0	0	0	0	0	0.00	0.00	0.00	0.00	
21		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	day	12	7	0	3	0	3.00	0.00	1.29	0.00	
	night	12	7	0	3	0	3.00	0.00	1.29	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
27		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	day	12	7	0	3	0	2.90	0.00	1.24	0.00	
	night	12	7	0	3	0	2.90	0.00	1.24	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
29		0	0	0	0	0	0.00	0.00	0.00	0.00	
29		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.28
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		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										
	Shift Coverage										
Occupation	Day	Evening	Night	Weekend							
HUC	12hrs M-F			12hrs S-S							
LPN	12hrs		12hrs	12 hrs							
Charge RN	12 hrs		12 hrs	12hrs							

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:	
29 bed inpatient unit serving community needs. AH MedSurg Interm Care is acutiy adaptable with medical, med tele and PCU patients. Unit functions 24/7, recieving admisssions from ED and off campus transfers.	
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift	
Description:	
Mixed acuity level with stable medical, medsurg and med tele patients to low acuity PCU patients.	

	☐ Skill mix
ſ	Description:
	Skill mix of CNAs, LPNs, RNs and HUC.
_	☐ Level of experience of nursing and patient care staff
l	Description:
	Level of experience ranges from residency RNs to greater then 15 years.
_	Need for specialized or intensive equipment
	Description:
	All rooms have telemetry hardwire capabilities.

	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Desc	ription:
cer	Vest MedSurg Interm Care unit is located in Allenmore Hospital, 2nd floor. Nurses station, medication room and supplies are interaly located. Rooms 2101-2104, 2106-2110 are semi private rooms. Rooms 2105, 2111-2120 are private rooms. Rooms 11-2114 have ICU capability. 2104,2105, 2114, and 2115 are negative pressure rooms.
	Other
Desc	ription:



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Patient Volume-based Staffing Matrix Formula Template

Unit/ Clinic Name	e:					Allenm	ore Hospita	I			
Unit/ Clinic Type:						2 East O	rthoGenSur	g			
Unit/ Clinic Addre	ess:			1901 S (Jnion, Tad	coma WA	N 98405. Ma	ailStop 19	U-H2-SUR		
Average Daily Cer	nsus:		26			Maxim	um # of Bed	s:		30	
Effective as of:						12,	/4/2024				
Census											
Please select metric type	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min#of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
	Day	12	3	0	2	0	3.00	0.00	2.00	0.00	
	Night	12	3	0	2	0	3.00	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	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	
12		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	3	0	2	0	2.77	0.00	1.85	0.00	
	Night	12	3	0	2	0	2.77	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	
42		0	0	0	0	0	0.00	0.00	0.00	0.00	
13		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	Day	12	3	0	2	0	2.57	0.00	1.71	0.00	
	Night	12	3	0	2	0	2.57	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	
14		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	8.57
	Day	12	3	0	2	0	2.40	0.00	1.60	0.00	
	Night	12	3	0	2	0	2.40	0.00	1.60	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
15		0	0	0	0	0	0.00	0.00	0.00	0.00	
15		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	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
	Day	12	4	0	2	0	3.00	0.00	1.50	0.00	
	Night	12	4	0	2	0	3.00	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	
16		0	0	0	0	0	0.00	0.00	0.00	0.00	
16		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	Day	12	4	0	2	0	2.82	0.00	1.41	0.00	
	Night	12	4	0	2	0	2.82	0.00	1.41	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
47		0	0	0	0	0	0.00	0.00	0.00	0.00	
17		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.47
	Day	12	4	0	2	0	2.67	0.00	1.33	0.00	
	Night	12	4	0	2	0	2.67	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
40		0	0	0	0	0	0.00	0.00	0.00	0.00	
18		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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

	Day	12	4	0	2	0	2.53	0.00	1.26	0.00	
	Night	12	4	0	2	0	2.53	0.00	1.26	0.00	
	TVIGIT	0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
19		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.58
	Day	12	4	0	2	0	2.40	0.00	1.20	0.00	7.30
	Night	12	4	0	2	0	2.40	0.00	1.20	0.00	
	Tugin	0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
20		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20
	Day	12	5	0	3	0	2.86	0.00	1.71	0.00	7.20
	Night	12	5	0	3	0	2.86	0.00	1.71	0.00	
	- Tinging	0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
21		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	Day	12	5	0	3	0	2.73	0.00	1.64	0.00	
	Night	12	5	0	3	0	2.73	0.00	1.64	0.00	
		!									

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
22		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.73
	Day	12	5	0	3	0	2.61	0.00	1.57	0.00	
	Night	12	5	0	3	0	2.61	0.00	1.57	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
23		0	0	0	0	0	0.00	0.00	0.00	0.00	
23		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	8.35
	Day	12	5	0	3	0	2.50	0.00	1.50	0.00	
	Night	12	5	0	3	0	2.50	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	
24		0	0	0	0	0	0.00	0.00	0.00	0.00	
24		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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
	Day	12	5	0	3	0	2.40	0.00	1.44	0.00	
	Night	12	5	0	3	0	2.40	0.00	1.44	0.00	
		0	0	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								_		_	_	_
26 O	25		0	0	0	0	0	0.00	0.00	0.00	0.00	
26 O	23		0	0	0	0	0	0.00	0.00	0.00	0.00	
26 Day 12 6 0 3 0 2.77 0.00 1.38 0.00			0	0	0	0	0	0.00	0.00	0.00	0.00	
Day			0	0	0	0	0	0.00	0.00	0.00	0.00	
26 Day 12 6 0 3 0 2.77 0.00 1.38 0.00			0	0	0	0	0	0.00	0.00	0.00	0.00	
26 Night 12			0	0	0	0	0	0.00	0.00	0.00	0.00	7.68
26 0		Day	12	6	0	3	0	2.77	0.00	1.38	0.00	
26 0		Night	12	6	0	3	0	2.77	0.00	1.38	0.00	
26			0	0	0	0	0	0.00	0.00	0.00	0.00	
26			0	0	0	0	0	0.00	0.00	0.00	0.00	
27 Day 12 6 0 0 0 0 0 0 0 0 0	26		0	0	0	0	0	0.00	0.00	0.00	0.00	
Day 12 6 0 0 0 0 0 0 0 0 0	20		0	0	0	0	0	0.00	0.00	0.00	0.00	
27 Day 12 6 0 3 0 2.67 0.00 0.00 0.00 0.00			0	0	0	0	0	0.00	0.00	0.00	0.00	
27 Day 12 6 0 3 0 2.67 0.00 1.33 0.00 Night 12 6 0 3 0 2.67 0.00 1.33 0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0	0	0	0	0.00	0.00	0.00	0.00	
Pay 12 6 0 3 0 2.67 0.00 1.33 0.00 Night 12 6 0 3 0 2.67 0.00 1.33 0.00 O 0 0 0 0 0 0 0.00 0.00 0.00 0.00 O 0 0 0 0 0 0 0.00 0.00 0.00 0.00 O 0 0 0 0 0 0 0.00 0.00 0.00 0.00 O 0 0 0 0 0 0 0.00 0.00 0.00 0.00 O 0 0 0 0 0 0 0.00 0.00 0.00 0.00 O 0 0 0 0 0 0 0.00 0.00 0.00 0.00 O 0 0 0 0 0 0 0.00 0.00 0.00 0.00 O 0 0 0 0 0 0 0.00 0.00 0.00 0.00 O 0 0 0 0 0 0 0.00 0.00 0.00 0.00 O 0 0 0 0 0 0 0.00 0.00 0.00 0.00 O 0 0 0 0 0 0 0.00 0.00 0.00 0.00 Night 12 6 0 3 0 2.57 0.00 1.29 0.00 Night 12 6 0 0 3 0 2.57 0.00 1.29 0.00 O 0 0 0 0 0 0 0.00 0.00 0.00 0.00 0.00			0	0	0	0	0	0.00	0.00	0.00	0.00	
Principle 12 6 0 3 0 2.67 0.00 1.33 0.00 0 0 0 0 0 0 0 0.00 0.00 0.00 0.			0	0	0	0	0	0.00	0.00	0.00	0.00	8.31
27 0		Day	12	6	0	3	0	2.67	0.00	1.33	0.00	
27		Night	12	6	0	3	0	2.67	0.00	1.33	0.00	
27			0	0	0	0	0	0.00	0.00	0.00	0.00	
Day 12 6 0 3 0 2.57 0.00 1.29 0.00 Night 12 6 0 3 0 2.57 0.00 1.29 0.00 O O O O O O O O O			0	0	0	0	0	0.00	0.00	0.00	0.00	
Day 12 6 0 3 0 2.57 0.00 1.29 0.00 0	27		0	0	0	0	0	0.00	0.00	0.00	0.00	
0 0 0 0 0 0 0 0.00 0.00 0.00 0.00 0.00	21		0	0	0	0	0	0.00	0.00	0.00	0.00	
0 0 0 0 0 0 0.00 0.00 0.00 0.00 8.00 Day 12 6 0 3 0 2.57 0.00 1.29 0.00 Night 12 6 0 3 0 2.57 0.00 1.29 0.00 0 0 0 0 0 0 0.00 0.00 0.00 0.00 0 0 0 0			0	0	0	0	0	0.00	0.00	0.00	0.00	
Day 12 6 0 3 0 2.57 0.00 1.29 0.00 Night 12 6 0 3 0 2.57 0.00 1.29 0.00 0 0 0 0 0 0 0 0.00 0.00 0.00 0 0 0 0			0	0	0	0	0	0.00	0.00	0.00	0.00	
Day 12 6 0 3 0 2.57 0.00 1.29 0.00 Night 12 6 0 3 0 2.57 0.00 1.29 0.00 0 0 0 0 0 0 0.00 0.00 0.00 0.00 0 0 0 0			0	0	0	0	0	0.00	0.00	0.00	0.00	
Night 12 6 0 3 0 2.57 0.00 1.29 0.00 0 0 0 0 0 0 0.00 0.00 0.00 0 0 0 0			0	0	0	0	0	0.00	0.00	0.00	0.00	8.00
0 0 0 0 0 0.00 0.00 0.00 0.00 0 0 0 0 0		Day	12	6	0	3	0	2.57	0.00	1.29	0.00	
0 0 0 0 0 0.00 0.00 0.00 0.00 0 0 0 0 0		Night	12	6	0	3	0	2.57	0.00	1.29	0.00	
0 0 0 0 0 0.00 0.00 0.00			0	0	0	0	0	0.00	0.00	0.00	0.00	
28			0	0	0	0	0	0.00	0.00	0.00	0.00	
28 0 0 0 0 0 0.00 0.00 0.00	20		0	0	0	0	0	0.00	0.00	0.00	0.00	
	28		0	0	0	0	0	0.00	0.00	0.00	0.00	

		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.71
	Day	12	6	0	3	0	2.48	0.00	1.24	0.00	
	Night	12	6	0	3	0	2.48	0.00	1.24	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
29		0	0	0	0	0	0.00	0.00	0.00	0.00	
29		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.45
	Day	12	6	0	3	0	2.40	0.00	1.20	0.00	
	Night	12	6	0	3	0	2.40	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
30		0	0	0	0	0	0.00	0.00	0.00	0.00	
50		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	7.20
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
		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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(Washington Relay) or email doh.information@doh.wa.gov.

	Additional Care Team M	lembers		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
HUC	12 hrs.		NONE	12 hrs. (Days)
LPN	Variable: 8 hr & 12 hr shifts		12 hrs.	12 hrs. (NOC only)
Charge RN	12 hrs.		12 hrs.	12 hrs.
			 	

Activity such as patient admissions, discharges, and transfers	
Description:	
Average Daily Census: 26 pts. This unit is very fast-paced, mostly consisting of weekday-post op patients with admissions and disch rapidily moving throughout the day. Our highest turnover times is between 1300-1800. We average 10-12 discharges per day, with upv 16-18 discharges daily. We rarely see lower than 8 discharges during the weekdays. Admissions follow the discharges, average of 8-admissions from surgery, as well as receiving admissions from the ED, OCEDs and our other MHS facilities. Fruthermore, we occass direct admits from our surgical clinics (ortho/Bari/etc).	vards of 10 post-op
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift	
Description:	
The acuity of the unit mainly come for the fast-paced movement of admits, discharges and transfers during the weekdays (sugical admits, properties and from the unit, surgical discharges, medical discharges, rapid vitals and COE measure documentation/tracking/mobility, and high educate especially for the surgical post op discharges/admits). The dayshift tend to be moving quickly due to acute surgical needs, but NOCs and we due tend to slow down a bit as the turnover is not so intense.	ıcation

High Volume of as needed medical inpatient care: high needs community due to low income area serviced by Allenmore. Competencies:? Significant push towards certifications in our largest areas of specialty- Bariatric, Ortho, and M/S general. We have advanced COE for Join
Common Diagnoses & Procedures:? Bariatrics (center of excellence), Orthopedics (center of ecellence for total joint knee and hips), General Surgery, Urology, and Gynecology. High Volume of as needed medical inpatient care: high needs community due to low income area serviced by Allenmore. Competencies:? Significant push towards certifications in our largest areas of specialty- Bariatric, Ortho, and M/S general. We have advanced COE for Joint and have COE for Bariatrics. We have 10 tele boxes for low acuity tele. Some consideration to remove telemetry due to high acuity and staff movement, but not in project at this time. BLS certifications for all 2E staff? Level of experience of nursing and patient care staff
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BLS certifications for all 2E staff? Use Level of experience of nursing and patient care staff
Level of experience of nursing and patient care staff
✓ Need for specialized or intensive equipment
Description:
Sara Stedy, Bariatric equitment, ortho/Total joint equiptment. Telemetry Monitoring. Suction for SBO etc. Suction for incontince to allow for skin
maintenance with purewick but avoid foley placement. Incentive Spirometer for post surgical prevention of respiratory complications (bari excellence).
Bladder Scanners for prevention of post op complication (ortho excellence). Wound and Ostomy Care more common due to surgical nature of unit, plus outside transfers for increased care needs with infections requiring surgical operative care. Ceiling Slings to prevent in bed decline due to poor
mobility, particular with Orth-Hip needs and aging population. Recliners for post surgical up out of bed requirements to increase ability to discharge
within 24-48 hrs.

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

Description:

Located on the 2nd floor of Allenmore Hospital

Open 24/7 365 ©

Cares for primarily adults, exceptions are made through leadership with consideration for teenagers but not younger than 16. Due to no pediatric care certified staff present and need for parental presence etc.

Unit Dynamics

Private Rooms- 10

Provides post-op care primarily for pts with total joint surgeries. The room is set up to accommodate work with PT/OT and has PT approved

√ Other

Description:

We have an active Unit based shared leadership counsel who is focusing on standardizing workflows, placement of supplies, unit engagement, and processes/flow. CN team is working to standardize shift report, bed/safety huddle report, workflow, acuities, and rounding. CNAs are focused on pt service: responsiveness (call lights and toileting), RN/LPN team is working on pt service: Nursing communication with Stop, Pause, connect, and listen/reiterate the plan or story. HUCs are focusing on use of telmediq communication tool, connection to pt safety, and pt service: responsiveness. Committee members focus to send the meeting minutes and follow up gained at the meeting discussions-presented back to the unit staff. Mobility with JH is being lead by our LPN and other unit staff to improve post operative and other medical patient outcomes through the John Hopkins mobility initiative and new equipment such as sara steady and room updates(whiteboards and walk stations). Leadership goals: Staffing for safety/staffing with the appropriate needs, SCORE/burnout discussion, increasing patient service through rounding, in the moment education for safety, survey, and daily workflow.



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Fixed Staffing Matrix

Unit/ Clinic Name:	Allenmore	Hospital Eme	rgency D	epartme	nt	
Unit/ Clinic Type:		Emergency Department				
Unit/ Clinic Address:	1901 S (1901 S Union Ave., Tacoma, WA 98405				
Effective as of:		12/4/20)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
	Day	12	4	0	2	1
	Mid	12	6	0	0	2
	Night	12	4	0	2	1
Monday						

		1				
	Day	12	4	0	2	1
	Mid	12	6	0	0	1 2
	Night	12	4	0	2	1
Tuesday						
		4.2	<u> </u>			
	Day	12	4	0	2	1
	Mid	12	6	0	0	2
	Night	12	4	0	2	1
Wednesday						
weunesday						
	Day	12	4	0	2	1
	Mid	12	6	0	0	2
	Night	12	4	0	2	1
	TVIGIT	12	+ -			
Thursday						

				I		
	Day	12	4	0	2	1
	Mid	12	6	0	0	2
	Night	12	4	0	2	1
Friday						
Tilday						
	Day	12	4	0	2	1
	Mid	12	6	0	0	2
	Night	12	4	0	2	1
6						
Saturday						
	Day	12	4	0	2	1
	Mid	12	6	0	0	2
	Night	12	4	0	2	1
Constant						
Sunday						



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	Additional Care Tean	n Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
RN - Charge	1		1	Yes
RN - Breaks		2		Yes

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:
Allenmore Hospital Emergency Department holds a level IV trauma designation that provides comprehensive care to our patient population. Approximately 5-10% of our patient population is pediatric and we have an overall admission rate of approximately 10-15%. We collaborate with our inpatient nursing units in attempt to provide inpatient staff to care for inpatients that may be boarding in the emergency department.

✓ Skill mix
Description:
Our nursing team is comprised of registered nurses, emergency services technicians, certified nursing assistants, and a health unit coordinator / monitor technician.
Level of experience of nursing and patient care staff
Description:
Need for specialized or intensive equipment
Description:

	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Descri	ption:
II	
	Other
Descri	ption:
II	



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Fixed Staffing Matrix

Unit/ Clinic Name:		AH Operatin	g Room			
Unit/ Clinic Type:		Operating Room				
Unit/ Clinic Address:	1901 S	1901 S Union Ave, Tacoma, WA 98405				
Effective as of:		4-Dec-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
	700	8-12 hours	8	0	0	0
	1500	8-12 hours	8	0	0	0
	1700	8-12 hours	3	0	0	0
	2000	8-12 hours	2	0	0	0
Monday						

				I		
		+				
	_	_				
	700	8-12 hours	8	0	0	0
	1500	8-12 hours	8	0	0	0
	1700	8-12 hours	3	0	0	0
	2000	8-12 hours	2	0	0	0
Tuesday						
	700	8-12 hours	8	0	0	0
	1500	8-12 hours	8	0	0	0
	1700	8-12 hours	3	0	0	0
	2000	8-12 hours	2	0	0	0
Wednesday						
	700	8-12 hours	8	0	0	0
	1500	8-12 hours	8	0	0	0
	1700	8-12 hours	3	0	0	0
	2000	8-12 hours	2	0	0	0
-1						
Thursday						
		ļ.				

		T	1	l	I	
			_			
	700	8-12 hours	8	0	0	
	1500	8-12 hours	8	0	0	
	1700	8-12 hours	3	0	0	
	2000	8-12 hours	2	0	0	0
Friday						
Triday						
		1				
		ļ				



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(Washington Relay) or email doh.information@doh.wa.gov.

	Additional Care Team I	Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
Surgical Technologist	11 on Mon, Wed, Thurs	3	0	0
Surgical Technologist	10 on Tues, Fri	3	0	0
Anesthesia Assistant	3	2	0	0
Instrument Coordinators	2	0	0	0
Control Desk Specialist	1	1	0	0
Charge RN	1 0600-2200 M-F	1		
Backhall RN	0900-1730 M-F	2		

Description:	
	rooms are utilized and scheduled for surgical procedures Monday through Friday 0730-1700; up to two er 1730 and one operating room after 1900. Urgent/emergent surgical procedures are accomodated 24 hours ek.
Patient acuity leve Description:	el, intensity of care needs, and the type of care to be delivered on each shift
Those patients that a	rovides a multi-specialty surgical enviroment that meet the needs of patients thirteen years to geriatrics. re thirteen to eighteen years of age should not have a diagnosis of sleep apnea. Scope of services served ar ng Total Joint Replacements, Robotics, Urology, General Surgery, Bariatric, Ophthalmology and Podiatry.

Staffing will be sufficient at all times in numbers, skill mix and competency to meet the needs of patients. REGISTERED NURSE must be competent in the perioperative services specialty as determined by education, orientation, and experience. SURGICAL TECHNOLOGIST must be graduates of a qualified Surgical Technology Program and be registered with the State of Washington, wi skills and abilities measured during the orientation process by precepting and mentoring. ANESTHESIA ASSISTANTS must have specialized training in Anesthesia Assistance for individuals from a variety of healthcare backgrounds. Requirements are high	Description:	
Staffing will be sufficient at all times in numbers, skill mix and competency to meet the needs of patients. REGISTERED NURSE must be competent in the perioperative services specialty as determined by education, orientation, and experience. SURGICAL TECHNOLOGIST must be graduates of a qualified Surgical Technology Program and be registered with the State of Washington, wi skills and abilities measured during the orientation process by precepting and mentoring. ANESTHESIA ASSISTANTS must have specialized training in Anesthesia Assistance for individuals from a variety of healthcare backgrounds. Requirements are high school graduate with special orientation to the perioperative environment. Need for specialized or intensive equipment	members; one RN circulator and one Surgical Technologist, or one RN circulator and one RN in the scrul	
Staffing will be sufficient at all times in numbers, skill mix and competency to meet the needs of patients. REGISTERED NURSE must be competent in the perioperative services specialty as determined by education, orientation, and experience. SURGICAL TECHNOLOGIST must be graduates of a qualified Surgical Technology Program and be registered with the State of Washington, wi skills and abilities measured during the orientation process by precepting and mentoring. ANESTHESIA ASSISTANTS must have specialized training in Anesthesia Assistance for individuals from a variety of healthcare backgrounds. Requirements are high school graduate with special orientation to the perioperative environment. Need for specialized or intensive equipment	✓ Level of experience of nursing and patient care staff	
be competent in the perioperative services specialty as determined by education, orientation, and experience. SURGICAL TECHNOLOGIST must be graduates of a qualified Surgical Technology Program and be registered with the State of Washington, wi skills and abilities measured during the orientation process by precepting and mentoring. ANESTHESIA ASSISTANTS must have specialized training in Anesthesia Assistance for individuals from a variety of healthcare backgrounds. Requirements are high school graduate with special orientation to the perioperative environment.	Description:	
·	be competent in the perioperative services specialty as determined by education, orientation, and experi- TECHNOLOGIST must be graduates of a qualified Surgical Technology Program and be registered with the skills and abilities measured during the orientation process by precepting and mentoring. ANESTHESIA A	ence. SURGICAL e State of Washington, will ASSISTANTS must have
Description:	·	
	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:
Call team consists of one RN and one Surgical Technologist, coverage is from 2200-0630 Monday through Friday. On weekends and holidays, coverage is from 0630-0630 the following day. On weekends, Anesthesia Assistant coverage is from 0730-1600. Response time for call is 30 minutes.



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Fixed Staffing Matrix

Unit/ Clinic Name:	AH Day Surgery Unit						
Unit/ Clinic Type:	Surgical Admit Unit						
Unit/ Clinic Address:	1901 S.	1901 S. Union Ave., Tacoma, WA 98405					
Effective as of:	12/4/2024						
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	
	0500-1330		0	0	0	0	
	0530-1400		1	0	0	0	
	0530-1800		2	0	0	0	
	0600-1430		4	0	0	0	
Monday	0800-1630		0	0	0	0	
Monday							

		+			
	0500 4220				
	0500-1330	0	0	0	0
	0530-1400	1	0	0	0
	0530-1800	2	0	0	0
	0600-1430	4	0	0	0
Tuesday	0800-1630	0	0	0	0
rucsuay					
	0500-1330	0	0	0	0
	0530-1400	1	0	0	0
	0530-1800	2	0	0	0
	0600-1430	4	0	0	0
	0800-1630	0	0	0	0
Wednesday					
	0500-1330	0	0	0	0
	0530-1400	1	0	0	0
	0530-1400	2	0	0	0
	0600-1430	4		0	0
Thursday			0	ł	
	0800-1630	0	0	0	0

	0500-1330	0	0	0	0
	0530-1400	1	0	0	0
	0530-1800	2	0	0	0
	0600-1430	4	0	0	0
	0800-1630	0	0	0	0
Friday					
	closed				
Saturday					
Saturday					
	closed				
Sunday					



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Additional Care Team Members					
	Shift Coverage				
Occupation	Day	Evening	Night	Weekend	
CNA	3				

Activity such as patient admissions, discharges, and transfers
Description:
The unit includes 12 rooms with the ability to flex more beds into Phase 2. Our typical procedures include bariatrics (center of excellence for bariatrics), orthopedics (center of excellence for total joints), gynecology, urology, ophthalmology, general surgeries, as well as GI and IR procedures. Our patients consist of OR, GI, and IR. We are open Monday-Friday and closed on weekends and holidays except for emergent surgeries.
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift Description:
·
Acuity of patients are typically ambulatory or MedSurg, however the unit is capable of monitoring a higher level of care ED patient if needed for a short period of time prior to surgery.

Skill mix
Description:
RN and CNA's staff this unit.
Level of experience of nursing and patient care staff
Description:
Because Day Surgery and PACU work so closely together all DSU RNs are cross trained to PACU and can care for ICU level of care patients in the immediate post op recovery phase of care. The minimum experience required is at least 2 years of ED, ICU, PCU or a qualifying PACU residency.
☐ Need for specialized or intensive equipment
Description:
This unit has access to US for guided IV, which does require training and return demo prior to use.

Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medical preparation areas, and equipment	tion
Description:	
There are 12 beds in DSU that are acuity adaptable with the Phase 2 recovery unit. The unit was designed to flow was admissions allowing for more bed space for admitting in the morning and more recovery bed space in the afternoon.	
Other	
Description:	



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Fixed Staffing Matrix

Unit/ Clinic Name:	AH PACU						
Unit/ Clinic Type:	Post Anesthesia Care Unit						
Unit/ Clinic Address:	190	1901 S. Union Ave., Tacoma, WA					
Effective as of:		12/4/2024					
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	
	0800-1630		2	0	0	0	
	0830-1700		1	1	0	0	
	0830-2100		1	0	0	0	
	0900-1730		1	0	0	0	
Monday	0930-2200		4	0	0	0	
Monday	1000-1830		1	0	0	0	

	1000-2030	0	1	0	0
	1100-1930	0	0	0	0
	1100-1330		 	0	
	call 2200-0800	2			
	0800-1630	2	0	0	0
	0830-1700	1	1	0	0
	0830-2100	1	0	0	0
	0900-1730	1	0	0	0
	0930-2200	4	 	0	-
Tuesday		1	0		0
	1000-1830		0	0	0
	1000-2030	0	1	0	
	1100-1930	0	0	0	0
	W 2222 2222				
	call 2200-0800	2			
	0800-1630	2	0	0	0
	0830-1700	1	1	0	0
	0830-2100	1	0	0	0
	0900-1730	1	0	0	0
Wednesday	0930-2200	4	0	0	0
rreamesday	1000-1830	1	0	0	0
	1000-2030	0	1	0	0
	1100-1930	0	0	0	0
	call 2200-0800	2			
	0800-1630	2	0	0	0
	0830-1700	1	1	0	0
Thursday	0830-2100	1	0	0	0
	0900-1730	1	0	0	0
	0930-2200	4	0	0	0
	1000-1830	1	0	0	0
	1000-2030	0	1	0	0
	1100-1930	0	0	0	

		1				
	call 2200-0800		2			
	0800-1630		2	0	0	0
	0830-1700		1	1	0	0
	0830-2100		1	0	0	0
	0900-1730		1	0	0	0
	0930-2200		4	0	0	0
Friday	1000-1830		1	0	0	0
	1000-2030		0	1	0	0
	1100-1930		0	0	0	0
		1				
	call 2200-0800		2			
	closed					
	call 0800-0800	12hrs	2			
Saturday						
	closed					
	call 0800-0800	12hrs	2			
Sunday						
Junuay						



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Additional Care Team Members						
		Shift Coverage				
Occupation	Day	Evening	Night	Weekend		
Physical Therapy	Х	Х				
Respiratory Therapy	х	Х	Х	Х		
X-ray	х	Х	Х	Х		
CNA	1	1				
Resource RN (take pts 80% of time)	Х	Х				

Activity such as patient admissions, discharges, and transfers
Description:
The unit includes 17 rooms consisting of 12 Phase 1 bays and 5 Phase 2 beds, with the ability to flex more beds into day surgery. Our typical procedures include bariatrics (center of excellence for bariatrics), orthopedics (center of excellence for total joints), gynecology, urology, ophthalmology, general surgeries, as well as GI and IR procedures. Our patients consist of OR, GI, and IR. We are open Monday-Friday and closed on weekends and holidays except for emergent surgeries.
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift Description:
Patient acuity in PACU is critical care for the immediate post operative phase. Phase I is the level of care in which close monitoring is required, including airway and support for effective ventilation, progression toward hemodynamic stability, pain control, fluid management, and other acute aspects of patient care. Phase 2 PACU patients have met Phase 1 discharge criteria, and the care in this phase focuses on continued pain management, increasing activity, education, and a safe discharge. Phase 1 can also provide extended care to patients who have met discharge criteria, but are still waiting on transfer to another unit.

☐ Skill mix
Description:
RNs, LPNs, and CNA's staff this unit.
Level of experience of nursing and patient care staff
Description:
Because Day Surgery and PACU work so closely together all DSU RNs are cross trained to PACU and can care for ICU level of care patients in the immediate post op recovery phase of care. The minimum experience required is at least 2 years of ED, ICU, PCU or a qualifying PACU residency.
☐ Need for specialized or intensive equipment
Description:
This unit has access to US for guided IV, which does require training and return demo prior to use. There is also access to continuous monitoring and ventilation if required.

Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment	
Description:	
The unit includes 17 rooms consisting of 12 Phase 1 bays and 5 Phase 2 beds, with the ability to flex more beds into date of the unit includes 17 rooms consisting of 12 Phase 1 bays and 5 Phase 2 beds, with the ability to flex more beds into date of the unit includes 17 rooms consisting of 12 Phase 1 bays and 5 Phase 2 beds, with the ability to flex more beds into date of the unit includes 17 rooms consisting of 12 Phase 1 bays and 5 Phase 2 beds, with the ability to flex more beds into date of the unit includes 17 rooms consisting of 12 Phase 1 bays and 5 Phase 2 beds, with the ability to flex more beds into date of the unit includes 18 rooms consisting of 12 Phase 1 bays and 5 Phase 2 beds, with the ability to flex more beds into date of the unit includes 18 rooms consisting of 12 Phase 1 bays and 5 Phase 2 beds, with the ability to flex more beds into date of the unit includes 18 rooms consisting of 12 Phase 1 bays and 5 Phase 2 beds, with the ability to flex more beds into date of the unit includes 18 rooms consisting 18 rooms	ay surgery.
Other	
Description:	



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Fixed Staffing Matrix

Unit/ Clinic Name:	AH Interventional Radiology						
Unit/ Clinic Type:	I	Interventional Radiology					
Unit/ Clinic Address:	1901	S. Union Ave.	, Tacoma	, WA			
Effective as of:		12/4/2024					
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	10	1	0	0	0	
Monday							

				ı .	1	
	Day	10	1	0	0	0
Tuesday						
Tuesday						
	Day	10	1	0	0	0
Wednesday						
wednesday						
	Day	10	1	0	0	0
Thursday						
Thursday						

	Day	10	1	0	0	0
Friday						
,						
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	closed					
	ciosed					
Saturday						
	closed					
Sunday						
		<u> </u>				



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Additional Care Team Members						
		Shift Coverage				
Occupation	Day	Evening	Night	Weekend		
Radiology Technologist	X					
IR Coordinator	Х					

Activity such as patient admissions, discharges, and transfers
Description:
Allenmore IR serves inpatient, outpatient and ER patients. Allenmore IR is considered "IR light" due to the limitations of the current equipment. Common procedures include port placment, CT or US guided biopsies, paracentesis, thoracentesis, drain placements.
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift
Description:
Acuity of patients range from stable outpatients to ICU level inpatients.

