



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).

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

<b>Unit/ Clinic Name:</b>		MultiCare Valley Hospital-PACU									
<b>Unit/ Clinic Type:</b>		PACU									
<b>Unit/ Clinic Address:</b>		12606 E Mission Ave. Spokane Valley, WA 99216									
<b>Average Daily Census:</b>		25 cases					<b>Maximum # of Beds:</b>			8 recovery bays	
<b>Effective as of:</b>		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](mailto: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

[Empty box]

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

[Empty box]

Skill mix

[Empty box]

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.