



DOH 346-154

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

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

<b>Unit/ Clinic Name:</b>		<b>Tacoma General Hospital Campus Pulse Cardiac Interm Care</b>									
<b>Unit/ Clinic Type:</b>		<b>Inpatient Progressive Care Unit LOC</b>									
<b>Unit/ Clinic Address:</b>		<b>315 Martin Luther King Jr Blvd, 8th Floor Philips Tower, Tacoma WA 98405</b>									
<b>Average Daily Census:</b>		<b>29</b>				<b>Maximum # of Beds:</b>			<b>29</b>		
<b>Effective as of:</b>		<b>2-Dec-24</b>									
<b>Census</b>											
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)
29	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	
		0	0	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	DAY	12	6	0	2	0	3.27	0.00	1.09	0.00	8.73
	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	DAY	12	6	0	2	0	3.43	0.00	1.14	0.00	9.14
	NOC	12	6	0	2	0	3.43	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	DAY	12	6	0	2	0	3.60	0.00	1.20	0.00	9.60
	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
	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	

19		0	0	0	0	0	0.00	0.00	0.00	0.00	8.84
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	DAY	12	5	0	2	0	3.33	0.00	1.33	0.00	9.33
	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	DAY	12	5	0	1	0	3.53	0.00	0.71	0.00	8.47
	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
	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	

16		0	0	0	0	0	0.00	0.00	0.00	0.00	7.50
		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	
15	DAY	12	4	0	1	0	3.20	0.00	0.80	0.00	8.00
	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	DAY	12	4	0	1	0	3.43	0.00	0.86	0.00	8.57
	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	DAY	12	4	0	1	0	3.69	0.00	0.92	0.00	
	NOC	12	4	0	1	0	3.69	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	
		0	0	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	DAY	12	2	0	0	0	4.00	0.00	0.00	0.00	8.00
	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	DAY	12	2	0	0	0	4.80	0.00	0.00	0.00	9.60
	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	1	0	0	0	3.00	0.00	0.00	0.00	6.00
	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
	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	

3		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	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	12	1	0	0	0	6.00	0.00	0.00	0.00	12.00
	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	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	DAY	12	1	0	0	0	12.00	0.00	0.00	0.00	24.00
	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	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		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**

<b>Additional Care Team Members</b>				
	Shift Coverage			
	Day	Evening	Night	Weekend
Occupation				
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

Description:

Staffing Plan is adaptable based on patient census which is directly affected by admissions, discharges, and transfers.

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

Description:

The CCU specializes in the care and treatment of critically ill adults 18 years of age and older with a focus on Cardiac diagnoses and treatments. The following patients are standard to CCU but are not limited to: Pre and Post cardiovascular surgery patients not requiring invasive hemodynamic monitoring, vascular surgery patients not requiring invasive hemodynamic monitoring, TAVRs, STEMI/NSTEMI, CHF, and LVADs. 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 as needed.

Skill mix

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 loproressor, 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 valid- 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

Description:

- Other

Description: