

COVER PAGE

The following is the comprehensive hospital staffing plan for _____ submitted to the Washington State Department of Health in accordance with [Revised Code of Washington 70.41.420](#) for the year _____ .

This area is intentionally left blank

Hospital Staffing Form

Attestation

Date:

I, the undersigned with responsibility for attest that the attached hospital staffing plan and matrix are in accordance with RCW 70.41.420 for _____, and includes all units covered under our hospital license under RCW 70.41.

As approved by:

Jane S

Hospital Information

Name of Hospital:		
Hospital License #:		
Hospital Street Address:		
City/Town:	State:	Zip code:
Is this hospital license affiliated with more than one location?		Yes No
If "Yes" was selected, please provide the location name and address		
Review Type:	Annual	Review Date:
	Update	Next Review Date:
Effective Date:		
Date Approved:		

Hospital Information Continued (Optional)

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

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

Description:

Terms of applicable collective bargaining agreement

Description:

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

Description:

Hospital finances and resources

Description:

Other

Description:

Signature

CEO & Co-chairs Name:	Signature:	Date:
	<i>Jane S</i>	
	<i>Michael M</i>	
	<i>James T</i>	

Total Votes	
# of Approvals	# of Denials

Click [HERE](#) to access unit staffing matrices

This area is intentionally left blank



DOH 346-154

Fixed Staffing Matrix

Unit/ Clinic Name: Infusion						
Unit/ Clinic Type: Dialysis and Infusion Services						
Unit/ Clinic Address: 1234 Hospital Way Tacoma WA, 98400						
Effective as of: July 1, 2024						
Metric: Day of the week						
Day of the week	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
Monday	Day (7am-3pm)	8	1	0	0	0
	Day (7am-7pm)	12	2	0	2	2
	Day (10am-7pm)	9	1	0	0	0
Tuesday	Day (7am-3pm)	8	1	0	0	0
	Day (7am-7pm)	12	2	0	2	2
	Day (10am-7pm)	9	1	0	0	0
	Day (7am-3pm)	8	1	0	0	0
	Day (7am-7pm)	12	2	0	2	1



DOH 346-154

Fixed Staffing Matrix

Unit/ Clinic Name: Outpatient						
Unit/ Clinic Type: Outpatient Surgery						
Unit/ Clinic Address: 1235 Hospital Way Oly WA, 98500						
Effective as of: July 1, 2024						
Metric: Room assignment						
Room assignment	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
1	Day (7am-3pm)	8	1	0	1	1
	Day (7am-7pm)	12	2	0	1	1
2	Day (7am-3pm)	8	2	0	2	2
	Day (7am-7pm)	12	4	0	2	2
	Day (7am-3pm)	8	3	0	3	3
	Day (7am-7pm)	12	6	0	3	3



DOH 346-154

Fixed Staffing Matrix

Unit/ Clinic Name: 4th South						
Unit/ Clinic Type: Emergency Department						
Unit/ Clinic Address: 1234 Hospital Way Spokane WA, 98200						
Effective as of: July 1, 2024						
Metric: Hours of the day						
Hour of the day	Day of the week	Anticipated # of Visits	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
7:00 AM	Sunday	20	5	0	3	2
	Monday	15	4	0	2	1
	Tuesday	12	3	0	2	1
	Wednesday	12	3	0	2	1
	Thursday	12	3	0	2	1
	Friday	15	4	0	2	1
	Saturday	20	5	0	3	2
8:00 AM	Sunday	20	5	0	3	2
	Monday	15	4	0	2	1
	Tuesday	12	3	0	2	1
	Wednesday	12	3	0	2	1
	Thursday	12	3	0	2	1
	Friday	15	4	0	2	1
	Saturday	20	5	0	3	2
	Sunday	23	6	0	4	2
	Monday	20	4	0	3	1

9:00 AM	Tuesday	15	4	0	2	1
	Wednesday	15	4	0	2	1
	Thursday	15	4	0	2	1
	Friday	20	5	0	3	1
	Saturday	23	6	0	4	2