☐ Skill mix
Description:
RN only
Level of experience of nursing and patient care staff
Description:
All IR RNs are required to have a minimum of 3 years of critical care, ED or procedural experience.
Need for specialized or intensive equipment
Description:
Radiology procedures performed using fluoroscopy, US, or CT guidance.
industries performed damig itderescopy, se, or or gardanee.

Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment	
Description:	
One main IR control room in close proximity to xray, CT, MR and IR suite. Short stay patients admitted and recovered through Day Surgery Unit, also located on the same floor.	the
Other Description:	
Minimum staffing utilized daily, Monday-Friday. One RN, one IR technologist and one provider.	



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Fixed Staffing Matrix

Unit/ Clinic Name:	West Pierce Pre-Anesthesia Clinic						
Unit/ Clinic Type:	Pre-Anesthesia Clinic						
Unit/ Clinic Address:	190	1901 S. Union Ave., Tacoma, WA					
Effective as of:		12/4/2024					
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	
	0800-1630		11	0	2	0	
-							
Ť							
Monday -							
,							

	0800-1630	11	0	2	0
Tuesday					
	0800-1630	11	0	2	0
Wednesday					
	0800-1630	11	0	2	0
Thursday					

	0800-1630	11	0	2	0
Friday					
Triday					
	closed				
Saturday					
	closed				
Sunday					
	_				



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	Additional Care Tean	n Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
ARNP	X			
Anesthesia	Х			
Interperative Services				

Activity such as patient admissions, discharges, and transfers
Description:
There are 9 patient care rooms that are built virtually for this clinic and those rooms can accomodate 9 patients per day with bui in rest breaks and meal periods. Each phone appointment is 40 minutes long and allows time for charting and follow up. There is also a nurse facilitator who is ensuring that follow-up action items are occurring prior to surgery as well as a nurse whose rol is to track and document specialty clearances. This clinic supports 100% of the elective surgical case volume for 4 operating rooms (Allenmore Hospital, Tacoma General Hospital, Baker Day Surgery, and the Gig Harbor Ambulatory Surgery Center).
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift
Description:
The care provided in this clinic is for ambulatory patients prior to surgery and the bulk of care provided is patient interviews either remote or in person.

☐ Skill mix
Description:
RNs, ARNPs, and CNA's staff this unit.
Level of experience of nursing and patient care staff
Description:
The nursing staff here is required to carry BSNs (or be a grandfathered ADN) per MHS standard and must have at least 2 years experience in the perioperative setting. CNAs must have an active licensure and experience with EKGs is preferred.
Need for specialized or intensive equipment
Description:
This unit uses home setups for remote work per MHS standards for privacy compliance.

	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
Desc	cription:
rec	is is an outpatient clinic with two patient care treatment rooms that are set up to perform EKGs and physical assessments as quired. There are also 4 additional rooms that have space for either in person or phone interviews with patients. The rest of the arm works remotely.
	Other
Desc	cription:



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Fixed Staffing Matrix

Unit/ Clinic Name:	MultiCare Gig Harbor Ambulatory Surgery OR							
Unit/ Clinic Type:	Operating Room							
Unit/ Clinic Address:	4545 Point Fosdick Drive NW Suite 160							
Effective as of:		4-Dec-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		
	0630-1500 (RN)		3	0	0	0		
	0630-1700 (RN)		2	0	0	0		
	0830-1700 (RN)		1	0	0	0		
Monday								

		1	1	l		
		+				
	0630-1500 (RN)		3	0	0	0
	0630-1700 (RN)		2	0	0	0
	0830-1700 (RN)		1	0	0	0
Tuesday						
Tuesday						
	0630-1500 (RN)		3	0	0	0
	0630-1700 (RN)	+	2	0	0	0
	0830-1700 (RN)		1	0	0	0
Wednesday						
·						
	0630-1500 (RN)		3	0	0	0
	0630-1700 (RN)		2	0	0	0
	0830-1700 (RN)		1	0	0	0
Thursday						
	l		 			

	0630-1500 (RN)	3	0	0	0
	0630-1700 (RN)	2	0	0	
	0830-1700 (RN)	1	0	0	
Friday					
Filluay					
	closed				
Saturday					
	closed				
Sunday					



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(Washington Relay) or email doh.information@doh.wa.gov.

	Additional Care Tea	ım Members		
		Shift Coverage		
Occupation	Day	Evening	Night	Weekend
Surgical Technologist	6	0	0	0
Resource/Charge RN	1			
Anesthesia Assistant	1	0	0	0
Instrument Coordinators	1	0	0	0
Material Manager	1	0	0	0
Patient Access	1	0	0	0
Sterile Processing	3	0	0	0

Activity such as patient admissions, discharges, and transfers
Description:
4 operating rooms are utilized and scheduled for surgical and pain procedures Monday through Friday 0730-1630; up to two operating rooms after 1530. Patients are discharged same day. Urgent/emergent transfers made to TG.
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift Description:
Gig Harbor OR surgical enviroment that meets the needs of patients 1 years to geriatrics. Those patients must meet anesthesia admission criteria. Scope of services served are orthopedics, ent, gyn, Robotics, plastics, General Surgery and Ophthalmology.

Staffing is composed of RNs, Surgical Technologists, and Anesthesia Assistants. The standard for each O.R. room is two staff members; one RN circulator and one Surgical Technologist, or one RN circulator and one RN in the scrub role. For certain roboti procedures, an additional RN or Surgical Technologist may be required for optimum patient care. Level of experience of nursing and patient care staff Description: Staffing will be sufficient at all times in numbers, skill mix and competency to meet the needs of patients. REGISTERED NURSE must be competent in the perioperative services specialty as determined by education, orientation, and experience. SURGICAL TECHNOLOGIST must be graduates of a qualified Surgical Technology Program and be registered with the State of Washington, wi skills and abilities measured during the orientation process by precepting and mentoring. ANESTHESIA ASSISTANTS must have specialized training in Anesthesia Assistance for individuals from a variety of healthcare backgrounds. Requirements are high school graduate with special orientation to the perioperative environment. Need for specialized or intensive equipment Description:
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Description:

	Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment								
Desc	Description:								
,									
	Other								
Desc	ription:								



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Fixed Staffing Matrix

Unit/ Clinic Name:	Gig Harbor Ambulatory Surgery Center PACU/Pre-op								
Unit/ Clinic Type:									
Unit/ Clinic Address:									
Effective as of:	12/4/2024								
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			
	0600-1430		4	0	0	0			
	0730-1600		2	0	0	0			
	0830-1700		2	0	0	0			
	0830-1900		2	0	0	0			
Monday									

			1		
	<u> </u>				
	0600-1430	4	0	0	0
	0730-1600	2	0	0	0
	0830-1700	2	0	0	0
	0830-1900	2	0	0	0
T					
Tuesday					
	0600-1430	4	0	0	0
	0730-1600	2	0	0	0
	0830-1700	2	0	0	0
	0830-1900	2	0	0	0
	3000 1000				
Wednesday					
	_				
	2522 4422				
	0600-1430	4	0	0	0
	0730-1600	2	0	0	0
	0830-1700	2	0	0	0
	0830-1900	2	0	0	0
Thursday					
111111111111111111111111111111111111111					

			l		
	0600-1430	4	0	0	0
	0730-1600	2	0	0	0
	0830-1700	2	0	0	0
	0830-1900	2	0	0	0
	0000 1300				- 0
Friday					
	closed				
Saturday					
Saturday					
	closed				
Sunday					
		-			



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(Washington Relay) or email doh.information@doh.wa.gov.

Additional Care Team Members								
	Shift Coverage							
Occupation	Day	Evening	Night	Weekend				
CNA	0600-1430 M-F supports Pre-Op and PAC	:U						

escription:	
	pre-op rooms/bays and 10 PACU rooms/bays. Surgeries include ENT, orthopedics, gynecology, plastics, neral surgeries, pain procedures. We are open Monday-Friday and closed on weekends and holidays.
Patient acuity le	vel, intensity of care needs, and the type of care to be delivered on each shift
escription:	
Acuity of patients a	re ambulatory.

☐ Skill mix
Description:
RN and CNA's staff this unit.
Level of experience of nursing and patient care staff
Description:
All RNs are cross trained to Pre-op, PACU and procedural sedation. The minimum experience required is at least 2 years of ED, ICU, PCU or a qualifying PACU residency.
☐ 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
Descr	ription:
2 re	op consists of 6 admission bays and 1 nursing station. PAcu cosists of 10 recovery bays, 1 nursing station and a PYXIS. Phase ecovery has 5 private patient rooms with private bathrroms. This area is flexed to admit and recovery patients as unit census uires.
	Other
Descr	ription:



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Fixed Staffing Matrix

Unit/ Clinic Name:	AH AMBULATORY INFUSION								
Unit/ Clinic Type:	Hospital Based Ambulatory infusion								
Unit/ Clinic Address:	3124 S 19th street Suite 105 Tacoma, WA 98405								
Effective as of:	12/4/2024								
Day of the week									
Day of the week	Please select	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's			
	0700-1730	10				3			
	0830-1700	8	9	0					
Monday									

			+		_
	0700-1730	10			3
	0830-1700	8	9	0	
Tuedsday					
racasaay					
	0700-1730	10			3
	0830-1700	8	9	0	
Wednesday					
	0700-1730	10			3
	0830-1700	8	9	0	
		1	+ -	† Ť	
Thursday					
					
					
]	

	0700-1730	10			3
	0830-1700	8	9	0	
	0030 1700			0	
Friday					
	0800-1630	8	3	0	4
	0800-1630	8	3	0	1
Saturday					
	0020 46220		2		
	0830-16330	8	3	0	1
Sunday					



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(Washington Relay) or email doh.information@doh.wa.gov.

Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
Medical Assistant	3			1		
Pharmacy Technition	2			1		
Pharmacist	2			1		

Activity such as patient admissions, of	discharges, and transfers				
Description:					
Patients are seen every 20 minutes for du	rations of 30 minutes to 5 hour i	nfusions.			
Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift Description:					
	Intenisity of care needs is low.	Type of care are ambulatory patients in outpatint			

	☐ Skill mix
ĺ	Description:
_	☐ Level of experience of nursing and patient care staff
	Description:
_	☐ Need for specialized or intensive equipment
	Description:

Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment					
Description:					
✓ Other					
Description:					
One nurse in the count works as Charge RN who conducts care coordination efforts with acute care discharges.					