



DOH 346-154

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

**Patient Volume-based Staffing Matrix Formula Template**

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

Unit/ Clinic Name:		Multicare Deaconess PACU									
Unit/ Clinic Type:		procedural									
Unit/ Clinic Address:		910 w 5th Spokane Wa 99204									
Average Daily Census:		35					Maximum # of Beds:		25		
Effective as of:		1/1/2025									
# of Procedures											
# of Procedures	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
1	Day	10	2	0	0	0	20.00	0.00	0.00	0.00	20.00
	Evening	0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	Day	10	2	0	0	0	10.00	0.00	0.00	0.00	10.00
	Evening	0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	Day	10	2	0	0	0	6.67	0.00	0.00	0.00	6.67
	Evening	0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	Day	10	2	0	0	0	5.00	0.00	0.00	0.00	
	Evening	0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	











DOH 346-154

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

**Unit Information**

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Clinical assistant nurse managers	1	0	0	0
Flex nurse	1			
Transport nurse	1	0	0	0
Hospital transport team		0	0	0
Unit manager	1	0	0	0
On call RN			2	2

**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:

Average length of stay per patient is 90 minutes.

- 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:

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: