

COVER PAGE

The following is the comprehensive hospital staffing plan for MultiCare Valley Hospital submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420 for the year 2025 .

This area is intentionally left blank

Hospital Staffing Form

Attestation

Date: 12/2/24

I, the undersigned with responsibility for MultiCare Valley Hospital attest that the attached hospital staffing plan and matrix are in accordance with RCW 70.41.420 for 2025 , and includes all units covered under our hospital license under RCW 70.41.

As approved by: Alex Jackson, Interim President, Deaconess an

Alex Jackson

Digitally signed by Alex Jackson
Date: 2024.12.06 12:39:33 -08'00'

Hospital Information

Name of Hospital: MultiCare Valley Hospital		
Hospital License #: HAC.FS.60769398		
Hospital Street Address: 12606 E Mission Ave		
City/Town: Spokane Valley	State: WA	Zip code: 99216
Is this hospital license affiliated with more than one location?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes" was selected, please provide the location name and address		
Review Type:	<input checked="" type="checkbox"/> Annual	Review Date: 10/1/24
	<input type="checkbox"/> Update	Next Review Date:
Effective Date: 1/1/25		
Date Approved: 10/1/24		

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:

AORN, AAWON, AACN, and AAEM were all utilized to review staffing guidelines.

- Terms of applicable collective bargaining agreement

Description:

Collective Bargaining agreement with SEIU. Includes RN and Techs. Renegotiated in 2024 for a 3 year contract.

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

Description:

Washington State Meal and Rest Break Laws. Also reviewed mandatory call laws.

- Hospital finances and resources

Description:

Run rates and financial overview was reviewed to ensure accuracy and standards.

- Other

Description:

Signature

CEO & Co-chairs Name:	Signature:	Date:
<small>Alex Jackson, Interim President, Deaconess and Valley Hospitals. Senior Vice President, Chief Executive-Inland N</small>	<i>Alex J.</i>	12-05-2024
Lisa Zolman, RN Co-Chair	<i>Lisa Zolman</i>	12/06/2024
Tamara O'Marro, RN Co-Chair	<i>Tamara O'Marro RN</i>	12/06/24

Total Votes	
# of Approvals	# of Denials
16	0

Access unit staffing matrices here.

This area is intentionally left blank



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.

Fixed Staffing Matrix

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

Unit/ Clinic Name:	MultiCare Valley Hospital-Endoscopy Unit					
Unit/ Clinic Type:	Endoscopy Unit					
Unit/ Clinic Address:	12606 E Mission Ave Spokane Valley, WA 99216					
Effective as of:	7/1/2024					
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
Monday	Day	8.00	4.00	0.00	0.00	0.00
Tuesday	Day	8.00	4.00	0.00	0.00	0.00
Wednesday	Day	8.00	4.00	0.00	0.00	0.00
Thursday	Day	8.00	4.00	0.00	0.00	0.00
Friday	Day	8.00	4.00	0.00	0.00	0.00
Saturday	Closed	N/A	0.00	0.00	0.00	0.00
Sunday	Closed	N/A	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.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
housekeeping	x	x	x	x
security team	x	x	x	x
Plant Maintenance	x	x	x	x
Supply	x	x		x

Unit Information

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

- Activity such as patient admissions, discharges, and transfers

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

- Skill mix

- Level of experience of nursing and patient care staff

Need for specialized or intensive equipment

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

Other

Ambulance arrivals, Admission holds, Behavior health holds, placement holds.



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

Unit/ Clinic Name:		MultiCare Valley Hospital-PACU									
Unit/ Clinic Type:		PACU									
Unit/ Clinic Address:		12606 E Mission Ave. Spokane Valley, WA 99216									
Average Daily Census:		25 cases					Maximum # of Beds:			8 recovery bays	
Effective as of:		7/1/2024									
# of Rooms	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of	Min # of RN HPUS	Min # of LPN	Min # of CNA	Min # of UAP	Total Minimum Direct Pt. Care
6	Day	10.00	3.00	0.00	0.00	0.00	5.00	0.00	0.00	0.00	11.00
	Evening	12.00	3.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	
5	Day	10.00	3.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	13.20
	Evening	12.00	3.00	0.00	0.00	0.00	7.20	0.00	0.00	0.00	
4	Day	10.00	2.00	0.00	0.00	0.00	5.00	0.00	0.00	0.00	11.00
	Evening	12.00	2.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	
3	Day	10.00	2.00	0.00	0.00	0.00	6.67	0.00	0.00	0.00	14.67
	Evening	12.00	2.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	
2	Day	10.00	2.00	0.00	0.00	0.00	10.00	0.00	0.00	0.00	22.00
	Evening	12.00	2.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	
1	Day	10.00	2.00	0.00	0.00	0.00	20.00	0.00	0.00	0.00	44.00
	Evening	12.00	2.00	0.00	0.00	0.00	24.00	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.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
pharmacy	x	x	x	x
housekeeping	x	x	x	x
security team	x	x	x	x
Plant Maintenance	x	x	x	x
Supply	x	x		x

Unit Information

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

- Activity such as patient admissions, discharges, and transfers

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

Skill mix

Level of experience of nursing and patient care staff

[Empty rectangular box]

- Need for specialized or intensive equipment

[Empty rectangular box]

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

[Empty rectangular box]

Other

Ambulance arrivals, Admission holds, Behavior health holds, placement holds.



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.

Fixed Staffing Matrix

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

Unit/ Clinic Name:	MultiCare Valley Hospital-Preop holding					
Unit/ Clinic Type:	Preop holding					
Unit/ Clinic Address:	12606 E Mission Ave Spokane Valley, WA 99216					
Effective as of:	7/1/2024					
Metric:						
Room assignment	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
6 Bays	Day	10.00	1.00	0.00	1.00	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.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
pharmacy	x	x	x	x
housekeeping	x	x	x	x
security team	x	x	x	x
Plant Maintenance	x	x	x	x
Supply	x	x		x

Unit Information

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

- Activity such as patient admissions, discharges, and transfers

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

Skill mix

Level of experience of nursing and patient care staff

[Empty rectangular box]

- Need for specialized or intensive equipment

[Empty rectangular box]

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

[Empty rectangular box]

Other

Ambulance arrivals, Admission holds, Behavior health holds, placement holds.



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.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
pharmacy	x	x	x	x
housekeeping	x	x	x	x
security team	x	x	x	x
Plant Maintenance	x	x	x	x
Supply	x	x		x

Unit Information

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

- Activity such as patient admissions, discharges, and transfers

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

Skill mix

Level of experience of nursing and patient care staff

- Need for specialized or intensive equipment

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

Other

Ambulance arrivals, Admission holds, Behavior health holds, placement holds.



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 Valley Hospital-Outpt Discharge										
Unit/ Clinic Type:		Outpt discharge										
Unit/ Clinic Address:		12606 E Mission Ave. Spokane Valley, WA 99216										
Average Daily Census:		25					Maximum # of Beds:			12		
Effective as of:		7/1/2024										
Metric: Please select												
# of Rooms	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)	
6	Day	10.00	4.00	0.00	1.00	0.00	6.67	0.00	1.67	0.00	8.33	
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
5	Day	10.00	4.00	0.00	1.00	0.00	8.00	0.00	2.00	0.00	10.00	
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
4	Day	10.00	3.00	0.00	1.00	0.00	7.50	0.00	2.50	0.00	10.00	
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
3	Day	10.00	2.00	0.00	1.00	0.00	6.67	0.00	3.33	0.00	10.00	

		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2	Day	10.00	2.00	1.00	0.00	0.00	10.00	5.00	0.00	0.00	15.00
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
1	Day	10.00	2.00	0.00	1.00	0.00	20.00	0.00	10.00	0.00	66.00
	Evening	12.00	2.00	0.00	1.00	0.00	24.00	0.00	12.00	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.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
dietary services	x	x	x	x
pharmacy	x	x	x	x
housekeeping	x	x	x	x
security team	x	x	x	x
Plant Maintenance	x	x	x	x
Supply	x	x		x

Unit Information

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

- Activity such as patient admissions, discharges, and transfers

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

Skill mix

Level of experience of nursing and patient care staff

Need for specialized or intensive equipment

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

Other

Ambulance arrivals, Admission holds, Behavior health holds, placement holds.



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 Valley Hospital-Operating Room									
Unit/ Clinic Type:		Operating room									
Unit/ Clinic Address:		12606 E Mission Ave. Spokane Valley, WA 99216									
Average Daily Census:		25-30 cases/procedures					Maximum # of Beds:		8 OR rooms		
Effective as of:		7/1/2024									
# of Rooms	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)
8	Day	10.00	10.00	0.00	0.00	10.00	12.50	0.00	0.00	12.50	25.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
7	Day	10.00	9.00	0.00	0.00	10.00	12.86	0.00	0.00	14.29	27.14
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
6	Day	10.00	8.00	0.00	0.00	8.00	13.33	0.00	0.00	13.33	26.67
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
5	Day	10.00	7.00	0.00	0.00	7.00	14.00	0.00	0.00	14.00	28.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
4	Day	10.00	6.00	0.00	0.00	6.00	15.00	0.00	0.00	15.00	30.00



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.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Anesthesia Tech	x			
OR Aides	x			
Central Sterile Processing	x			x
Schedulers/Billers	x			

Unit Information

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

Activity such as patient admissions, discharges, and transfers

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

- Skill mix

- Level of experience of nursing and patient care staff

Need for specialized or intensive equipment

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

Other

Ambulance arrivals, Admission holds, Behavior health holds, placement holds.



DOH 346-154

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 care activities. If a unit does not utilize certain staff for that shift please put "0".

Unit/ Clinic Name:	MultiCare Valley Hospital Emergency Department						
Unit/ Clinic Type:	Acute Care Hospital - Emergency Services						
Unit/ Clinic Address:	12606 E Mission Ave., Spokane Valley, WA 99216						
Average Daily Census:	128					Maximum # of Beds:	
Effective as of:	6/24/2024						
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
140	D(7a-7p)	12.00	8.00	0.00	0.00	3.00	0.69
	E(10a-10p)	12.00	3.00	0.00	0.00	1.00	0.26
	E(1p-1a) EST Only	12.00	0.00	0.00	0.00	1.00	0.00
	E(2p-2a)	12.00	3.00	0.00	0.00	0.00	0.26
	N(7p-7a)	12.00	8.00	0.00	0.00	3.00	0.69
135	D(7a-7p)	12.00	7.00	0.00	0.00	3.00	0.62
	E(10a-10p)	12.00	3.00	0.00	0.00	1.00	0.27
	E(1p-1a) EST Only	12.00	0.00	0.00	0.00	1.00	0.00
	E(2p-2a)	12.00	3.00	0.00	0.00	0.00	0.27
	N(7p-7a)	12.00	7.00	0.00	0.00	3.00	0.62
130	D(7a-7p)	12.00	7.00	0.00	0.00	3.00	0.65
	E(10a-10p)	12.00	2.00	0.00	0.00	1.00	0.18
	E(1p-1a) EST Only	12.00	0.00	0.00	0.00	1.00	0.00
	E(2p-2a)	12.00	2.00	0.00	0.00	0.00	0.18
	N(7p-7a)	12.00	7.00	0.00	0.00	3.00	0.65

125	D(7a-7p)	12.00	6.00	0.00	0.00	3.00	0.58
	E(10a-10p)	12.00	2.00	0.00	0.00	1.00	0.19
	E(1p-1a) EST Only	12.00	0.00	0.00	0.00	1.00	0.00
	E(2p-2a)	12.00	2.00	0.00	0.00	0.00	0.19
	N(7p-7a)	12.00	6.00	0.00	0.00	3.00	0.58
120	D(7a-7p)	12.00	6.00	0.00	0.00	3.00	0.60
	E(10a-10p)	12.00	2.00	0.00	0.00	1.00	0.20
	E(1p-1a) EST Only	12.00	0.00	0.00	0.00	1.00	0.00
	E(2p-2a)	12.00	2.00	0.00	0.00	0.00	0.20
	N(7p-7a)	12.00	6.00	0.00	0.00	3.00	0.60
115	D(7a-7p)	12.00	6.00	0.00	0.00	3.00	0.63
	E(10a-10p)	12.00	1.00	0.00	0.00	1.00	0.10
	E(1p-1a) EST Only	12.00	0.00	0.00	0.00	1.00	0.00
	E(2p-2a)	12.00	2.00	0.00	0.00	0.00	0.21
	N(7p-7a)	12.00	6.00	0.00	0.00	3.00	0.63
110	D(7a-7p)	12.00	6.00	0.00	0.00	3.00	0.65
	E(10a-10p)	12.00	1.00	0.00	0.00	1.00	0.11
	E(1p-1a) EST Only	12.00	0.00	0.00	0.00	1.00	0.00
	E(2p-2a)	12.00	1.00	0.00	0.00	0.00	0.11
	N(7p-7a)	12.00	6.00	0.00	0.00	3.00	0.65
105	D(7a-7p)	12.00	5.00	0.00	0.00	3.00	0.57
	E(10a-10p)	12.00	1.00	0.00	0.00	1.00	0.11
	E(1p-1a) EST Only	12.00	0.00	0.00	0.00	1.00	0.00
	E(2p-2a)	12.00	1.00	0.00	0.00	0.00	0.11
	N(7p-7a)	12.00	5.00	0.00	0.00	3.00	0.57
100	D(7a-7p)	12.00	5.00	0.00	0.00	3.00	0.60
	E(10a-10p)	12.00	1.00	0.00	0.00	1.00	0.12
	E(1p-1a) EST Only	12.00	0.00	0.00	0.00	1.00	0.00
	E(2p-2a)	12.00	1.00	0.00	0.00	0.00	0.12
	N(7p-7a)	12.00	5.00	0.00	0.00	3.00	0.60

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.

plate

e unit such as patient acuity, staff skill level, and patient , do not leave it blank.

21			
Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of
0.00	0.00	0.26	2.57
0.00	0.00	0.09	
0.00	0.00	0.09	
0.00	0.00	0.00	
0.00	0.00	0.26	
0.00	0.00	0.27	2.49
0.00	0.00	0.09	
0.00	0.00	0.09	
0.00	0.00	0.00	
0.00	0.00	0.27	
0.00	0.00	0.28	2.40
0.00	0.00	0.09	
0.00	0.00	0.09	
0.00	0.00	0.00	
0.00	0.00	0.28	

0.00	0.00	0.29	2.30
0.00	0.00	0.10	
0.00	0.00	0.10	
0.00	0.00	0.00	
0.00	0.00	0.29	
0.00	0.00	0.30	2.40
0.00	0.00	0.10	
0.00	0.00	0.10	
0.00	0.00	0.00	
0.00	0.00	0.30	
0.00	0.00	0.31	2.40
0.00	0.00	0.10	
0.00	0.00	0.10	
0.00	0.00	0.00	
0.00	0.00	0.31	
0.00	0.00	0.33	2.40
0.00	0.00	0.11	
0.00	0.00	0.11	
0.00	0.00	0.00	
0.00	0.00	0.33	
0.00	0.00	0.34	2.29
0.00	0.00	0.11	
0.00	0.00	0.11	
0.00	0.00	0.00	
0.00	0.00	0.34	
0.00	0.00	0.36	2.40
0.00	0.00	0.12	
0.00	0.00	0.12	
0.00	0.00	0.00	
0.00	0.00	0.36	



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.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Nurse Technician	x	x		
Health Unit Coordinator	x		x	x
MHA	x	x	x	x
dietary services	x	x	x	x
case management	x			x
pharmacy	x	x	x	x
housekeeping	x	x	x	x
security team	x	x	x	x
Plant Maintenance	x	x	x	x
Supply	x	x		x
respiratory therapy	x	x	x	x
physical therapy	x	x		x

Unit Information

Factors Considered in the Development of the Unit Staffing Plan

Factors considered in the development of the unit staffing plan

(Check all that apply):

- Activity such as patient admissions, discharges, and transfers

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

- Skill mix

Level of experience of nursing and patient care staff

Need for specialized or intensive equipment

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

Other

Ambulance arrivals, Admission holds, Behavior health holds, placement holds.



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 Valley Hospital-Medical										
Unit/ Clinic Type:		Medical-surgical overflow										
Unit/ Clinic Address:		12606 E Mission Ave Spokane Valley, WA 99216										
Average Daily Census:		35					Maximum # of Beds:			44		
Effective as of:		7/1/2024										
Metric: Please select												
# of Rooms	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)	
44	Day 7a-7p	12.00	11.00	0.00	4.00	0.00	3.00	0.00	1.09	0.00	7.91	
	NOC 7p-7a	12.00	10.00	0.00	4.00	0.00	2.73	0.00	1.09	0.00		
43	Day 7a-7p	12.00	11.00	0.00	4.00	0.00	3.07	0.00	1.12	0.00	8.09	
	NOC 7p-7a	12.00	10.00	0.00	4.00	0.00	2.79	0.00	1.12	0.00		
42	Day 7a-7p	12.00	10.00	0.00	4.00	0.00	2.86	0.00	1.14	0.00	8.00	
	NOC 7p-7a	12.00	10.00	0.00	4.00	0.00	2.86	0.00	1.14	0.00		
41	Day 7a-7p	12.00	10.00	0.00	4.00	0.00	2.93	0.00	1.17	0.00	7.90	

	NOC 7p-7a	12.00	9.00	0.00	4.00	0.00	2.63	0.00	1.17	0.00	
40	Day 7a-7p	12.00	10.00	0.00	4.00	0.00	3.00	0.00	1.20	0.00	8.10
	NOC 7p-7a	12.00	9.00	0.00	4.00	0.00	2.70	0.00	1.20	0.00	
39	Day 7a-7p	12.00	10.00	0.00	4.00	0.00	3.08	0.00	1.23	0.00	8.31
	NOC 7p-7a	12.00	9.00	0.00	4.00	0.00	2.77	0.00	1.23	0.00	
38	Day 7a-7p	12.00	10.00	0.00	4.00	0.00	3.16	0.00	1.26	0.00	8.53
	NOC 7p-7a	12.00	9.00	0.00	4.00	0.00	2.84	0.00	1.26	0.00	
37	Day 7a-7p	12.00	9.00	0.00	4.00	0.00	2.92	0.00	1.30	0.00	8.43
	NOC 7p-7a	12.00	9.00	0.00	4.00	0.00	2.92	0.00	1.30	0.00	
36	Day 7a-7p	12.00	9.00	0.00	4.00	0.00	3.00	0.00	1.33	0.00	8.33
	NOC 7p-7a	12.00	8.00	0.00	4.00	0.00	2.67	0.00	1.33	0.00	
35	Day 7a-7p	12.00	9.00	0.00	4.00	0.00	3.09	0.00	1.37	0.00	8.57
	NOC 7p-7a	12.00	8.00	0.00	4.00	0.00	2.74	0.00	1.37	0.00	
34	Day 7a-7p	12.00	9.00	0.00	4.00	0.00	3.18	0.00	1.41	0.00	8.82
	NOC 7p-7a	12.00	8.00	0.00	4.00	0.00	2.82	0.00	1.41	0.00	
33	Day 7a-7p	12.00	9.00	0.00	3.00	0.00	3.27	0.00	1.09	0.00	8.36
	NOC 7p-7a	12.00	8.00	0.00	3.00	0.00	2.91	0.00	1.09	0.00	
32	Day 7a-7p	12.00	8.00	0.00	3.00	0.00	3.00	0.00	1.13	0.00	8.25
	NOC 7p-7a	12.00	8.00	0.00	3.00	0.00	3.00	0.00	1.13	0.00	
31	Day 7a-7p	12.00	8.00	0.00	3.00	0.00	3.10	0.00	1.16	0.00	8.13
	NOC 7p-7a	12.00	7.00	0.00	3.00	0.00	2.71	0.00	1.16	0.00	
30	Day 7a-7p	12.00	8.00	0.00	3.00	0.00	3.20	0.00	1.20	0.00	8.40
	NOC 7p-7a	12.00	7.00	0.00	3.00	0.00	2.80	0.00	1.20	0.00	
29	Day 7a-7p	12.00	8.00	0.00	3.00	0.00	3.31	0.00	1.24	0.00	8.69
	NOC 7p-7a	12.00	7.00	0.00	3.00	0.00	2.90	0.00	1.24	0.00	
28	Day 7a-7p	12.00	8.00	0.00	3.00	0.00	3.43	0.00	1.29	0.00	9.00
	NOC 7p-7a	12.00	7.00	0.00	3.00	0.00	3.00	0.00	1.29	0.00	
27	Day 7a-7p	12.00	8.00	0.00	3.00	0.00	3.56	0.00	1.33	0.00	9.33
	NOC 7p-7a	12.00	7.00	0.00	3.00	0.00	3.11	0.00	1.33	0.00	
26	Day 7a-7p	12.00	8.00	0.00	3.00	0.00	3.69	0.00	1.38	0.00	9.69
	NOC 7p-7a	12.00	7.00	0.00	3.00	0.00	3.23	0.00	1.38	0.00	
25	Day 7a-7p	12.00	6.00	0.00	3.00	0.00	2.88	0.00	1.44	0.00	8.64

	NOC 7p-7a	12.00	6.00	0.00	3.00	0.00	2.88	0.00	1.44	0.00	
24	Day 7a-7p	12.00	6.00	0.00	3.00	0.00	3.00	0.00	1.50	0.00	8.50
	NOC 7p-7a	12.00	6.00	0.00	2.00	0.00	3.00	0.00	1.00	0.00	
23	Day 7a-7p	12.00	6.00	0.00	3.00	0.00	3.13	0.00	1.57	0.00	8.87
	NOC 7p-7a	12.00	6.00	0.00	2.00	0.00	3.13	0.00	1.04	0.00	
22	Day 7a-7p	12.00	6.00	0.00	3.00	0.00	3.27	0.00	1.64	0.00	9.27
	NOC 7p-7a	12.00	6.00	0.00	2.00	0.00	3.27	0.00	1.09	0.00	
21	Day 7a-7p	12.00	6.00	0.00	3.00	0.00	3.43	0.00	1.71	0.00	9.71
	NOC 7p-7a	12.00	6.00	0.00	2.00	0.00	3.43	0.00	1.14	0.00	
20	Day 7a-7p	12.00	5.00	0.00	2.00	0.00	3.00	0.00	1.20	0.00	8.40
	NOC 7p-7a	12.00	5.00	0.00	2.00	0.00	3.00	0.00	1.20	0.00	
19	Day 7a-7p	12.00	5.00	0.00	2.00	0.00	3.16	0.00	1.26	0.00	8.84
	NOC 7p-7a	12.00	5.00	0.00	2.00	0.00	3.16	0.00	1.26	0.00	
18	Day 7a-7p	12.00	5.00	0.00	2.00	0.00	3.33	0.00	1.33	0.00	9.33
	NOC 7p-7a	12.00	5.00	0.00	2.00	0.00	3.33	0.00	1.33	0.00	
17	Day 7a-7p	12.00	5.00	0.00	2.00	0.00	3.53	0.00	1.41	0.00	9.88
	NOC 7p-7a	12.00	5.00	0.00	2.00	0.00	3.53	0.00	1.41	0.00	
16	Day 7a-7p	12.00	5.00	0.00	2.00	0.00	3.75	0.00	1.50	0.00	10.50
	NOC 7p-7a	12.00	5.00	0.00	2.00	0.00	3.75	0.00	1.50	0.00	
15	Day 7a-7p	12.00	4.00	0.00	2.00	0.00	3.20	0.00	1.60	0.00	9.60
	NOC 7p-7a	12.00	4.00	0.00	2.00	0.00	3.20	0.00	1.60	0.00	
14	Day 7a-7p	12.00	4.00	0.00	1.00	0.00	3.43	0.00	0.86	0.00	8.57
	NOC 7p-7a	12.00	4.00	0.00	1.00	0.00	3.43	0.00	0.86	0.00	
13	Day 7a-7p	12.00	4.00	0.00	1.00	0.00	3.69	0.00	0.92	0.00	9.23
	NOC 7p-7a	12.00	4.00	0.00	1.00	0.00	3.69	0.00	0.92	0.00	
12	Day 7a-7p	12.00	4.00	0.00	1.00	0.00	4.00	0.00	1.00	0.00	10.00
	NOC 7p-7a	12.00	4.00	0.00	1.00	0.00	4.00	0.00	1.00	0.00	
11	Day 7a-7p	12.00	4.00	0.00	1.00	0.00	4.36	0.00	1.09	0.00	10.91
	NOC 7p-7a	12.00	4.00	0.00	1.00	0.00	4.36	0.00	1.09	0.00	
10	Day 7a-7p	12.00	3.00	0.00	1.00	0.00	3.60	0.00	1.20	0.00	9.60
	NOC 7p-7a	12.00	3.00	0.00	1.00	0.00	3.60	0.00	1.20	0.00	
9	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	6.77

	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	2.77	0.00	0.00	0.00	
8	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	4.50	0.00	0.00	0.00	9.00
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	4.50	0.00	0.00	0.00	
7	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	5.14	0.00	0.00	0.00	10.29
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	5.14	0.00	0.00	0.00	
6	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	12.00
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	
5	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	7.20	0.00	0.00	0.00	14.40
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	7.20	0.00	0.00	0.00	
4	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	9.00	0.00	0.00	0.00	18.00
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	9.00	0.00	0.00	0.00	
3	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	24.00
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	
2	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	18.00	0.00	0.00	0.00	36.00
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	18.00	0.00	0.00	0.00	
1	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	36.00	0.00	0.00	0.00	72.00
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	36.00	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.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
respiratory therapy	x	x	x	x
physical therapy	x	x		x
clinical nutrition	x			
dietary services	x	x	x	x
case management	x			x
pharmacy	x	x	x	x
housekeeping	x	x	x	x
security team	x	x	x	x
Plant Maintenance	x	x	x	x
Supply	x	x		x
occupational therapy	x	x		
Speech therapy	x	x		
IV therapy	x			
HUC	x			
Telemetry Monitor Tech	x	x	x	x

Unit Information

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

Activity such as patient admissions, discharges, and transfers

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

Skill mix

Level of experience of nursing and patient care staff

Need for specialized or intensive equipment

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

[Empty rectangular box]

Other

[Empty rectangular box]



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 Valley Hospital-Surgical Orthopedics										
Unit/ Clinic Type:		Surgical/Orthopedic										
Unit/ Clinic Address:		12606 E Mission Ave Spokane Valley, WA 99216										
Average Daily Census:		13					Maximum # of Beds:			15		
Effective as of:		4/29/2024										
Metric: Please select												
# of Rooms	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)	
15	Day 7a-7p	12.00	4.00	0.00	2.00	0.00	3.20	0.00	1.60	0.00	8.80	
	NOC 7p-7a	12.00	4.00	0.00	1.00	0.00	3.20	0.00	0.80	0.00		
14	Day 7a-7p	12.00	4.00	0.00	1.00	0.00	3.43	0.00	0.86	0.00	8.57	
	NOC 7p-7a	12.00	4.00	0.00	1.00	0.00	3.43	0.00	0.86	0.00		
13	Day 7a-7p	12.00	4.00	0.00	1.00	0.00	3.69	0.00	0.92	0.00	8.31	
	NOC 7p-7a	12.00	3.00	0.00	1.00	0.00	2.77	0.00	0.92	0.00		
12	Day 7a-7p	12.00	4.00	0.00	1.00	0.00	4.00	0.00	1.00	0.00	9.00	

	NOC 7p-7a	12.00	3.00	0.00	1.00	0.00	3.00	0.00	1.00	0.00	
11	Day 7a-7p	12.00	4.00	0.00	1.00	0.00	4.36	0.00	1.09	0.00	9.82
	NOC 7p-7a	12.00	3.00	0.00	1.00	0.00	3.27	0.00	1.09	0.00	
10	Day 7a-7p	12.00	3.00	0.00	1.00	0.00	3.60	0.00	1.20	0.00	9.60
	NOC 7p-7a	12.00	3.00	0.00	1.00	0.00	3.60	0.00	1.20	0.00	
9	Day 7a-7p	12.00	3.00	0.00	1.00	0.00	4.00	0.00	1.33	0.00	9.33
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	
8	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	4.50	0.00	0.00	0.00	9.00
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	4.50	0.00	0.00	0.00	
7	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	5.14	0.00	0.00	0.00	10.29
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	5.14	0.00	0.00	0.00	
6	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	12.00
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	
5	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	7.20	0.00	0.00	0.00	14.40
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	7.20	0.00	0.00	0.00	
4	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	9.00	0.00	0.00	0.00	18.00
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	9.00	0.00	0.00	0.00	
3	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	24.00
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	
2	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	18.00	0.00	0.00	0.00	36.00
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	18.00	0.00	0.00	0.00	
1	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	36.00	0.00	0.00	0.00	72.00
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	36.00	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.

Unit Information

Additional Care Team Members				
	Shift Coverage			
	Day	Evening	Night	Weekend
respiratory therapy	x	x	x	x
physical therapy	x	x		x
clinical nutrition	x			
dietary services	x	x	x	x
case management	x			x
pharmacy	x	x	x	x
housekeeping	x	x	x	x
security team	x	x	x	x
Plant Maintenance	x	x	x	x
Supply	x	x		x
occupational therapy	x	x		
Speech therapy	x	x		
IV therapy	x			
Telemetry Monitor Tech	x	x	x	x

Unit Information

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

Activity such as patient admissions, discharges, and transfers

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

Skill mix

Level of experience of nursing and patient care staff

Need for specialized or intensive equipment

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

[Empty rectangular box]

Other

[Empty rectangular box]



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 Valley Hospital-Critical Care Unit (CCU)										
Unit/ Clinic Type:		Medical Critical Care										
Unit/ Clinic Address:		12606 E Mission Ave. Spokane Valley, WA 99216										
Average Daily Census:		7					Maximum # of Beds:			10		
Effective as of:		4/29/2024										
Metric: Please select												
# of Rooms	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)	
10	Day 7a-7p	12.00	6.00	0.00	0.00	0.00	7.20	0.00	0.00	0.00	14.40	
	Noc 7p-7a	12.00	6.00	0.00	0.00	0.00	7.20	0.00	0.00	0.00		
9	Day 7a-7p	12.00	5.00	0.00	0.00	0.00	6.67	0.00	0.00	0.00	13.33	
	Noc 7p-7a	12.00	5.00	0.00	0.00	0.00	6.67	0.00	0.00	0.00		
8	Day 7a-7p	12.00	5.00	0.00	0.00	0.00	7.50	0.00	0.00	0.00	15.00	
	Noc 7p-7a	12.00	5.00	0.00	0.00	0.00	7.50	0.00	0.00	0.00		
7	Day 7a-7p	12.00	5.00	0.00	0.00	0.00	8.57	0.00	0.00	0.00	17.14	

	Noc 7p-7a	12.00	5.00	0.00	0.00	0.00	8.57	0.00	0.00	0.00	
6	Day 7a-7p	12.00	4.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	16.00
	Noc 7p-7a	12.00	4.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	
5	Day 7a-7p	12.00	4.00	0.00	0.00	0.00	9.60	0.00	0.00	0.00	19.20
	Noc 7p-7a	12.00	4.00	0.00	0.00	0.00	9.60	0.00	0.00	0.00	
4	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	9.00	0.00	0.00	0.00	18.00
	Noc 7p-7a	12.00	3.00	0.00	0.00	0.00	9.00	0.00	0.00	0.00	
3	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	24.00
	Noc 7p-7a	12.00	3.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	
2	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	18.00	0.00	0.00	0.00	36.00
	Noc 7p-7a	12.00	3.00	0.00	0.00	0.00	18.00	0.00	0.00	0.00	
1	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	36.00	0.00	0.00	0.00	72.00
	Noc 7p-7a	12.00	3.00	0.00	0.00	0.00	36.00	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.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
respiratory therapy	x	x	x	x
physical therapy	x	x		x
clinical nutrition	x			
dietary services	x	x	x	x
case management	x			x
pharmacy	x	x	x	x
housekeeping	x	x	x	x
security team	x	x	x	x
Plant Maintenance	x	x	x	x
Supply	x	x		x
occupational therapy	x	x		
Speech therapy	x	x		
IV therapy	x			
HUC	x			
Telemetry Monitor Tech	x	x	x	x

Unit Information

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

- Activity such as patient admissions, discharges, and transfers

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

- Skill mix
-

Level of experience of nursing and patient care staff

Need for specialized or intensive equipment

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

preparation areas, and equipment

Other



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 Valley Hospital-Acute Care Respiratory (ACR)										
Unit/ Clinic Type:		Medical-Telemetry										
Unit/ Clinic Address:		12606 E Mission Ave Spokane Valley, WA 99216										
Average Daily Census:		16					Maximum # of Beds:			16		
Effective as of:		4/29/2024										
Metric: Please select												
# of Rooms	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)	
16	Day 7a-7p	12.00	5.00	0.00	1.00	0.00	3.75	0.00	0.75	0.00	9.00	
	NOC 7p-7a	12.00	5.00	0.00	1.00	0.00	3.75	0.00	0.75	0.00		
15	Day 7a-7p	12.00	5.00	0.00	1.00	0.00	4.00	0.00	0.80	0.00	9.60	
	NOC 7p-7a	12.00	5.00	0.00	1.00	0.00	4.00	0.00	0.80	0.00		
14	Day 7a-7p	12.00	5.00	0.00	1.00	0.00	4.29	0.00	0.86	0.00	10.29	
	NOC 7p-7a	12.00	5.00	0.00	1.00	0.00	4.29	0.00	0.86	0.00		
13	Day 7a-7p	12.00	5.00	0.00	1.00	0.00	4.62	0.00	0.92	0.00	11.08	

	NOC 7p-7a	12.00	5.00	0.00	1.00	0.00	4.62	0.00	0.92	0.00	
12	Day 7a-7p	12.00	4.00	0.00	1.00	0.00	4.00	0.00	1.00	0.00	10.00
	NOC 7p-7a	12.00	4.00	0.00	1.00	0.00	4.00	0.00	1.00	0.00	
11	Day 7a-7p	12.00	3.00	0.00	1.00	0.00	3.27	0.00	1.09	0.00	8.73
	NOC 7p-7a	12.00	3.00	0.00	1.00	0.00	3.27	0.00	1.09	0.00	
10	Day 7a-7p	12.00	3.00	0.00	1.00	0.00	3.60	0.00	1.20	0.00	9.60
	NOC 7p-7a	12.00	3.00	0.00	1.00	0.00	3.60	0.00	1.20	0.00	
9	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	8.00
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	
8	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	4.50	0.00	0.00	0.00	9.00
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	4.50	0.00	0.00	0.00	
7	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	5.14	0.00	0.00	0.00	10.29
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	5.14	0.00	0.00	0.00	
6	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	12.00
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	
5	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	7.20	0.00	0.00	0.00	14.40
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	7.20	0.00	0.00	0.00	
4	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	9.00	0.00	0.00	0.00	18.00
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	9.00	0.00	0.00	0.00	
3	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	24.00
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00	
2	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	18.00	0.00	0.00	0.00	36.00
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	18.00	0.00	0.00	0.00	
1	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	36.00	0.00	0.00	0.00	72.00
	NOC 7p-7a	12.00	3.00	0.00	0.00	0.00	36.00	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.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
respiratory therapy	x	x	x	x
physical therapy	x	x		x
clinical nutrition	x			
dietary services	x	x	x	x
case management	x			x
pharmacy	x	x	x	x
housekeeping	x	x	x	x
security team	x	x	x	x
Plant Maintenance	x	x	x	x
Supply	x	x		x
occupational therapy	x	x		
Speech therapy	x	x		
IV therapy	x			
Telemetry Monitor Tech	x	x	x	x

Unit Information

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

Activity such as patient admissions, discharges, and transfers

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

Skill mix

Level of experience of nursing and patient care staff

Need for specialized or intensive equipment

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

[Empty rectangular box]

Other

[Empty rectangular box]



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.

Fixed Staffing Matrix

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

Unit/ Clinic Name:	MultiCare Valley Hospital-Endoscopy Unit					
Unit/ Clinic Type:	Endoscopy Unit					
Unit/ Clinic Address:	12606 E Mission Ave Spokane Valley, WA 99216					
Effective as of:	7/1/2024					
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
Monday	Day	Variable	6.00	0.00	1.00	0.00
Tuesday	Day	Variable	6.00	0.00	1.00	0.00
Wednesday	Day	Variable	6.00	0.00	1.00	0.00
Thursday	Day	Variable	6.00	0.00	1.00	0.00
Friday	Day	Variable	6.00	0.00	1.00	0.00
Saturday	Closed	N/A	0.00	0.00	0.00	0.00
Sunday	Closed	N/A	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.

Unit Information

Additional Care Team Members				
	Shift Coverage			
	Day	Evening	Night	Weekend
HUC	x			
dietary services	x	x	x	x
case management	x			x
pharmacy	x	x	x	x
housekeeping	x	x	x	x
security team	x	x	x	x
Plant Maintenance	x	x	x	x
Supply	x	x		x

Unit Information

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

- Activity such as patient admissions, discharges, and transfers

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

Skill mix

Level of experience of nursing and patient care staff

Need for specialized or intensive equipment

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

Other

Ambulance arrivals, Admission holds, Behavior health holds, placement holds.



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 Valley Hospital-Women's Services										
Unit/ Clinic Type:		Labor, delivery, nursery and gyn surgery										
Unit/ Clinic Address:		12606 E Mission Ave. Spokane Valley, WA 99216										
Average Daily Census:		2					Maximum # of Beds:			9		
Effective as of:		4/29/2024										
Metric: Please select												
# of Rooms	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)	
9	Day 7a-7p	12.00	10.00	0.00	0.00	0.00	13.33	0.00	0.00	0.00	26.67	
	Noc 7p-7a	12.00	10.00	0.00	0.00	0.00	13.33	0.00	0.00	0.00		
8	Day 7a-7p	12.00	9.00	0.00	0.00	0.00	13.50	0.00	0.00	0.00	27.00	
	Noc 7p-7a	12.00	9.00	0.00	0.00	0.00	13.50	0.00	0.00	0.00		
7	Day 7a-7p	12.00	8.00	0.00	0.00	0.00	13.71	0.00	0.00	0.00	27.43	
	Noc 7p-7a	12.00	8.00	0.00	0.00	0.00	13.71	0.00	0.00	0.00		
6	Day 7a-7p	12.00	7.00	0.00	0.00	0.00	14.00	0.00	0.00	0.00	28.00	

	Noc 7p-7a	12.00	7.00	0.00	0.00	0.00	14.00	0.00	0.00	0.00	
5	Day 7a-7p	12.00	6.00	0.00	0.00	0.00	14.40	0.00	0.00	0.00	28.80
	Noc 7p-7a	12.00	6.00	0.00	0.00	0.00	14.40	0.00	0.00	0.00	
4	Day 7a-7p	12.00	5.00	0.00	0.00	0.00	15.00	0.00	0.00	0.00	30.00
	Noc 7p-7a	12.00	5.00	0.00	0.00	0.00	15.00	0.00	0.00	0.00	
3	Day 7a-7p	12.00	4.00	0.00	0.00	0.00	16.00	0.00	0.00	0.00	32.00
	Noc 7p-7a	12.00	4.00	0.00	0.00	0.00	16.00	0.00	0.00	0.00	
2	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	18.00	0.00	0.00	0.00	36.00
	Noc 7p-7a	12.00	3.00	0.00	0.00	0.00	18.00	0.00	0.00	0.00	
1	Day 7a-7p	12.00	3.00	0.00	0.00	0.00	36.00	0.00	0.00	0.00	72.00
	Noc 7p-7a	12.00	3.00	0.00	0.00	0.00	36.00	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.

Unit Information

Additional Care Team Members				
Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
respiratory therapy	x	x	x	x
dietary services	x	x	x	x
case management	x			x
pharmacy	x	x	x	x
housekeeping	x	x	x	x
security team	x	x	x	x
Plant Maintenance	x	x	x	x
Supply	x	x		x
Scrub Tech-OB	x		x	x

Unit Information

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

- Activity such as patient admissions, discharges, and transfers

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

Skill mix

Level of experience of nursing and patient care staff

Need for specialized or intensive equipment

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

Other